

Every Door Open SBAR (Situation, Background, Assessment & Recommendation)

Written by the Every Door Open Working Group February 2026

Situation

“The cornerstone of this vision is that by 2032, there must be no wrong door for anyone seeking support for mental health, autism and learning disability needs. People should be able to present at any point in the system – from pharmacies, advisory services and community groups to education, social services, the criminal justice system and primary care – and get the right support” (NHS Confederation December 2022).

The *No Wrong Door (NWD)* vision for Mental Health, Autism and Learning Disability services calls for services to change so people no longer “fall through the gaps” and are always seen as a “*whole person*” (p.7). This need is consistently echoed in national guidance, research, and lived experience. Public Health England (2017) identified NWD as one of two core principles underpinning the aim of commissioning “*timely and effective responses for people with co-occurring conditions*” (p.8; [Better care for people with co-occurring mental health, and alcohol and drug use conditions](#)). With the call for NWD intensifying over time, e.g. the [Co-occurring mental health and substance use: delivery framework - GOV.UK](#) (2025) which highlights NWD as one of ‘two main principles of care’.

The current Every Door Open (EDO) working group - formally known as the NWD group – brings together members of the Advancing Mental Health Equality (AMHE) and BNSSG (Bristol North Somerset, South Gloucestershire) NWD groups. Group membership spans over 20 organisations across BNSSG and BSW (B&NES (Bath and Northeast Somerset), Swindon and Wiltshire). The group includes people with lived experience, service providers (NHS - physical and mental health services, GP & Voluntary, Charity and Social Enterprise; VCSE), commissioners (Council and Integrated Care Board), university and public health colleagues. Originally focused on co-occurring mental health and alcohol/drug use (COMHAD), the group recognised that everyone can experience gaps between services e.g. physical and mental health services. The remit has since expanded to champion *Every Door Open* for everyone, all areas, all ages - no caveats.

Our aim is to achieve system-wide agreement, in terms of signing up to one definition of Every Door Open (EDO) and committing to the integration/partnership working required to achieve trauma informed and responsive EDO services locally and ultimately nationally.

Background

The AMHE Collaborative ([AMHE Collaborative | Royal College of Psychiatrists \(rcpsych.ac.uk\)](#)) is a quality improvement collaborative. Avon and Wiltshire Partnership Mental Health Trust (AWP) took part in an initial cohort, which included a cooccurring mental health and alcohol/drug use (COMHAD) project, co-led by Dr Emma Griffith (Associate Director Psychological Therapies and Allied Health Professions/Head of Therapies for Specialised Services for AWP/Honorary Lecture University of Bath) and Stephen Budd (Service User Involvement Coordinator North Somerset). The co-produced group developed included over 50 stakeholders across NHS (mental and physical health services), VCSE organisations, Council and University settings, including both staff and lived experience perspectives. We considered NWD a ‘buzz word’ and our aim became to define its meaning for service users and significant others experience. One idea in our driver diagram was hosting NWD events, with funding from The Drug and Alcohol Health Integration Team (HIT) enabling us to do this across BNSSG. Following discussions with North Yorkshire County Council (NYCC) colleagues concerning their copyright for the title No Wrong Door, our group name recently changed.

EDO group achievements to date:

- Sixteen organisations across BNSSG (Bristol, North Somerset and South Gloucestershire Integrated Care Board area) came together to arrange three events (January-March 2025) that were co-created and co-chaired by people with lived experience and staff.
- Completed initial stages of the analysis of the evaluation embedded in the events e.g. overarching definition (below).
- Merged with original AMHE group, covering both BNSSG and BSW (new members welcome).
- Provided co-produced presentations at a conference and multiple meetings locally and nationally, with plans to speak at an NHS Futures platform workspace webinar this year.
- Utilised funding from D&A HIT to employ Assistant Psychologist (37.5 hours) for the analysis.
- We are currently expanding the remit to focus on the integration required to ensure Every Door Open for everyone, all areas, all ages – no caveats.
- AWP library kindly completed a literature review, with our planning to use national and international learning to develop our co-produced model.
- Met with the NHS England National Medical Director for Mental Health and Neurodiversity (25 February), with a plan for our work to feed forward.
- Met with a colleague from North Yorkshire County Council (NYCC) to hear about their fantastic work.
- Started to explore sources of grant funding for the EDO project moving forward.

The Evaluation Analysis so far

Our first area of focus has been developing an overarching, co-produced definition of EDO, with nearly 200 event delegates/group members inputting into the development of our definition:

- *“Every doors open means that no matter where we go for help, we will be supported. All stakeholders and services work together as part of our community, building trust, sharing information and responsibility; so, we do not fall through the gaps. The focus is on our strengths, our power, and what matters to us. It’s about making care personal, trauma informed and responsive and joined-up—so every door you open is the right one”.*

Assessment

Three key areas underpin our assessment of the situation, namely:

- Learning from evaluation/initiatives and service provision nationally and internationally
- Mapping an Every Door Open approach, with founding principles of inclusion and access
- A Golden Moment

Learning from evaluation/research/initiatives and service provision nationally and internationally

To achieve a co-produced EDO model, we need to systematically draw together and learn from the current literature (e.g. evaluations, guidance, policy and service provision) both nationally and internationally. An example of this from our initial literature review is NYCC’s work in relation to children in/on the edge of/recently moved from care. Lushey et al.’s (2017) evaluation indicates NWD contributed ‘to young people remaining outside of the care system’ (p.10) and other impact e.g. reduction in criminal activity and substance use; as well as system efficiencies such as financial benefits ([Session 1: FINAL NWD Overview full pack v2.pptx](#)).

A Golden Moment

Current system transformation presents a unique opportunity to achieve EDO:

- Long-standing systemic barriers to integrated working are being addressed e.g. integrated governance.
- The fundamental need for our system to work in a more integrated way is now reflected the legal requirements of the Health and Care (2022).
- Achieving EDO services is important to facilitate the delivery of the three shifts outlined within the new 10 Year Plan ([10 Year Health Plan for England: fit for the future - GOV.UK](#); July, 2025). For example, the central role an EDO model plays in the new 24/7 neighbourhood mental health centres ([NHS England » 24/7 neighbourhood mental health centres](#)).
- EDO approaches reduce duplication (e.g. multiple assessments for ‘high-intensity’ service users), support co-location and comprehensive, co-created multi-agency safety planning.
- EDO aligns well with the current financial context and NHS Medium Term Planning Framework (2025) [NHS England » Medium Term Planning Framework – delivering change together 2026/27 to 2028/29](#)).

We believe this represents a golden moment to synthesis and harness learning (from the evidence base and pockets of excellent EDO practice) to guide the way forward. National guidance has called for no wrong door approaches for more than a decade. To achieve this in practice, we need a radically different starting point from which we can co-create an EDO culture. We need a ‘bottom-up’ co-produced movement.

Mapping an Every Door Open approach, with founding principles of inclusion and access

We took the step to expand the original remit of the work in recognition that an EDO front door required the systemic barriers faced by some service users to be acknowledged and removed. For example, The British Sign Language (BSL) Advisory Board recently released a report called ‘Locked Out- Exclusion of deaf and deafblind BSL users’, highlights persistent barriers faced by deaf and deafblind BSL users in accessing services (BSL Advisory Board, 2025). Achieving the aims of this, including services meeting all individuals communication needs, is vital.

We also recognise the need of individuals for which the terms such as ‘hard to engage’ have been used. We believe it is the way services have developed e.g. their historic context, which means we are not inclusive and accessible to our whole community. We recognise the importance of an approach that acknowledges the multiple disadvantage, discrimination, oppression, stigma and trauma many people have experienced. As well as the need to work together as a community, utilising the expertise of e.g. community groups and leaders, to co-create an EDO system in which trauma informed healthcare is a small, integrated part of the support individuals receive in their community.

Overall Assessment

Across BNSSG and BSW many services work together to improve care; however, this often depends on individual relationships rather than system-level structures. A shared EDO framework is needed to spread good practice, coordinate community resources, and meet people’s needs e.g. physical and mental health holistically. Whilst diagnosis has an important role, EDO provision is psychologically led—meeting people where they are, in a trauma-informed and responsive, inclusive

and accessible way. This requires us to commit to the culture change locally, while also linking nationally to strengthen our shared voice.

Recommendation

To take the following steps:

1. **A shared Definition:** All organisation/groups commit to:
 - A shared definition of EDO.
 - Connecting locally and nationally so other systems can commit to this.
2. **Commitment to closing the gaps:** System wide commitment from each organisations chief executive/lead to:
 - Co-produce a way forward that genuinely close the gaps and embeds EDO organisationally e.g. within transformation plans.
 - Completing groundwork e.g. systematic literature review, to harness learning.
 - The culture change required to developing an EDO approach across our system for everyone, all areas, all ages - no caveats.
3. **Commitment to co-producing a sustainable EDO model and evaluating its impact:**
 - Commitment that your organisations key stakeholders can meeting together (virtually or physically or both) to identify feasible first 'joint working' steps to achieving this and a timeline for implementation.
 - Commitment to the process (beyond the first step), including sustainability and evaluation of impact (e.g. support to apply for research grant funding).