



31 March 2020

## A lexicon of NHS acronyms

### A Housing LIN Practice Briefing

#### About this briefing

Do you know your PCNs from your CCGs? Do you know your STPs from your TCPs?

Even before COVID-19 (Corona Virus Disease 2019) was added to our lexicon, the plethora of health acronyms can be confusing for those working in housing. Whether in the acute or primary health care sectors, the NHS appears to like playing acronym bingo and regularly comes up with new terms to describe a new healthcare system or programme.

This briefing features a select number of NHS acronyms and has been compiled to help you better understand what they mean and their place in the health landscape. Where appropriate, it also highlights the relevance to the housing sector.

#### **AADS**      [Admissions Avoidance and Discharge Service](#)

AADS is a multi-specialised team that works with the lead nurse in a community setting to prevent unnecessary admission into hospital. The team develops care plans for safe, timely and effective discharge from hospitals.

#### **ACP**      [Advance Care Planning](#)

ACP is a discussion about the personal, life goals and preferences for future medical care between the people with serious illness, their families and their carers to ensure that they receive medical care in the future that fulfils their personal values, aims and preferences.

#### **AHSN**      [Academic Health Science Networks](#)

There are 15 AHSNs across England, established by NHS England to spread innovation at pace and scale – improving health and generating economic growth. On housing, see the [report](#) commissioned by the Kent, Surrey and Sussex AHSN and undertaken by the Housing LIN.

#### **AQP**      [Any Qualified Provider](#)

When patients are referred by their GP for a particular service, when AQP is permitted, they are entitled to choose from a list of qualified providers that meet NHS service standards, prices and contractual obligations.

- BCF**      [Better Care Fund](#)
- The Better Care Fund (BCF) is the funding programme that is run by the NHS, Ministry of Housing, Communities and Local Government, Department of Health and Social Care and the Local Government Association to join up health and care services locally – with the aim for encouraging independent living and wellbeing. At a local level, the BCF is administered jointly by the Clinical Commissioning Group ([see CCG below](#)) and local authority. For housing purposes, the BCF is also the funding stream that allocates Disabled Facilities Grants.
- CAMHS**      [Child and Adolescent Mental Health Services](#)
- The term is used for all the services working with children and young people who have difficulties with their emotional and/or behavioural wellbeing. The support crosses many sectors (statutory, voluntary, school-based sectors) and can be carried out by an NHS trust, local authority or charity.
- CCG**      [Clinical Commissioning Group](#)
- CCGs are NHS authorities that are responsible for planning and commissioning of health care services for their locality. In England there are 191 CCGs. CCGs buy services on behalf of the population from hospitals, clinics and community health bodies to improve the health of their local populations. For an example of the work carried out by a CCG, see the [Supported Self Care at Scale report](#) by Liverpool CCG
- CHC**      [Continuing Health Care](#)
- This term is used to describe the free social care arranged for and funded by the NHS for people that have long-term complex health needs. CHC depends on the complexity of the care needs, they type of help needed and how unpredictable the needs are.
- CQUIN**      [Commissioning for Quality and Innovation](#)
- CQUIN is a framework that supports improvements in the quality of health services and encourages the development of new methods of care. There are financial incentives for achieving the aims from the framework, rewarding excellence in innovation and encouraging a culture of improvement. A report from 2015 describing how CQUINs fit into the NHS's model for New Care Models is available [here](#).
- CTLD**      [Community Team for Learning Disabilities](#)
- The CTLD provides services to adults with a learning disability that have complex health needs, challenging behaviours and/or specific mental health needs. Some of the services available include psychiatry, psychological support, physiotherapy, occupational therapy and community nursing.
- D2A**      [Discharge to Asses](#)
- D2A is a process to ensure faster discharges from hospital. It states that once a patient is medically optimised, they should not remain in hospital because they're waiting for an assessment. D2A comes in three different formats: home-based D2A, where the individual returns to their own home for a care assessment and support; bed-based D2A, whereby the individual is

moved to a bed in a community hospital or another temporary accommodation where their care assessments take place; and continuing health pathways, whereby there is a spot purchase of a nursing home bed and Decision Support Tool. For a more detailed overview of the D2A model see the Housing LIN co-produced resource: [Discharge to Assess quick guide](#).

**DAT**      [Drug Action Team](#)

DATs are multi-agency partnerships that are responsible for coordinating local initiatives and programmes on drug and alcohol usage. Services carried out by the DAT can include: identifying important local drug misuse issues, creating local action plans and supporting alcohol and drug interventions. For a breakdown of drug and alcohol provision and supported housing, three Housing LIN reports are available [here](#).

**DGH**      [District General Hospital](#)

A DGH is a hospital that carries out a range of diagnostic and therapeutic services, but not used in training medical staff. It is usually the major health care facility within its region, with beds dedicated for intensive, critical and long-term care.

**DHSC**      [Department of Health and Social Care](#)

The DHSC is the governmental department responsible for government policy on health and social care in England. It oversees the English NHS, and is led by the Secretary of State for Health and Social Care. Along with policies, it develops guidelines to improve the quality of care and to meet patient's expectations. The DHSC works to promote health safety, independence within communities, the transformation of the NHS primary, community and mental health services, delivery of high quality hospital care, research and innovation into improving health and economic productivity of the NHS, and to ensure accountability of the health and care system to Parliament and the taxpayer. For an example of the DHSC's vision for improving health care deterioration prevention by 2035, see the Housing LIN resource: [Prevention is Better Than Cure: Our Vision To Help You Live Well for Longer](#).

**DNACPR**      [Do Not Attempt Cardiopulmonary Respiratory Resuscitation](#)

A DNACPR is a decision to not attempt CPR for someone suffering a cardiac arrest. This is a decision made in advance and is recorded at the request of the patient themselves, or in conjunction with their doctor or other healthcare team members. It is made when the likelihood of CPR being beneficial in their current situation is viewed to not outweigh the potential burdens and risks of attempting a CPR.

**DoLS**      [Deprivation of Liberty Safeguards](#)

This is a procedure that protects people's rights when there is a need to be detained in a hospital or a care home in England or Wales under the Mental Capacity Act (MCA), when there is judgement of lack of mental capacity for the patient to make their own decision. A report detailing the current code of practice on DoLS's is available [here](#). *Note: The Law Commission are*

currently reviewing DoLS and looking to replace with Liberty Protection Safeguards in 2020. For more about DoLS and relevance to housing, visit the Housing LIN MCA webpages [here](#).

**DPC**      [Dementia Prevalence Calculator](#)

The Dementia Prevalence Calculator is an online tool that estimates the prevalence of dementia in the UK, according to mild, moderate and severe intensity. It also breaks down the prevalence according to age group, and local area. For more on dementia, visit the Housing LIN's resource page: [In Focus - Innovations in Housing and Dementia](#).

**DTOC**      [Delayed Transfers of Care](#)

DTOCs happen when a hospital patient is ready to be discharged and is still occupying a bed. DTOCs are a source of inefficiency and are necessary to understand in order to improve the function of hospitals. The Housing LIN and Foundations [Home from Hospital interactive map](#) shows how DTOCs are distributed across England, as well as the schemes in place to tackle the DTOCs. To access other resources on hospital discharge and care pathways, visit the Housing LIN dedicated '[health intel](#)' page.

**EDD**      [Estimated Date of Discharge](#)

This is the predicted date for when a patient will be ready to be safely discharged from hospital to their home or to temporary accommodation or transferred somewhere else for longer-term health care.

**EoLC**      [End of Life Care](#)

EoLC is support for people that are in their final years or months of their life. This involves ensuring that their quality of life is as high as possible and for them to experience a dignified death. To access other resources on end of life care, visit the Housing LIN [End of Life Care resource page](#).

**EPR**      [Electronic Patient Record](#)

This is a group of software applications that bring together key clinical and administrative data in one place. EPRs contain patient's medical history, diagnoses, medications, treatment plans among other core medical information.

**FT**      [Foundation Trust](#)

NHS Foundation Trusts are semi-independent hospitals that provide care to patients according to the standards and principles of the NHS. They operate free from direction of the central government – instead local managers and staff work with local people to provide health services to local communities. The local people and staff elect representatives to serve on the Board of Governors. The Foundation Trust is then made accountable to this board, as well as an independent regulator of NHS Foundation Trusts.

**HAP**      [Hospital Admission Prevention](#)

HAP is the name given to services that are aimed at preventing unnecessary hospital admissions for people that could be looked after in their own homes.

The HAP services involve teams working to provide fast response to the potential patient from when the initial problem is identified.

## **HCHS**

### [Hospital and Community Health Services](#)

HCHS refers to the services that the UK Department of Health provides, which are commissioned by Health Authorities and provided by NHS trusts. HCHS includes funding for the same elements of family health services spending which are discretionary. Most community healthcare takes place in people's homes. Examples of staff and services include community service nurses, community physiotherapists, language therapists, school nurses, community falls prevention services.

## **HIA**

### [Health Impact Assessment](#)

HIAs (not to be confused with Home Improvement Agencies!) are ways to measure the impact of policies, plans and projects in different economic sectors using quantitative, qualitative and participatory techniques. These assessments help decision-makers make choices to improve the health and wellbeing across sectors. A report of a Health Impact Assessment of Extra Care housing in Wales is available [here](#).

## **HIP**

### [Health Innovation Partnership](#)

HIPs are partnerships between NHS bodies, academia, private health providers that work together to develop innovations in clinical practice. Additionally, the HIPs work to increase technology adoption, employment in high-tech jobs and increase graduate retention, as well as promoting alignment of the benefits of economic growth with national objectives for improved public health and patient care.

## **HWB**

### [Health and Wellbeing Board](#)

HWBs are a committee of the local authorities, health and wellbeing boards that bring together the NHS, public health, adult social care and children's services to plan how to meet the needs of the local population and tackle local health inequalities. A report on the growing impacts of health and wellbeing boards is available [here](#).

## **HWE**

### [Healthwatch England](#)

Healthwatch England is an independent organisation for health and social care, providing a leadership and support role for the local Healthwatch network. It was established under the Health and Social Care Act 2012 – and is made up of local Healthwatches across each of the 152 local authority areas and Healthwatch England, the national body. Some local Healthwatches have produced useful reviews of housing in their area; for example, see the [Salford Healthwatch report](#) on independent living and extra care housing.

## **ICO**

### [Integrated Care Organisation](#)

ICOs are intended to encourage primary care and other clinicians to take responsibility for designing, delivering and managing the budget for integrated clinical services. Some of the core types of ICOs are: networks of provider organisations (which operate under a single, integrated budget),

organisational mergers (where different care sectors are brought together) and integrated commissioner-provider organisations that combine commissioning care with provision of care services. For a detailed view of how ICOs fit into the NHS 5 Year Forward View, see the [Dalton Review](#).

**ICP** [Integrated Care Partnership](#)

ICPs are alliances of NHS providers that work together to deliver care agreeing to collaborate. These providers include hospitals, community services, mental health services and GPs. Social care, independent and voluntary sector organisations are often involved.

**ICS** [Integrated Care Systems](#)

An ICS is a close collaboration between NHS organisations, local councils, and third sector organisations that take collective responsibility for managing resources, delivering NHS standards and improving the health of the populations that they serve. ICSs can be formed from [ICPs](#) and maintain closer collaboration between the organisations than the ICPs. A NHS long-term plan that details the design of integrated care systems in England is available [here](#).

**IMC** [Intermediate Care](#)

Intermediate Care Services short term support offered to anyone that health and social care staff believe that have the potential to improve the quality of life and live more independently if they were to receive support. The support normally lasts upto 6 weeks and is free for this time period. [The Housing LIN Extra Care and Intermediate Care resource page](#) provides a list of resources that detail the use of Extra Care accommodation of short-term care.

**IMCA** [Independent Mental Capacity Advocate](#)

IMCA is a professional that represents people that are seen to lack the mental capacity to make important decisions for themselves. The IMCA's role is to support and represent the person in the decision-making process. They ensure that the legal proceedings are being adhere to the Mental Capacity Act 2005.

**JIP** [Joint Investment Plan](#)

A JIP are the plans that Local Authorities are required to produce with respect to the services and individual needs which are jointly planned and delivered by the NHS and Local Authorities. JIPs are three-year programmes with their purposes being to allow integration between health and social care and other relevant services; to encourage transparency in investments made; to produce strategic goals and priorities for the investment and to produce the information necessary to support the re-shaping of services across the health and social care economy.

**JHWS** [Joint Health and Wellbeing Strategy](#)

JHWS are strategies for meeting the needs identified in [JSNAs](#). They are unique to each local area – and explain what the priorities that the [Health and Wellbeing Board](#) have set in order to tackle these identified needs. They

should translate the findings from JSNAs into clear outcomes that the board wants to achieve.

**JSNA**      [Joint Strategic Needs Assessment](#)

JSNAs are assessments of current and future health and social care needs of the local community – they can be met by the local authorities, CCGs and/or the [NHS Commissioning Board](#). They report on the health and wellbeing needs of the local population, bringing together detailed information on local health and wellbeing needs and looks ahead at challenges and projected future needs. Factors that are assessed to have an impact on health are: housing, poverty and employment. For an overview of the applications of JSNAs, the Housing LIN's collection of case studies related to JSNAs is available [here](#).

**LDPB**      [Learning Disability Partnership Board](#)

LDPBs are partnerships to improve the lives of people with a learning disability that live in the local region. They do this through promoting the independence, choice, rights and inclusion of people living with disabilities. They also ensure that each person with the disabilities are being treated as equal citizens, with access to core services such as health, housing, employment and education. For more on enhancing the housing choices of people with a learning disability, visit the Housing LIN pages [here](#).

**LEP**      [Local Enterprise Partnership](#)

LEPs are locally-owned partnerships between local authorities and businesses. Each LEP participates in deciding local economic priorities, as well as taking part in activities to drive economic growth and create local jobs. In England there are 38 LEPs – additionally there is a LEP Network which connects together many different LEPs across England to achieve similar goals as each LEP at the national level.

**LSP**      [Local Strategic Partnership](#)

LSPs are partnerships between local government, voluntary, community and private organisational representatives that address local problems, allocate funding and discuss strategic initiatives.

**LTC**      [Long-term Conditions](#)

A long-term health condition is an individual's health problem that requires ongoing management over a period of years. A long-term Physical Health Condition is unable to be controlled with the use of medication and or therapies. This involves a range of health conditions including non-contagious diseases, contagious diseases, certain mental disorders, ongoing impairments and physical problems. For an overview of the link between housing and long-term conditions, see the [Housing LIN Housing and long term conditions online resource page](#).

**MDT**      [Multi-disciplinary Team](#)

A MDT is a group of health care workers that are members of different disciplines, such as cancer specialists and cardiologists that together make decisions that affect their patients. MDTs aim to enable practitioners from

different backgrounds to communicate better about each other's' roles and responsibilities, provide a shared identity and purpose that encourages the team members to trust each other, lead to better communication and trust between team members and more holistic and person-centred practice.

**MFFD** [Medically Fit for Discharge](#)

Being medically fit for discharge (or “medically optimised”) is the point at which a patient staying in hospital is assessed to be, by the clinical teams, ready to be discharged. This decision is taken from a medical perspective only, and is a decision made by a consultant or team who are responsible for the patient – the patient would've not had a decision made by an [MDT](#). Although the patient is technically ready to be discharged from hospital, this doesn't necessarily mean they are actually fit to be discharged without on-going care and support once they leave hospital. For a detailed breakdown of the hospital discharge process, see the Red Cross Report - [Home to the Unknown: Getting Hospital Discharge Right](#).

**MWIA** [Mental Well-being Impact Assessment](#)

MWIAs are tools that provide a structured breakdown of how policies, proposals, services and projects can influence mental health and wellbeing. They are used by decision makers such as policy makers and service managers about the new programme or policy change. The process involves a similar methodology to Health Impact Assessments, and involves: deciding whether a MWIA is needed, planning of the MWIA, gathering data for analysis, development of a set of recommendations and a report, development of further indicators and measures of mental health.

**NCM** [New Care Models](#)

The NCM was an innovation project in providing health and social care run by NHS England in 2015. They were developed from the [Five Year Forward View](#), whereby the aim was to promote improvement and integration of key NHS services. The NCM consisted of five vanguard types, which were: [integrated primary and acute care systems](#), [multispecialty community providers](#), [enhanced health in care homes](#), [urgent and emergency care](#) and [acute care collaborations](#). For more information on New Care Models, the Housing LIN resource detailing the Vanguard projects is available [here](#).

**NHSE & I** [NHS England & Improvement](#)

NHS England is a non-departmental, executive body that leads the NHS in England. NHS England is overseen by a board, appointments are made by ministers following their Code of Practice, and they employ their own staff and allocate their own budget. Its main responsibilities are to oversee the budget, planning, delivery and day-to-day operation of the commissioning side of the NHS in England. It also supports local [CCGs](#) through funding, and oversees disputes between CCGs and NHS trusts.

NHS Improvement is a non-departmental public body that supports [foundation trusts](#) and NHS trusts, along with independent healthcare providers, to provide high quality and safe health and care services. NHSI also promotes sustainable finance within the NHS Trusts and Foundation Trusts. Alongside these objectives are: improving staff retention, provision of



planning guidance to set out details for organisational and system planning, and how NHS staff can be supported to provide higher quality care. From April 2019 NSHI works with [NHS England](#) to support the NHS' overall objectives around providing better care for patients.

**NHSX**      [NHSX \(Collaboration\)](#)

NHSX is a collaboration between the [Department of Health and Social Care, NHS England & Improvement](#), specialising in digital transformation and policy leadership in the NHS. The team includes specialists from clinicians, technologists, policy experts, developers, data scientists and project managers. The teams that have joined the DHSC have been teams based around: artificial intelligence, cyber security, data transformation and policy, digital and technological strategy and local care integration.

**NICE**      [National Institute for Health and Care Excellence](#)

NICE is a non-departmental public body that works under the [Department of Health and Social Care](#). It publishes guidelines in four areas, around: the use of technology within the NHS, the appropriate treatment and care for people with specific conditions, for staff on promoting good health and avoidance of poor health, and for social care services and users. Alongside the guidance, NICE has programmes that provide financial planning tools, standards and indicators for health and care, and shared learning resources. For an overview of how the NICE guidelines affect older people, see the Housing LIN resource - [NICE guidelines: Older people with social care needs and multiple long-term conditions](#).

**NIHR**      [National Institute for Health Research](#)

The NIHR is a government agency that finds research into health and care – working in collaboration with the NHS, universities, local government and other research organisations. The NIHR is funded through the [Department of Health and Social Care](#). The NIHR have researched on topics such as: [Healthy living for people with dementia within the community](#), [Age-friendly environments](#), and [Factors for why people attend A&E](#). For a view of an NIHR study on the provision of social care in Extra Care Housing, the Housing LIN resource: NIHR SSCR Summary Briefing is available [here](#).

**OPA**      [Outpatient Appointment](#)

OPAs are face-to-face or phone meetings with healthcare practitioners to understand the person's symptoms – this could be with Doctors, Nurses, or [Allied Health Professionals](#). The OPAs involve discussion of the type of treatment and for how long it will last.

**PALS**      [Patient Advice and Liaison Service](#)

PALS is a service offered by the NHS in local hospitals that helps patients with health related questions, to resolve concerns or issues with NHS services, to advise on how to be more involved in their own healthcare, to give more information on the NHS, the complaints procedure and how to find support outside the NHS.

- PbR**      [Payment by Results](#)
- PbR is a system where healthcare commissioners pay healthcare providers for each patient seen or treated. PbRs feature currencies, which are the units of healthcare for which a payment is made. Currencies can take a variety of forms from fees for individual services up to lump sum grants paid as a part of a block budget over a period of time independently of the number of patients seen. PbRs also feature tariffs which set the prices for a given currency – tariff prices are traditionally based on the average cost of services reported by the NHS.
- PCP**      [Person-Centred Planning](#)
- Person-Centred Planning is a method of planning for health and care that ensures that individual receiving the care is seen as vital in deciding the creation of a healthcare plan which would affect them. It provides a framework for the making changes in the person’s health and life, and for planning for their future. Plans that aim to address health needs often add [Health Action Plans](#) to the PCP – HAPs state what the individuals needs are for staying health, including support received.
- PHB**      [Personal Health Budget](#)
- A PHB is the amount of money needed to support an individual’s health and support needs, which would include NHS support – planned and agreed by themselves and their local NHS team. It allows them to manage their own healthcare and support such as treatments, equipment and personal care. The NHS will periodically review the health care plan and update the plan based on the individual’s current health needs. The PHB is different from the Personal Budget, which only covers social care and support needs. For a detailed breakdown by the NHS Confederation of questions surrounding Personal Health Budgets, see the Housing LIN resource: [A wealth of information: Your questions on personal health budgets answered](#).
- PHE**      [Public Health England](#)
- PHE is an executive agency under the [DHSC](#) that works to improve national health and address national health inequalities. It employs scientists, researchers and public health professionals to address the following tasks: making the public healthier, protecting the public from health hazards, preparing for and responding to health emergencies, improving the health of the whole nation by sharing information, supporting local authorities and the NHS to plan and provide health and social care services and to research into public health. For an overview of key resources on public health and its link with Housing, see the Housing LIN resource page: [Public Health Policy](#).
- PPE**      [Personal Protective Equipment](#)
- PPE is the protective equipment that health workers use to keep themselves safe from infection and other hazards. PPE are worn as single use items, changed and disposed of immediately after seeing a patient. Disposable aprons, gloves, eye protectors and face visors, surgical masks and FFP3 respirators are examples of PPE. For more information about Personal Protective Equipment and other Coronavirus-related news and information, head over to the [Housing LIN’s Coronavirus Info Hub](#).

**PTS**      [Patient Transport Service](#)

PTS is a non-emergency service for people that need additional support getting to and returning from their healthcare appointments. Patients are eligible for this service if they have a medical condition which stops them from getting to their appointments by any other means. The transport arranged for them is adapted to suit their needs – wheelchair restraints and adjustable seatbelts are available.

**RRR**      [Recovery, Rehabilitation and Reablement](#)

RRR is the collective of services offered to improve an individual's ability to live independently and free from health problems. Local NHS Trusts provide RRT teams that provide responsive support for people that have had a severe escalation in their health and care needs. RRR services additionally offer a goal-based programme of reablement for people that agree to receive the RRR services – which lasts for up to six weeks, usually offered free of charge. For more information on the role of technology in the provision of reablement services, see the Housing LIN resource [Going Digital Resource: Reablement and Rehabilitation](#).

**STP**      [Sustainability and Transformation Partnership](#)

STPs are the new partnerships, formed in 2016 after [the Five Year Forward View](#), between NHS organisations and local councils to run services that are more closely coordinated. There are 44 areas in England that have been delineated as STP zones, and most leaders within the STPs come from [CCGs](#) and NHS and [Foundation Trusts](#) – although a small number come local government. A report conducted by the King's Fund on the content of the STPs is available on the Housing LIN resource: [Delivering sustainability and transformation plans – From ambitious proposals to credible plans](#).

**TCP**      [Transforming Care Partnership](#)

TCPs are partnerships between [CCGs](#), NHS England specialised commissioners and Local Authorities to work with people with learning disabilities or autism to agree and deliver localised plans to support them. There are currently 48 TCPs in England – each TCP works to ensure that community services are improved in order for those with learning disabilities or autism are able to live closer to their family and friends, and have access to the right support located near to them. The TCPs have been built upon the national plan: [Building the Right Support](#), which was developing in 2015 to promote the improvement of localised health and care services – to promote independence in living close to home. For an overview of resources related to Transforming Care, see the Housing LIN [Transforming Care resource page](#).

**UCC**      [Urgent Care Centre](#)

UCCs are centres that provide emergency care as an alternative to hospital A&E departments. It offers walk-in services for patients that are in a more urgent condition for a GP appointment, but are not in a severe enough condition to go into A&E. UCCs are staffed by a GP working alongside emergency nurses, with facilities such as X-rays and MRI scans.

## **WIC**      [Walk-In Centre](#)

NHS Walk-In Centres are healthcare that offer fast access to health advice, information and first aid – open 7 days a week, and without need to book an appointment. Nurses run the WICs and are available to offer help when it is needed to all patients, regardless of whether they're register to a local GP or not and treat a variety of minor illnesses and injuries. WICs also have good links with local general practices.

*If you know of any other NHS acronyms that you consider should be added to this list, please do contact us to let us know (see details below).*

## **Acknowledgements**

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## **About the Housing LIN**

The Housing LIN is a sophisticated network bringing together over 25,000 housing, health and social care professionals in England, Wales and Scotland to exemplify innovative housing solutions for an ageing population.

To access a selection of resources that highlight the connectivity between health and housing at national policy and at an operational level visit the Housing LIN's online **Health Intel** webpages at <https://www.housinglin.org.uk/Topics/browse/HealthandHousing/>

And if you would like to talk through how the Housing LIN can support your organisation at this time, please do not hesitate to contact us (see contact details below). And for more about our consultancy services, visit: <https://www.housinglin.org.uk/consultancy/>

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