Emma Best AM

Chair of the London Assembly Health Committee C/o Tim.Gallagher@london.gov.uk

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Dear Emma,

I want to thank the Health Committee for the important work it has done on eating disorders in London. I apologise for the delay in responding.

As you know, I do not have power over the commissioning or provision of health and care services in London. However, when the recommendations were published, my officers shared these with the NHS, and we discussed them in one of our meetings.

You will be aware that we have been operating in a time of transformation for the NHS, so while I have answers to some of your recommendations below, these may not reflect the very latest details and definitive position of the organisation. The NHS's new 10-year health plan for England, 'Fit for the Future', published in July 2025, places a strong emphasis on mental health, promising earlier intervention and expanded community care. Investment of up to £120 million to develop more dedicated mental health emergency departments, expanding mental health support teams in schools and colleges, and reforming the National Quality Board to ensure mental health is considered a priority are some of the changes set out in the plan.

My goal herein will be to provide reassurance that conversations with the NHS have taken place and it is aware of your concerns. I understand you are also in touch with the NHS, which I believe would welcome the opportunity to share its latest work with respect to the recommendations below.

I have been and remain passionate about good mental health. That is why I have worked closely with partners throughout my tenure, to ensure that all Londoners have an equal opportunity to achieve good mental health and wellbeing and that they know where to go for support – including Londoners with an eating disorder.

Since launching my Wellbeing Champions mission in April 2021, over 250,000 Londoners have participated in mayoral-funded training, events, campaigns and grassroots mental health projects. I have also worked with Thrive LDN and Good Thinking to deliver high-quality information, advice and training to support young people, parents, carers and professionals affected by an eating disorder.

This widespread engagement has laid the groundwork for enhanced awareness of mental health and wellbeing in our city, as well as how to tackle the stigma that still surrounds it. Through these activities, Londoners have also gained additional tools and knowledge to support their own mental health and that of their friends, colleagues and families.

You will be aware from recent announcements that our Government is hard at work to get the NHS back on its feet. It is not just focused on cutting waiting lists and stabilising social care but also

investing in prevention and addressing the root causes of poor health and disease that impact so many in our city. This is also a time of structural reform in the NHS. While we need to allow time for the dust to settle, that does not mean standing still.

For my part, I remain committed to working with all of my partners in London to help close our city's health inequalities. As I have written in my Health Inequalities Strategy Implementation Plan, I will continue to help ensure that mental health is valued and protected as much as physical health. While this does not include specific, targeted actions to address eating disorders, it does not mean that I have forgotten Londoners who are living with disordered eating.

My work in this term will be aimed at ensuring that more Londoners in key frontline and community roles and settings are better equipped to support mental health and wellbeing, both for individuals and the wider community. I will also continue to ensure that London is a city where mental health support is accessible and embedded in everyday life.

This includes championing and funding Thrive LDN, which works collaboratively with boroughs and health partners on a proactive, prevention-focused approach to tackling the root cause of poor mental health.

I will also continue putting children and young people at the heart of my health agenda and will work to ensure that the spaces, opportunities and adults that young Londoners interact with are supporting their mental and physical health.

For example, I will invest in a pilot mental health programme in secondary schools, aimed at communities in London where mental health and wellbeing challenges are more acute.

Alongside these targeted mental health initiatives, I will continue to drive broader efforts, recognising that many of my key manifesto priorities – from tackling poverty and housing inequality to supporting adult education and work quality – have a direct impact on mental health and wellbeing.

I will also continue listening to Londoners, taking their experiences and concerns with mental health into account in my work with partners. Whether through schools, employment, mentoring or sports, I am investing in programmes that help young people feel supported, hopeful and inspired about their future.

In the response below, my Health Team has set out where my strategic work with the Greater London Authority can have the greatest impact.

Yours sincerely,

**Sir Sadiq Khan** Mayor of London

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#### Annex

# Mayor of London's response to the recommendations of the London Assembly Health Committee's investigation on Eating Disorders in London

## Recommendation 1

The Mayor should work with NHS England (London), including through the London Health Board, to advocate for the adoption of training on eating disorders across all GP practices in London.

The Mayor is not responsible for the commissioning or delivery of health and care services.

We understand from our conversations with the NHS that it has commissioned training for GPs and primary care clinicians in England from the eating disorders charity BEAT and that this training will be promoted throughout London via regional communications channels.

## **Recommendation 2**

The Mayor should request that NHS England (London) explores the feasibility of establishing self-referral routes for adult eating disorder services across London and the likely number of referrals that would be generated, so that the service set up can meet the needs of the patients self-referring.

The latest information on how Adult Eating Disorder (AED) services are expected to transform can be found in published <u>NHS guidance</u>. This will mean that people with eating disorders will be able to access dedicated multidisciplinary support within their community.

In order to support services to plan and implement improvements, the NHS has developed a roadmap that sets out how community mental health services will be transformed, including eating disorder services. A key part of these transformed services will be the ability to accept self-referrals and referrals from primary care and voluntary, community and social enterprise (VCSE) organisations.

#### Recommendation 3

The GLA Health team should work with NHS trusts across London to ensure that: all people on waiting lists for eating disorder services are provided with clear information and resources; and additional interim support is commissioned for those on waiting lists who are at higher risk.

While this falls outside the scope of work of the GLA Health Team and the Mayor is not responsible for the commissioning or delivery of health and care services, at the time of publication we shared the report with NHSE (London), who lead on this work, for its consideration.

## **Recommendation 4**

The Mayor should lobby NHS England (London) to ensure that health services are not rejecting nor prioritising patients for treatment for an eating disorder on the sole basis of BMI, as stipulated in NICE quidelines.

The Mayor recognises that the needs of people with eating disorders cannot be surmised through their Body Mass Index (BMI). National commissioning guidance for adult eating disorders states

that decisions on accepting referrals and discharge should never be made solely on a person's BMI, weight, or frequency of bingeing or purging episodes.

The Mayor understands that integrated care boards (ICBs) and providers rolling out the community mental health transformation framework (and transforming eating disorder services) are expected to ensure that there are no BMI barriers to access.

At the time of publication, we shared the report with NHSE (London), who lead on this work, for its consideration.

# **Recommendation 5**

The GLA Health team should work with NHS England (London) to conduct a London-wide audit of available eating disorder services, to identify and address any gaps in provision for particular eating disorders, such as binge-eating disorder and avoidant/restrictive food intake disorder.

The Mayor understands that the NHS is already in the process of commissioning a national all-age clinical audit of eating disorder services and whether they are safe, effective, patient-centred, timely, efficient and equitable.

While this falls outside the scope of work of the GLA Health Team and the Mayor is not responsible for the commissioning or delivery of health and care services, at the time of publication we shared the report with NHSE (London), who lead on this work, for its consideration.

## **Recommendation 6**

The Mayor should request that NHS England (London) supports the roll-out of specialist care pathways across NHS trusts in London for people with autism suffering from an eating disorder.

We understand that the NHS's position is that the optimal model of service delivery for people with an eating disorder is in a dedicated, multidisciplinary eating disorder service, including for people with autism.

In addition, the NHS has commissioned a Specialist Eating Disorders Unit Autism Friendly Self Assessment Tool, which provides an evidence-based framework for adult eating disorder units to evaluate their current practices across five domains: access, workforce, individualised care, service experience, and audit processes. This includes criteria such as staff autism training, therapy adaptations, sensory accommodations, specialist involvement, and co-production with autistic voices.

At the time of publication, we shared this report with NHSE (London), who lead on this work, for its consideration.

# **Recommendation 7**

The Mayor should request that NHS England (London) reviews how the Improving Access to Psychological Therapies workforce can be utilised across London to provide better access to talking therapies for people with eating disorders.

We have shared this report with NHSE (London), who lead on this work, for its consideration.

## Recommendation 8

The Mayor and the GLA Public Health Unit should design and deliver a public awareness campaign on eating disorders across London, with the aim of addressing stigma and improving signposting to support services.

In London we remain committed to working with partners to address some of the most pressing barriers to health equity – particularly for those who are too often left behind. We are focusing our efforts and directing support where it is urgently needed – with London's young people.

Right now, the scale of the mental health challenges facing our young people is shocking. The Mayor's plan is to invest in a "whole-schools-approach" – enabling schools to be more responsive to the needs of their pupils. This could include signposting to support services and work to address stigma.

The whole-schools-approach will also engage the broader school community, including all staff, parents and local community groups. This kind of wrap-around support could go a long way in helping young people who struggle with mental health, including eating disorders.

This programme of work, and associated campaigns and promotions, will be designed by the GLA's Health, Children & Young Londoners Unit. It builds on the Mayor's ongoing work investing in programmes – whether in schools, employment, mentoring or sports – that help young people feel supported, hopeful and inspired about their future.

## **Recommendation 9**

The Mayor should work with relevant partners to ensure that Thrive LDN and Good Thinking provide good, easily accessible and up-to-date information to help people with an eating disorder understand options for treatment and services available in London.

The Mayor has supported Good Thinking and Thrive LDN in their work to provide good, easily accessible and timely information to support the wellbeing of Londoners with an eating disorder.

For example, he has invested in Good Thinking to help it expand its digital mental health offer to young Londoners, including information, advice and support for young people, parents and carers affected by an eating disorder. To ensure the information is relevant and up-to-date, Good Thinking collaborated with the eating disorders charity BEAT to produce information and signposting for children and young people, and for parents and carers who are worried about children and young people having an eating disorder. The services are signposted to include NHS services, BEAT, and Shout. Good Thinking aims to regularly review and update this information to ensure it stays relevant.

Thrive LDN has also collaborated with eating disorder specialists to produce information on this matter, including a blog and podcast. It has also delivered Youth Mental Health First Aid booster sessions on eating disorders to professionals working with children and young Londoners.

## **Recommendation 10**

The Mayor should raise awareness of the existing legislation that exempts schools from including calories on menus, to support schools that may believe they are required to display calorie information

Colleagues and partners remain aware of and sensitive to the language being used, focusing on the importance of creating healthy local environments with multiple benefits, rather than on individual behaviour change.

The detail of how school catering is delivered is for a decision at the local authority and school level. City Hall does not contract directly with caterers.

# **Recommendation 11**

The Mayor should take steps to support those experiencing eating disorders when using cafes and restaurants on GLA and TfL premises, ensuring that relevant exemptions to calorie labelling on menus are applied. This could include doing more to promote the option of providing a menu without calorie information.

Calorie labelling regulations, which came into force in April 2022, include a provision that allows businesses to provide a menu without calorie information at the request of the customer.

#### Recommendation 12

The Mayor should bring together the GLA Health Team, NHS England (London) and Feast to review how NHS trusts engage with and support families impacted by eating disorders; and identify areas where additional support can be provided.

At the time of publication, we made NHSE (London) aware of your report, as it leads on this work.

At the time of our conversation, its position on this was that support for families, partners, carers, friends and the wider support network includes:

- valuing and recognising the important role they play in the person's treatment and recovery
- education and information on eating disorders and on how they can help a person; this may include training or skills workshops
- providing information on carer assessments so that they can attend to their own needs
- working with or signposting to local and national organisations, support networks, recovery colleges and VCSE organisations