



Agenda Item
2.9

Joint Commissioning Committee

Gender Identity Services for Children and Young People – Final Report of the Cass Review

Dyddiad y Cyfarfod / Date of Meeting	16/07/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Choose an item.
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Pwrpas yr Adroddiad / Report Purpose	Endorse for Committee Approval Choose an item.
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Joint Committee	08/11/2022	Noted
Joint Committee	21/11/2023	Noted Supported
Joint Committee	21/05/2024	Noted

Acronyms / Glossary of Terms	
CAMHS	Child and Adolescent mental Health
CYP	Children and Young People

MH & VG CT	Mental Health & Vulnerable Groups Commissioning Team
NWJCC	NHS Wales Joint Commissioning Committee
QPSC	Quality Patient Safety Committee

1. SITUATION/BACKGROUND

At the NWJCC Joint Committee meeting held on the 21st May 2024, members discussed the recommendations of the final Cass Review. As a result of a challenge made directly into the system regarding the rationale for following the English position, a request was made for further information to be provided to inform future discussions. In parallel, Welsh Government issued a letter to the NWJCC on the 15th May requesting that the findings of final Cass Report are considered.

1.1 Background

The NWJCC commissions gender identity services for both children and young people and adults.

Gender Services for Children and Young People are entirely commissioned through NHS England. Historically this was provided by a sole provider the Tavistock and Portman NHS Foundation Trust (Gender Identity Development Service). Following interim advice from the Cass Review in 2022, NHS England set out plans through a transformation programme to build a more resilient service by expanding provision and enhancing the focus on clinical effectiveness, safety, and patient experience through a regional model of providers lead by Specialist Children’s Hospitals.

NHS England (NHSE) formally serviced notice to the sole provider of the service which in turn closed its doors on March 31st 2024. Two new Phase 1 providers¹ became operational on 1 April 2024. The immediate priority of the Phase 1 providers has been to oversee the transfer of clinical responsibility of children and young people from GIDS. The Phase 1 providers plan to begin to take patients from the centrally held waiting list towards the end of 2024 dependent on successful recruitment.

Bristol Children’s Hospital (University Hospitals Bristol and Weston NHS Foundation Trust) is the first Phase 2 provider that is planning to open in November 2024. It is proposed that children and young people on the waiting list

¹ North Hub – Alder Hey Children’s Hospital NHS Foundation Trust; Manchester University NHS Foundation Trust [New Specialist Gender Service for Children and Young People Opens - Alder Hey Children's Hospital Trust](#)

South Hub – Great Ormond Street Hospital for Children NHS Foundation Trust; Guy’s and St Thomas’ Hospitals NHS Foundation Trust; South London and Maudsley NHS Foundation Trust [New specialist gender service starts | Great Ormond Street Hospital \(gosh.nhs.uk\)](#)

for the London service will transfer to Bristol. Children and young people from North and Mid Wales will continue to access services from Alderhey. This will bring care closer to home for the entire welsh population.

Adult Services are split into non-surgical and surgical interventions. The non-surgical gender identity service was historically commissioned by the then WHSCC (now the JCC) through NHS England but in response to long waiting times and an increasing demand for a service in Wales, the Welsh Gender Service was established in 2019, which is provided by Cardiff and Vale University Health Board, and which is commissioned by the JCC. Local Gender Teams are established in each of the Health Boards, who are directly responsible for the initiation, monitoring and prescribing of hormones for adults once endorsed by the Welsh Gender Service. This element of the pathway is not commissioned by the JCC.

The surgical gender identity service for adults (gender reassignment surgery) is commissioned by the JCC through the NHS England network of surgical providers, this includes:

- Chest Reconstructive Surgery
- Masculinising Genital Surgery
- Feminising Genital Surgery

2. SPECIFIC MATTERS FOR CONSIDERATION

2.1 Devolved Nations Position

NHS Scotland has its own established pathway for specialist gender services for children and young people. An assessment service is provided by the [Gender Service for Young People at Sandyford](#) which refers into specialist paediatric endocrinology services for access to Puberty Suppressing Hormones. NHS Greater Glasgow and Clyde and NHS Lothian – the two Health Boards in Scotland with specialist paediatric endocrinology services – issued a joint statement confirming a pause on **new** prescriptions for puberty hormone suppressants and cross sex hormone medication for young people with gender dysphoria. The pause is to allow time for further evidence to be gathered to support the safety and clinical effectiveness of these medications, following the Cass Review.

Healthcare Improvement Scotland have been commissioned to develop new National Standards for Gender Identity Healthcare and those standards are expected to be published this summer². It is proposed that the JCC Medical Director will link with Scotland to fully understand their position and any implications their findings may have which will need to be considered by Wales in the future.

² [Cass Review and Gender Identity Healthcare - gov.scot \(www.gov.scot\)](#)

[Cass Review: expert team to examine recommendations for NHS Scotland | UK Healthcare News \(nationalhealthexecutive.com\)](#)

The position in Northern Ireland (NI) is not clear, it is understood that children and young people have utilised the NHS England service in the past but NHS NI are not engaged in the transformation programme.

2.2 Reasons for continuing to commission the service through NHS England

2.2.1 Critical Mass

The number of referrals from CAMHS to the specialist service that were prior approved by WHSSC increased from 58 per year in 2016 to 109 in 2017. Since then, the average number of referrals has fluctuated but averaged around 130 per year. The volume of activity necessary to sustain levels of expertise and clinical competence will need to be considered in line with the new clinical model and multi-disciplinary approach to inform future commissioning intentions.

2.2.2 Availability of clinical expertise

Any new service would need to be developed in line with the new clinical model. First and foremost, there is a lack of trained personnel with the relevant experience in the field of gender (in children and young people) and to meet the needs of a multidisciplinary approach. Secondly, recruitment has been the most significant challenge faced by the Phase 1 providers, though it is hoped that publication of the final Cass Report will now help to overcome those challenges.

2.2.3 The recommendation to align with Children's Services and not operate as a sole provider

In line with the interim and final Cass Review, a service in Wales would need to be led by a Specialist Children's Hospital, be part of a network of providers and not operate as a sole provider for the service. Under this definition, Cardiff and Vale University Health Board (CVUHB) would be the appropriate Health Board in Wales. The JCC has a commissioning intentions process in place and to date the desire to deliver a service at this stage has not been fully explored. The Health Board is however represented on the phase 2 provider Southwest Programme Board to gain valuable insight into what is expected of a provider and to learn from previous experience. This will enable them to be in a stronger position to fully consider the position at some stage in the future.

In the meantime, CVUHB have been asked by the Phase 2 programme board to host an outreach clinic in Cardiff, which will be fully resourced by the Phase 2 provider for the Southwest. This again will allow relevant professionals to build close relationships with the regional provider and strengthen the alignment with local CAMHS services. The CAMHS Clinical Director for BCUHB is equally making the links with the phase 1 provider in North of England to develop the working relationship and build confidence locally.

As of today, even if the JCC felt that the most desirable option was to develop a service in Wales there is not the critical mass nor available clinical expertise to

deliver such a service in the near term. However, it may be an option in the future and the JCC commissioning intention process could view this as a priority. In the meantime, and to ensure the children and young people in Wales have access to a service the proposed approach is to continue to commission via NHS England and whilst there are dissenting voices to the model being implemented as a result of the Cass Review there is also a body of supportive evidence which provides assurance. The NWJCC will keep all the above under review whilst considering new and emerging evidence to inform future commissioning intentions. The important principle in determining any change of commissioning intentions will be the need to ensure evidence-based decision making which puts quality and safety and equity of access as the key drivers.

2.3 Education and training

As part of the NHSE transformation programme there is an extensive piece of work being undertaken by the Education and Training subgroup of the gender portfolio. This will ensure consistency in materials available to professionals and develop greater knowledge and understanding to support Children and Young People who experience gender incongruence. The proposal is that Health Education Improvement Wales is included in this work and rolled out across Wales.

2.4 Referral pathway and CAMHS

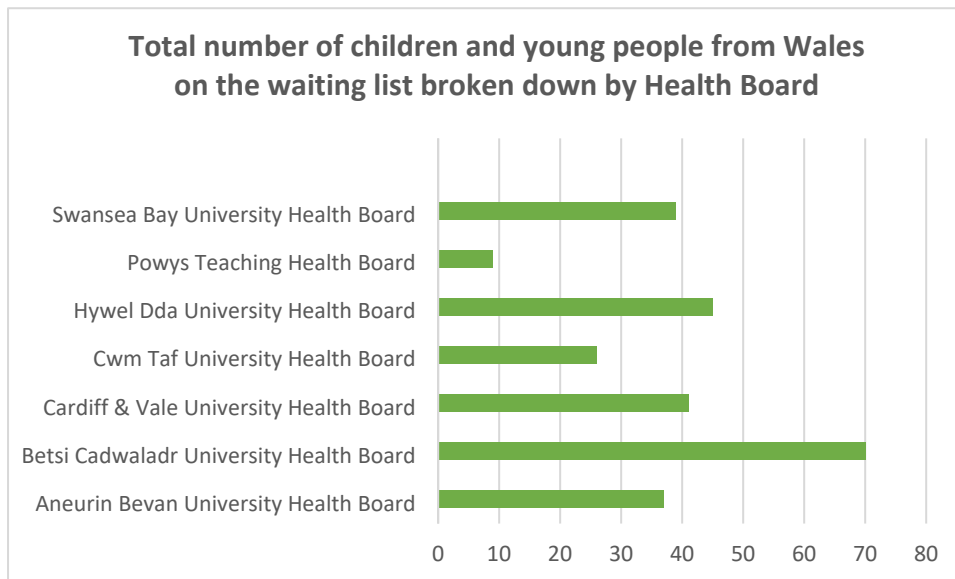
NHS England recently consulted on their pathway to direct access through CAMHS and Paediatrics. Referral into the Gender Identity Service for Children & Young People in Wales has always been via the Children and Adolescent Mental Health Services (CAMHS) through the National Referral Service. There will also be an opportunity in line with the new service specification, to widen the scope of referral in Wales to include paediatricians, although this has not formally been discussed with the Medical Directors to date. A presentation on the final Cass report and relevant recommendations was made to the CAMHS Implementation Network on 4th June. A working group is being set up to review the relevant recommendations to inform local implementation plans. As previously explained, the Clinical Directors for CAMHS in Wales are making contact with the relevant NHS England phase 1 and phase 2 providers to strengthen the links between the regional hubs and CAMHS services. This is fundamentally important to enable alignment with the recommendations of Cass in terms of the full understanding and implementation of a holistic approach.

2.5 The waiting list and allocation to new providers

The phase 1 providers are currently focusing on open cases transferred from GIDS. Patients are not expected to be taken from the waiting list until later this year while clinical capacity is built in the new service. Access to the Phase 2 provider (Southwest) - Bristol Children's Hospital (University Hospitals Bristol and Weston NHS Foundation Trust) will further increase access for children and young people from Wales.

Young people who reach the age of 17 years and 9 months while on the waiting list are removed from the waiting list, and re-directed to the Adult Welsh Gender Service, which is hosted by CVUHB. This is managed by the National Referral Service with the opportunity to opt out. Initial waiting times are honoured at time of transfer.

As of the 30th April 2024, there were 267 children and young people from Wales on the waiting list. The chart below provides a breakdown of the waiting list by health board:



2.6 Children and young people gender identity service - final service specification

A new substantive service specification will be published by NHS England in 2024/25 in line with the final advice from the Cass Review. The new service specification will be built through stakeholder engagement and public consultation in line with NHS England's Section 13Q duties and in line with Welsh Government Guidance on Changes to Health Services, NHS England will include Wales in the engagement and consultation process.

2.7 A synopsis of responses to the Cass Review

A synopsis of responses from the Royal Colleges and an NHS commissioned advocacy group has been provided by the Associate Clinical Director for Vulnerable Groups. Please find the document attached at **Appendix 1**.

In summary, across the relevant Royal Colleges and Professional bodies responding to the Cass Review, there is overall acceptance and commendation of its scope, approach to the review of evidence and sensitive address of the needs of this vulnerable population. The challenge of obtaining robust evidence in this area of applied medicine is recognised and support for the instigation of inclusive research is supported by all. The need for robust data and high-quality research is emphasised. The mixed methods approach of the Cass Review, including

involvement of people with lived experience, advocacy and interest groups is also applauded.

All support the recommendation for the instigation of a National Professional Collaborative to inform the progression of new services and evidence-based practice. The active participation of CYP in research and follow up is also supported, especially in research design. Concerns about waiting times and the management of CYP on existing waiting lists while the new services are configured is raised as a concern. The clinical model with an emphasis on a holistic and bio-psycho-social approach, with clear pathways for assessment and support for a range of needs that CYP present with through their developmental years, is uncontested. There is repeated reference to the toxicity and conflicted discourse within the field of gender health and an acknowledgement of how this has impacted on clinicians' confidence and motivation to work in this complex field.

The Cass Review is seen to have set the needs of this group of CYP within an evidence-based framework. As the new services are progressed it is essential that the NHS in Wales learns from the successes and challenges of the first implementers (Phase 1 and 2 Hubs). NHS Wales are advantaged by the significant investment that NHSE has put into this field of work with an extensive governance infra-structure to support all the work streams, including research. The NWJCC are heavily engaged with partners in NHSE to ensure that Welsh patients are fully included in the new service developments and are keen to look at how future service provision can be brought closer to home while ensuring consistency of evidence-based approaches and pathways of care.

Realistically, given the information considered, at this stage there is no alternative means of providing services for Children and Young People without following the English model and commissioning position. However, the position will be continuously reviewed considering any new and emerging evidence that is made available.

2.8 Review of the Adult Gender Identity Service (non-surgical)

The NWJCC commissions gender identity services for adults (non-surgical) to a service specification based on the graduated model of care bespoke to Wales. The Service Specification (SS182) was published in September 2019 and is due for review in 2025.

This is particularly timely as recommendation **24** of the Cass Review asks for consideration to be made to the review of Adult Gender Services using the following wording:

'Given that the changing demographic presenting to children and young people's services is reflected in a change of presentations to adult services, NHS England

should consider bringing forward any planned update of the adult service specification and review the model of care and operating procedures.'

Through the gender portfolio, it is anticipated that NHS England will set out their approach to reviewing their adult gender identity services by the end of July 2024. It is understood that one of the key intentions behind the broader systemic review of gender dysphoria clinics in England is to understand variation within their network of clinics. Applying a similar methodology in Wales whilst acknowledging that the service specifications are different, will allow both consistency of approach and the opportunity to benchmark against findings of their review. This will be intrinsically linked to the follow through services for 17-25-year-olds to ensure continuity of care and support at a potentially vulnerable stage in their journey. This will also allow clinical and research follow-up data to be collected and this will be set out in the detailed plan to follow.

Furthermore, and to align future work, the NWJCC received a letter (**Appendix 2**) from Welsh Government on the 15th May 2024 following a debate on the Cass Review with the following formal request:

'In light of these developments, I am writing to request formally that the NHS Wales JCC give specific consideration to the findings of final Cass Report. This must include a consideration of its findings in the review of the service specification for the adult gender identity service in Wales, which is planned to commence in 2024.'

In addition, one of the recommendations of the Cass Review was to consider how interventions impact on outcomes. For that to happen, there is a need to monitor the long-term impact through tracking into adult gender services. Therefore, I am requesting that in line with this Cass recommendation, the NHS Wales JCC also ensures that gender identity services commissioned by the JCC share relevant data as part of the wider data linkage study referred to in the Cass Review (Recommendation 5). The data should be collected in a consistent and comprehensive manner to support an evidence-based approach to the support and interventions put in place.'

2.9 Establishment of a 'Clinical Expert Advisory Group'

The establishment of a multidisciplinary 'Clinical Expert Advisory Group' is proposed to advise the NWJCC on the review of the gender identity service for adults (non-surgical interventions) policy and service specification.

The group will be chaired by a member of the NWJCC Medical Directorate and be accountable to the NWJCC via the JCC lead director. Representation on that group will need to reflect the diversity of the professionals required to deliver the clinical model of care and transition into adult services. Terms of reference for the group will be developed in alignment with the commissioning position

and will initially be tasked with reviewing the NHS England implementation plan which should be available before the end of July 2024. The work of this group will be overseen into the Mental Health and Vulnerable Groups Commissioning Team with input from other JCC team members as necessary.

3. ASSESSMENT

Objectives / Strategy	
Dolen i Nod (au) Strategol CBC Link to JCC Strategic Goal(s)	Not Applicable
	The JCC was established on 1 April 2024. As yet the JCC strategic goals have not yet been developed.
Dolen i Feysydd Strategol CBC / Link to JCC Strategic Areas	Not Applicable
	The JCC was established on 1 April 2024. As yet the JCC strategic areas have not yet been developed.
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality</i> (Duty of Quality Statutory Guidance (gov.wales))	Learning, Improvement & Research
	If more than one applies please list below:
Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality</i> (Duty of Quality Statutory Guidance (gov.wales))	Effective Equitable Person Centred Safe
	If more than one applies please list below:

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	This report outlines the findings of the Cass Review. NHS England has undertaken impact reports as part of the new service specification and clinical policy
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: This report outlines the findings of the Cass Review. NHS England has undertaken impact reports as part of the new service specification and clinical policy.
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	Yes (Include further detail below)	
	Acting in the best interests of children and adolescents focusing on evidence based informed care is the key aim of this work. It is worth acknowledging the polarised views opposing this work, which could potentially be considered as a reputational risk to the organisation.	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below)	
	There may be a need to engage external experts (on a sessional basis) linked to the Clinical Expert Advisory Group.	

4. RECOMMENDATIONS

JCC Members are asked to:

- **Note** the recommendations of the Cass Review and **support** the continued alignment of the NHS Wales Joint JCC with the NHS England Implementation Plan.
- **Endorse** the establishment of an 'Expert Clinical Advisory Group' to inform the review of the policy and specification for the adult gender identity service and associated terms of reference.

5. NEXT STEPS

- Set up an Expert Clinical Advisory Group to oversee the Review of Adult Services and subsequent review of the policy and specification for the adult gender identity service (non-surgical).
- Expert Clinical Advisory Group will report directly to the MH and VG Commissioning Team.

6. APPENDICES

- Appendix 1 – Synopsis of Responses to the Cass Review (Royal Colleges and NHS Commissioned Advocacy Group).
- Appendix 2 – Letter from Welsh Government to the NWJCC regarding the Cass Review.