

# No wrong door

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December 2022

## Background

The [NHS Confederation](#) and [Centre for Mental Health](#) have worked together to identify a [vision](#) for mental health, autism and learning disability services for people of all ages in England in ten years' time, which we have published today.

Historically, services for people with mental health difficulties, autistic people and people with learning disabilities have been underfunded. Short-term policies and workforce planning cycles have prevented them from operating sustainably. The erosion of social care and public health funding in the years of austerity in local government funding has left many local areas with limited early help or support. Inattention to inequities in services have meant that groups of people with the poorest mental health have often experienced the poorest support.

Mental health, autism and learning disability services cannot meet demand without radical changes to the way services are delivered, and that mental health service providers can't solve the crisis in mental health and meet rising demand all on their own. Action is needed across the public sphere, from education to, housing, social care. Critically, investment is needed from government and their anticipated cross-government plan for mental health must be published and resourced without delay.

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.

The vision contains a number of best practice case studies that show what the future for mental health, learning disability and autism services across the country could look like.

## What should services look like in 2032?

The vision for mental health, learning disability and autism services in ten years time is built on the following key elements:

1. **Prevention.** In 2032, greater effort will be made to protect and promote our mental health throughout every stage of life and to ensure autistic people and people with learning disabilities are properly supported to have fulfilling and independent lives. Locally and nationally, government and public services will take a systematic 'population health' approach to reducing the social and economic risk factors for poor mental health and boosting protective factors in individuals, families and communities.
2. **Early intervention.** In 2032, services will not wait until someone is in crisis to offer help. Instead, early intervention will be the norm, with support front-loaded at an early stage to prevent more serious difficulties developing later on. Services will meet

people where they are at, including online, at school, and in community spaces where they feel comfortable.

3. **Access to quality, compassionate care.** In 2032, there will be no wrong door for anyone seeking support for mental health, autism and learning disability needs. People will 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.
4. **Seeing the bigger picture.** In 2032, mental health, autism and learning disability services will see the big picture as they support people to live their lives. People will get support with what matters most to them and services will help people with money, work and housing – with a package of support that is not limited to ‘healthcare’ per se.
5. **Whole-person care.** In 2032, services will support people with their physical and mental health and social needs together. Services will treat people as a whole person, being mindful and respectful of their needs, assets, wishes and goals.
6. **Equality focus.** In 2032, mental health, autism and learning disability services will be proactive in addressing structural inequalities and injustices. They will understand and challenge the intersecting inequalities that underpin the unequal risks of poor wellbeing and the subsequent inequities in access to support, experiences of services, and outcomes achieved.
7. **Co-production.** By 2032, there will have been a shift in the power imbalance between people who use mental health, autism and learning disability services and the organisations that provide them. Coproduction as an equal partnership will be the norm in the design, development and delivery of services.
8. **Autonomy, human rights and community support.** In 2032, service users will be reaping the benefits of a major investment in community support. As changes to the Mental Health Act will have channelled investment away from institutional and inpatient services, comprehensive support in the community will have risen up to meet people’s needs.
9. **A stronger workforce.** In 2032, there is a thriving workforce of clinicians, mental health professionals, allied professions, multi-disciplinary teams and diverse experts. Resources have been put in place to buy enough of people’s time and recruit those with the requisite skill levels. Coherent workforce planning has secured this capacity for the long term.
10. **Outcomes that matter.** In 2032, services at all levels will be holding the outcomes that matter to service users as their lodestar. They will be able to measure these outcomes and be held to account for them. The system will no longer be driven by the outputs that matter to institutions, but by the outcomes that matter to people.

## What’s needed to see this vision realised?

- 1) **Sustained and sufficient investment** to expand services and meet increased needs, but also to have the stability to innovate and transform what they offer, rather than having to respond to crisis levels of demand and acuity, and to replace outdated facilities.

To achieve this, it has been estimated that to meet increasing demand, funding for mental health needs could have to rise to as much as £27 billion by 2033-34. This figure is based on pre-pandemic levels of need, which we know have increased, and with current levels of inflation, the actual amount is likely to be even higher.

To achieve this, it has been estimated that we need to continue to ringfence the local investment fund for mental health, worth £2.3 billion a year by 2023/24, and continue thereafter to increase funding for mental health. To ensure parity of esteem, it is essential that the mental health investment standard continues to be protected.

Investment also needs to go beyond the NHS. Funding is urgently needed in local authority social services, in public health, in housing (general needs and specialist supported accommodation), and in youth services – to name but a few – to ensure mental health support is truly holistic and effective. Adult social care alone faces a funding gap of £7 billion and public health services have lost £1 billion since 2015/16. This will require open and honest debate with the public about where, and how much, investment is required to tackle the social and economic determinants of distress while also offering the best possible personalised support at every level of need.

- 2) Effective long-term workforce development and planning**, both to ensure that enough people are working in mental health, autism and learning disability services and to diversify the workforce and locate support where it is most needed.

In quarter 1 of 2022/23, there are about 132,000 full-time-equivalent vacancies across the whole NHS, and just under a quarter of these (nearly 29,000) were within mental health. A tenth of consultant psychiatrist posts were vacant in 2021. There were just under 47,000 nursing vacancies in England in quarter 1 of 2022/23 and just over a quarter of these (about 13,000) were from the mental health section.

The last few years have seen a welcome increase in the size of the NHS mental health workforce in England. It is clear that this needs to continue. And it needs to grow in its diversity in terms both of the multi-disciplinary roles that people bring to the mental health workforce and of the backgrounds people come from. The Advancing Mental Health Equalities strategy from NHS England is an important starting point to build a mental health workforce that is more diverse and representative of the communities it serves.

To make this possible, we need long-term workforce planning backed up with adequately resourced training and opportunities for placements. Nationally and within every integrated care system, it is essential to start planning now, in 2022, for the workforce that needs to be in place in 2032. Workforce planning on five-year policy cycles is not enough; we need always to be looking at least a decade into the future to do this well.

- 3) A deep commitment to large-scale reform, innovation and change**, starting with reform of the Mental Health Act and transforming the nature of what is offered so that people get access to services they trust, that meet their needs and that treat them equitably.

Plans to modernise the Mental Health Act are an essential starting point for achieving the vision. We have a once-in-a-generation chance to reshape services to rely less on the use of coercion, to respect people's autonomy and dignity, and to share decision-making more equitably. Without a change in the law, it is clear that autistic people and people with learning disabilities will continue to be subject to mental health legislation for prolonged periods with little benefit.

However, updating the Mental Health Act must be just the start. The organisations that design and deliver mental health, autism and learning disability services must also be willing and able to change radically. Systems, processes and cultures within organisations can favour inertia over innovation, especially when innovation means having less power and facing up to past and present shortcomings. But where organisations have overcome these obstacles, the rewards can be considerable.

Being willing and able to change also requires a commitment to robust research, evaluation and learning. Mental health research is poorly funded and narrowly focused. Innovations must be robustly tested and evaluated, and we need to value

practice-based learning. Over the next decade we need more, and more equitable, mental health, autism and learning disability research.

Reform must also go beyond health and care services. The broader geopolitical context, economic situation and climate challenges set the boundaries within which services operate. National and local government, combined authorities and integrated care systems, can all create a healthier and more inclusive society by adopting 'health in all policies' approaches to decision-making.

Reducing poverty, tackling hate crime, creating inclusive schools, improving the environment and addressing racism can make a marked difference to people's lives and wellbeing and preventing later difficulties. When these structures have changed, mental health, autism and learning disability services will have the best chance of making the transformation to the vision set out in this report.

## Draft Written Parliamentary Questions

- To ask the Secretary of State for Health and Social Care when his department will publish the cross-government plan on mental health.
- To ask the Secretary of State for Health and Social Care, with reference to the NHS Confederation and the Centre for Mental Health's ten-year vision for mental health, what discussions he has had with the Chancellor of the Exchequer regarding funding to accompany the publication of the cross-government plan on mental health.
- To ask the Secretary of State for Health and Social Care, what discussions he has had with his counterparts leading other departments regarding the cross-government plan on mental health.
- To ask the Secretary of State for Health and Social Care, with reference to the NHS Confederation and Centre for Mental Health's ten-year vision for mental health, learning disability and autism services, when he will bring the Mental Health Bill before parliament.
- To ask the Secretary of State for Health and Social Care, with reference to the NHS Confederation and Centre for Mental Health's ten-year vision for mental health, what discussions he has had with the Chancellor of the Exchequer regarding the mental health investment standard.

*If you would like to discuss the issues raised in this briefing, or would like any alternative questions, please don't hesitate to be in touch via **Caitlin Plunkett-Reilly, External Affairs Manager (Public Affairs)** – [caitlin.plunkett-reilly@nhsconfed.org](mailto:caitlin.plunkett-reilly@nhsconfed.org).*

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### About the NHS Confederation

The NHS Confederation is the membership organisation that brings together, supports and speaks for the whole healthcare system in England, Wales and Northern Ireland. The members we represent employ 1.5 million staff, care for more than 1 million patients a day and control £150 billion of public expenditure. We promote collaboration and partnership working as the key to improving population health, delivering high-quality care and reducing health inequalities.

The NHS Confederation's Mental Health Network (MHN) is the voice for NHS-funded mental health and learning disability service providers in England. The MHN represents providers from across the statutory, independent and third sectors. By working with the government, regulators, opinion formers, media and the wider NHS, the MHN promotes excellence in mental health services and the importance of good mental health.