HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE MMITTEENAME



Report subject	Gender Identity Disorder (GID)
Meeting date	2 nd December 2024
Status	Public
Executive summary	The CASS Review undertaken in 2022 has led to a new model of care for Gender Identity Disorder Services with a move away from one specialist provider to specialist regional centres which will continue to be commissioned by NHS England.
	A total of six specialist regional centres will be operational by 2026. Two are currently live with one further centre based in Bristol due to be operation in November 2024.
	Local processes have been developed and aligned with national requirements as a means of supporting the safe transition of those waiting to access specialist support. This entailed the offer of assessment to all those waiting along with a conversation and development of a support plan where needed.
	In the future all referrals to the specialist regional centres will solely be via local CYP mental health or paediatric services.
Recommendations	Members are recommended to note the content of the report
Reason for recommendations	Not Applicable

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Wards	All BCP Wards
Classification	For Noting

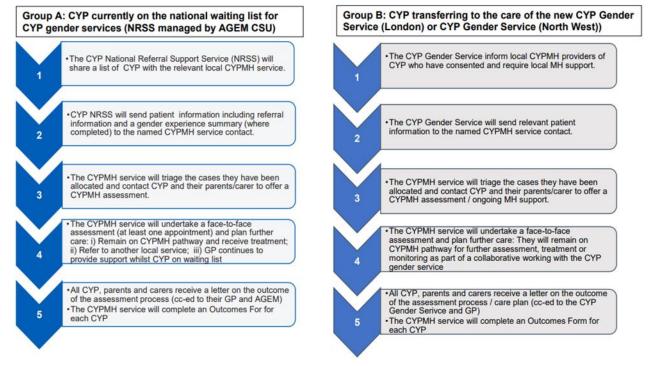
Background & History

- 1. Gender identity services are considered to be specialist services and commissioned by NHS England as opposed to local Integrated Care Boards.
- 2. Historically, all cases concerning gender disorder were referred to a single specialist service provided by Tavistock and Portman NHS Trust. Referrals originated from any professional, including non-health professionals.
- 3. In 2022, the Cass Review was completed with the findings and subsequent report setting out a number of recommendations:
 - a. Move away from a single provider model (Tavistock Clinic) to a regionally delivered approach that connected into local services including children and young people's mental health services and primary care.
 - b. Experienced providers of tertiary paediatric care should lead regional centres to ensure a focus on child health and development, with strong links to mental health services. These will be specialist children's hospitals.
 - c. They should have **established academic and education functions** to ensure that ongoing research and training is embedded within the service delivery model.
 - d. The services should have an appropriate **multi-professional workforce** to enable them to provide an integrated model of care that manages the holistic needs of this population'.
 - e. Staff should maintain a **broad clinical perspective** to embed the care of children and young people with gender uncertainty within a broader child and adolescent health context.
- 4. In lieu of the review findings, in July 2022 NHS England signalled their intention to adopt the recommendations and move to a regional model of care for CYP experiencing gender incongruence and gender dysphoria, this included bringing the provision at the Tavistock and Portman NHS Trust to a managed close.

Progress to Date

- NHS England published guidance in March 2024 that included an information pack "Assessing the Mental Health Needs and Risks of CYP on the National Waiting List
 for CYP Gender Services and CYP transferring to the care of CYP Gender Services,
 from 1 April 2024 to 31 March 2025".
- This set out actions to support the safe management and transfer of those remaining on waiting lists at the point the Tavistock and Portman Gender Identity Service closed (31st March 2024) and included requirements for local assessment and

- support planning for people waiting for the new regional services to become fully operational
- 7. The information pack was aimed towards local Children & Young People Mental Health providers as a means of providing supportive resources to enable local implementation of the assessment and support requirements.
- 8. Specific requirement included Dorset's local CYP mental health provider inviting each of those waiting in for an assessment and discussion about any particular support needs and/or risks. Nationally published processes were included in the information pack:



- 9. The intended outcome of the approach has centred on the development of a personalised support plan for each individual whilst they wait for their specialist assessment.
- 10. At the time of the Tavistock and Portman service closing, Dorset as a whole (including both Dorset Council and BCP Council areas) had a total of 106 children and young people waiting to be assessed. To date all 106 have been invited by our local CYP mental health service for an assessment and conversation about immediate support options through a personalised support plan under the supervision of the local mental health service and/or GP. This lays the foundation for the future model of care which will be framed around a shared care approach between local and specialist regional services.
- 11. NHS England have a stated aim to open six specialist regional centres by 2026. Two new regionally orientated specialist centres (Great Ormand Street Hospital (London) and Alder Hey Children's Hospital (Liverpool) opened in April 2024 with a third centre due to open in Bristol in November 2024.
- 12. Within the new model of care referrals routes into the regional specialist centres will be restricted to through local mental health or paediatric services.

- 13. A local pathway is now in place to enable those in need of support to access it in line with these new referral routes. This aligns with national guidance and the broader approach to local CYP mental health service provision which is re-orientating itself to align with the THRIVE Framework which in turn will improve local accessiblity.
- 14. The Dorset Healthcare CAMHS Gender Identity Dysphoria (GID) pathway consists of:
 - Referral guidance for Getting advice.
 - · Referral guidance for Getting help.
 - Referral guidance for Getting more help.
 - Referral guidance for Getting risk support.
 - Diagnostic criteria.
 - Assessment.
 - Getting advice interventions for mild GID.
 - Getting help intervention for mild GID.
 - Getting more help intervention for severe GID
- 15. This is complimented by a clearly documented process map to support staff working within local CYP mental health services.
- 16. Locally, BCP children and young people can also avail of additional support offered to young people who are considering their gender identity by the SPACE Project (provided via a local charity). SPACE offers service users the opportunity to meet other young people; attend group and/or individual support and utilise social space if needed.

Conclusion

17. The committee are asked to note the changes to the national provision of gender identity services and local actions undertaken to safely manage the transition into the new model of care that is framed around NHS England commissioned regional centres working in partnership with local agencies through shared care arrangements.

Referral received

•Received either through central GIDS transfer mailbox or via GP/school

Transferred to Gateway

Offered a triage appointment (in Gateway)

Triage (Gateway)

- · Assess current needs and requests for help
- · Assess needs relating to gender identity/gender related distress specifically
- •Clarify most appropriate service to meet identified needs and signpost where relevant
- •Arrange for full initial assessment in locality CAMHs team if required i.e. if YP would benefit and/or requests targeted or extensive help regarding their mental health and emotional wellbeing
- •If safeguarding need identified (specifically relating to puberty suppressing hormones) refer to trust safeguarding

Further Support

- •Following initial contact from community CAMHs team to discuss needs in MDT re: care plan and refer for NDAC assessment if identified (cases would not remain in Gateway for a brief intervention). If query around medication (i.e. puberty suppressing hormones) discuss with Consultant Psychiatrist.
- •If no identified mental health needs but neurodevelopmental assessment identified transfer to paediatrics close to CAMHs (complete EOF and write to AGEM CSU to update)
- •If no identified mental health needs or neurodevelopmental assessment provide advice and guidance and close back to GP and GS waiting list

Appendices

There are no appendices to this report.