

Summary: Intervention & Options

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| Department /Agency: Food Standards Agency | Title: Impact Assessment of the Revised Salt Reduction Targets | |
| Stage: Consultation | Version: Final | Date: 21/07/2008 |
| Related Publications: Annex A - Proposed Revised Targets for 2012 and Proposals on Monitoring Progress Towards the 6g Target. Annex B – Proposed Revised Voluntary Salt Reduction Targets for 2010 and 2012 | | |

Available to view or download at:

<http://www>.

Contact for enquiries: Nicole Redhead

Telephone: 020 7276 8924

What is the problem under consideration? Why is government intervention necessary?

UK consumers are eating too much salt (around 8.6g/day) compared to public health recommendations (no more than 6g a day, and less for children), and this is a significant risk factor for developing high blood pressure¹. High blood pressure increases the risk of suffering from cardiovascular disease (CVD) which is the leading cause of premature death in the UK.

CVD has significant personal and economic costs – estimated at £29 billion² in 2004 (health care costs, informal care costs and productivity losses) - which must be tackled. Government intervention is needed to help the food industry to focus its reformulation efforts in a way which will deliver rapid and widespread salt reduction in products, and population intakes. Reformulation is a priority as 75% of the salt we eat is already in everyday foods.

What are the policy objectives and the intended effects?

To review the FSA's voluntary salt target levels to achieve the Agency's strategic plan target to reduce the average population intake of salt to no more than 6g per day for adults and less for children.

What policy options have been considered? Please justify any preferred option.

1. To do nothing and allow market forces to prevail
2. To revise existing salt targets – This would be the preferred option for the Food Standards Agency as it would allow for the continued reduction of salt levels in line with government targets without unduly burdening industry through regulation and associated costs. It will also provide clear guidance to industry to inform planned reformulation programmes.
3. Government to legislate to require the food industry to reduce the levels of salt in food to specified levels.

When will the policy be reviewed to establish the actual costs and benefits and the achievement of the desired effects? The FSA will be running a rolling two year review programme which will make periodic assessments of the salt levels in target foods; the next review of salt levels in food will take place in 2010. Annual urinary sodium analysis to monitor reductions in population intakes will form part of the rolling programme of National Diet and Nutrition Surveys that commenced in April 2008 and will enable us to compare progress with data we have from surveys undertaken in 2000/1, 20005/6 and 2008.

Ministerial/CEO Sign-off For consultation stage Impact Assessments:

I have read the Impact Assessment and I am satisfied that (a) it represents a fair and reasonable view of the expected costs, benefits and impact of the policy, and (b) the benefits justify the costs.

Signed by the Food Standards Agency Chair*:

.....Date:

¹ The Agency's Annual Report of the Chief Scientist 2006/7 identifies high blood pressure as a contributory factor in the estimated 160k deaths from stroke and CHD each year (2005). The main components of CVD are CHD and stroke

² Study funded by the British Heart Foundation and the European Heart Network

Summary: Analysis & Evidence

Policy Option: 3

Description: To revise existing salt targets

| | | | |
|--|---|------------|--|
| COSTS | ANNUAL COSTS | | Description and scale of key monetised costs by 'main affected groups' Manufacturers have indicated that they routinely review and reformulate products at regular intervals and any actions taken re labelling/reformulation are voluntary in nature. Therefore there are no direct costs. |
| | One-off (Transition) | Yrs | |
| | £ 0 | 5 | |
| | Average Annual Cost (excluding one-off) | | |
| | £ 0 | | Total Cost (PV) £ 0 |
| Other key non-monetised costs by 'main affected groups' Potential requirement for FSA to purchase salient product salt-level data to monitor industry progress with new targets should voluntary reporting of progress not suffice. | | | |

| | | | |
|---|--|------------|--|
| BENEFITS | One-off | Yrs | Description and scale of key monetised benefits by 'main affected groups' It is not possible to quantify the exact benefit accruing from the targets alone, as this is dependent upon uptake by industry, technological progress etc. The estimated benefits have been made based on the levels of reduction achieved to date. Each 0.5g daily salt intake reduction has been assessed as yielding a gross saving of 56.7k QALYs. These are monetised at £30k each. . |
| | £ 0 | 5 | |
| | Average Annual Benefit (excluding one-off) | | |
| | £ 340million | | |
| | | | Total Benefit (PV) £ 1,516.1million |
| Other key non-monetised benefits by 'main affected groups' | | | |

Key Assumptions/Sensitivities/Risks This analysis assumes an equivalent uptake by industry of the voluntary salt reduction targets following proposed revisions. Economic pressures that may divert industry resource from product reformulation is a potential risks not accounted for in this analysis.

| | | | |
|-------------------------|------------------------|---|---|
| Price Base Year 2008 | Time Period Years 5 | Net Benefit Range (NPV) £ 1,516.1million | NET BENEFIT (NPV Best estimate) £ 1,516.1million |
|-------------------------|------------------------|---|---|

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|---|---------------|---------------|----------------|---------------|
| What is the geographic coverage of the policy/option? | | UK | | |
| On what date will the policy be implemented? | | 2008 | | |
| Which organisation(s) will enforce the policy? | | N/A | | |
| What is the total annual cost of enforcement for these organisations? | | £ N/A | | |
| Does enforcement comply with Hampton principles? | | Yes | | |
| Will implementation go beyond minimum EU requirements? | | N/A | | |
| What is the value of the proposed offsetting measure per year? | | £ N/A | | |
| What is the value of changes in greenhouse gas emissions? | | £ N/A | | |
| Will the proposal have a significant impact on competition? | | No | | |
| Annual cost (£-£) per organisation (excluding one-off) | Micro zero | Small zero | Medium zero | Large zero |
| Are any of these organisations exempt? | No | No | N/A | N/A |

| | | | |
|---|-----|-----------------------|------------|
| Impact on Admin Burdens Baseline (2005 Prices) | | (Increase - Decrease) | |
| Increase of | £ 0 | Decrease of | £ 0 |
| | | Net Impact | £ 0 |

Key:

Annual costs and benefits: (Net) Present

Key:

Annual costs and benefits: (Net) Present

Purpose and intended effect

Objective

1. To review the voluntary salt reduction targets for the categories of manufactured-foods first published in March 2006, and ensure targets are set that will maintain progress in reducing consumers' salt intakes towards our 6g intake goal. The targets may be used by both UK industry and government to measure progress in reducing the quantity of salt present in these foods.

Background

2. The current average daily salt intake for UK adults is 8.6g³, whereas public health recommendations are that intakes should not be more than 6g a day⁴. Eating too much salt is a significant risk factor in developing high blood pressure and cardiovascular disease (the main components of which are coronary heart disease (CHD) and stroke). High blood pressure is an important contributory factor to the estimated 160k deaths from stroke and CHD each year (2005). People with high blood pressure are three times more likely to develop heart disease or have a stroke than people with normal blood pressure and are twice as likely to die from these diseases. A recent study funded by the British Heart Foundation and the European Heart Network⁵ estimated that the cost of cardiovascular disease to the UK economy was £29 billion in 2004 (via health care costs, informal care costs and productivity losses).
3. The Food Standards Agency's (FSA) Strategic Plan to 2010⁶ sets out the UK wide objective to work with health departments / directorates and stakeholders to reduce average UK intakes of salt. The UK's individual country nutrition action plans⁷ also recommend that the Government work with industry to reduce the amount of salt consumed in the UK and/or to more generally develop and promote initiatives with the food industry to improve healthy eating.
4. The Food Standards Agency is responsible for leading work to deliver salt reductions in foods. DEFRA, the Department for Business, Enterprise and Regulatory Reform (BERR) and their equivalents in the devolved administrations will also have an interest.

³ Food Standards Agency. *National Diet and Nutrition Survey: An assessment of dietary sodium levels among adults (aged 19-64) in the UK general population in, based on analysis of dietary sodium in 24 hour urine samples.*

⁴ Committee on Medical Aspects of Food and Nutrition Policy (COMA) and recently endorsed by its successor, the Scientific Advisory Committee on Nutrition (SACN)

⁵Heart 2006;92:1384-1389 *Cost of cardiovascular diseases in the United Kingdom* R Luengo-Fernández, J Leal, A Gray, S Petersen, M Rayner (Health Economics Research Centre, Department of Public Health, University of Oxford, Oxford, UK & British Heart Foundation Health Promotion Research Group, Department of Public Health, University of Oxford, Oxford, UK)

⁶ Food Standards Agency (2007), *Strategic Plan to 2010 – Putting Consumers First*. The Strategic Plan sets a target for the FSA to work with health departments and other stakeholders to reduce the average salt intake of UK adults and children to within recommended levels by 2010.

<http://www.food.gov.uk/multimedia/pdfs/strategicplan2010e.pdf> and

<http://www.food.gov.uk/multimedia/pdfs/strategicplanto2010welsh.pdf> (Welsh version)

⁷ In England, the Department of Health White Paper *Choosing Health: Making healthier choices easier* (2004) and its *Choosing a Better Diet: a food and health action plan* (2005). In Scotland, the Scottish Government's *Healthy Eating, Active living: An action plan to improve diet, increased physical activity and tackle obesity* (2008-2011). In Wales, the Food Standards Agency and Welsh Assembly Government's *Food and Well Being: Reducing inequalities through a nutrition strategy for Wales* (2003). In Northern Ireland, work is progressing to develop a Department of Health's food and nutrition strategy.

5. Many companies involved in the manufacture and supply of processed foods (which, in this context, includes foods manufactured for retail sale and those prepared by catering organisations) already have in place a programme of salt reduction and many have met the current targets in a number of categories. As a result good progress has already been made in achieving reductions in the salt content of many processed foods.
6. The average amount of salt found in branded pre-packed, sliced bread, and soups and cooking sauces, has been reduced by around one-third and reductions of around 43% have been achieved in branded breakfast cereals. Many large manufacturers have salt reduction programmes in place and significant reductions have been made, for example, by Arla Foods who have been developing for the UK retail market a range of soft white cheeses with salt levels reduced by over 50%, Unilever reducing salt across its pot noodle range by 50% and PepsiCo reducing salt across its range of crisps and snacks by up to 55%. Working with trade associations a reduction of around 30% in cooking and pasta sauces, and 25% in soups, has been achieved through Project Neptune, an initiative set up by the Food and Drink Federation. In the retail sector, Marks and Spencer, Sainsbury, Waitrose and Tesco are committed to salt reductions across a range of products with ASDA indicating that it had met all the FSA's targets in January of this year and M&S are using the current targets as maximum salt levels across all relevant products.

To help guide the food industry as to the type of foods in which reductions are required, and the level of reductions that are needed to help reduce consumers' intakes, the Agency developed salt reduction targets for a wide range of food categories. These targets were the subject of a public consultation in August 2005. Seventy-four responses were received from a wide range of stakeholders, including retailers, manufacturers, caterers and trade associations, consumer organisations, enforcement bodies, health-related organisations, academics and local authorities. The responses included comments that covered all aspects of the work to set salt reduction targets. Full details of the consultation can be found at: <http://www.food.gov.uk/Consultations/ukwideconsults/2005/saltconsultonintake>

8. The salt targets were finalised and published in March 2006. These cover 85 categories of manufactured-food that contribute most salt to the diet, including staple foods such as bread, bacon, breakfast cereals and cheese, and a wide range of convenience foods. The FSA believes the targets were set at levels that were challenging but achievable given the knowledge at the time, but also offered good progress towards reducing levels of salt in food products. <http://www.food.gov.uk/news/newsarchive/2006/mar/saltpartners>
9. At the time the targets were set in 2006 the Agency committed to a review in 2008 to consider progress made, the potential for setting further targets and to explore any technical difficulties identified.
10. The review started in December 2007 with the Agency holding a series of Stakeholder meetings. An initial meeting was used to outline the review process and a further 18 smaller food sector specific stakeholder meetings (January/February 2008) were held to discuss each of the targets in detail. In addition, a number of one to one meetings with companies have been held. At the sector specific meetings industry were asked to report on progress on salt reduction to date, any significant challenges experienced, and what further levels of salt reduction could be achieved.
11. A number of issues were raised at these meetings which were taken into account when setting the proposed revised targets including:
 - Reformulation cycles and the number of further opportunities for salt reduction before 2010

- Lack of UK industry control on product formulations of foods such as imported canned salmon and certain cooked meat products.
 - The balance between salt reduction and fat/sugar content e.g. in low fat cheeses.
 - Cost/benefit of modifying or replacing equipment to enable salt reduction in product lines with a small market share.
 - Ensuring that reductions in one sector moved at the same rate as those in others and that reductions did not just move purchasing to other options that might be higher in salt or higher in fat.
 - Consumer expectations and acceptability of changes to iconic products.
 - Impending legislative changes e.g. the reduction in permitted levels of nitrate in food.
 - Current commercial activities around the reduction of the use of additives in food.
12. In deciding upon the proposed targets for 2010 and 2012 (Annex B) the Agency has also taken into account reductions achieved to date, expert advice on technical and safety issues that has been obtained, ongoing research and data on current intakes.
13. The review has demonstrated that although there has been considerable success in some sectors we have not yet met the 6g target. The urinary analysis results for fieldwork undertaken between January and May 2008 shows that overall action on salt has achieved a further reduction of 0.9g when compared to the 2001 baseline intake of 9.5g. Therefore, our best estimate is that the average population intake is now at 8.6g. Further reductions in the level of salt in food supplied for sale to the consumer will be needed if we are to continue to progress towards our intake goal.
14. In addition to reformulation activity the FSA has also promoted awareness of salt as a public health issue and what consumers can do to help lower their intakes. The key message behind the first phase of the campaign, launched in September 2004, was 'too much salt is bad for your heart'. The second phase of the campaign, launched in October 2005, encouraged consumers to check food labels for information on the salt content and raising awareness of the 'have no more than 6g a day' message. The FSA launched the third phase of its public awareness campaign in March 2007. This focused on informing consumers that 75% of the salt we eat is already in everyday foods as well as encouraging and enabling them to choose products with lower levels of salt. As well as the development of the salt website (<http://www.salt.gov.uk/>), all three phases of the campaign have included television, press, and poster advertising as well as information for consumers, via leaflets and articles in magazines and newspapers. Evaluation of all three phases of the campaign has shown that it has been successful in highlighting the link between eating too much salt and raised blood pressure; and in instigating changes in consumers' claimed behaviour. There has been a maintained increase in the number of people recognising that they need to reduce the salt in their diet. The most recent evaluation carried out following the last phase of the campaign, suggests that:
- the number of consumers cutting down on salt has increased by as much as one-third;
 - there has been a 10-fold increase in awareness of the 6g a day message;
 - the number of consumers trying to cut down on salt by checking labels has doubled since the beginning of the campaign.

This consumer awareness activity, coupled with actions to improve food labelling by the introduction of voluntary front of pack traffic light labelling, helps to promote increased demand for reformulated lower salt products.

Rationale for government intervention

15. Government's objectives in relation to improving dietary health and reducing the incidence of chronic diseases include action to reduce the incidence of, and huge personal and economic costs associated with, CVD. Intervention is necessary as market forces relating to health

are currently not sufficient to deliver the required public health outcomes within a reasonable timeframe.

16. As around 75% of salt in the diet is already in the food that we buy, such as bread, cereals, cheese, meat products, ready meals, soups, sauces, baked beans and savoury snacks, reformulation activity has the potential to deliver significant reductions in consumers intakes.
17. The consultation held following the publication of the FSA's Salt Model, which demonstrated the types of food and levels of reductions that could potentially be made to deliver the 6g target, indicated that industry would welcome targets that could promote all parts of the industry to work towards salt reduction over the same time frame. Targets also gave the Government a framework against which to monitor progress. At the time the voluntary salt reduction targets were published (March 2006) it was acknowledged that the levels set were not as low as in the Salt model and that progress would need to be reviewed in 2008 and the targets would be revised in the light of experience to continue progress towards the 6g target. The activity now planned therefore meets existing Government commitments made in 2006 to review progress on salt reduction and consider what further action is necessary to maintain progress towards our 6g intake target
18. We intend to pursue a voluntary approach which has so far proved successful. To date reductions in salt levels of between 25% and 55% have been achieved in many of the major food categories that contribute most salt to our diet such as bread, breakfast cereals, soups and sauces, some processed cheese products and savoury snacks. A reduction in intakes from 9.5g in 2000/01 to 8.6g in 2008 has already been seen since the start of the FSA's salt initiative.

Options

19. We have identified three broad options for taking forward work on salt reduction in food products through salt level targets:
 - Do nothing and allow market forces to prevail.
 - Revise voluntary salt reduction target levels for the range of food categories where further reductions are possible by 2010 and set revised targets to be achieved by 2012. This will be coupled with an ongoing drive to encourage industry to lower the salt content across all foods.
 - Government to legislate to require the food industry to reduce the levels of salt in food to specified levels.

The “do nothing” option

20. This would mean taking no more action than we are already taking with industry to secure changes to the salt content of foods. Reductions in the salt content of foods would continue in line with current targets. The current review has shown that the targets have provided a stimulus for salt reduction and that the amount of work on salt reduction has increased both in breadth and amount since their publication. However, without further action reductions in salt levels could peter out or work could progress at different and sub-optimal rates across the categories once the current targets have been achieved. This would not deliver the reductions required to achieve a population average target of 6g per person per day within a reasonable period of time.

The “revise targets for 2010 and 2012” option (please see Annex B for the detailed proposed revisions)

21. This option would involve the revision of the salt reduction target levels for a limited range of foods (21% of categories) in areas where there have been substantial achievements and there is clearly scope to go further by 2010. The product categories for which stricter salt targets are proposed for 2010 are: bacon; ham & other cured meats; cooked sausages & sausage meat; meat pies; mozzarella; other processed cheeses; margarines & other spreads; extruded snacks; pelleted snacks; salt & vinegar snacks; cakes; tomato ketchup; mayonnaise (reduced fat/calories); and other processed potatoes. In addition new and stricter salt target levels for all product categories have been proposed for 2012 with some minor exceptions. Additionally, some redefining of food categories to better suit food products on the market and facilitate improved user understanding is being proposed. The following categories are affected: cooked uncured meats; frankfurters; cheddar cheese; cottage cheese; ready meals; soups; pizzas; pastries; fruit pies; thick pastes (formally part of Pesto and other thick sauces); sweet biscuits; pasta excluding ready meals; all other processed puddings; other canned fish; and processed vegetable-based products (now meat alternatives).
22. A rolling review of progress and future target adjustments on a biennial basis is also planned to ensure continued and steady progress on salt reduction, with the next review taking place in 2010. The purpose of such reviews would be to review the scope for action in light of achievements, technological barriers and developments, and to continue to provide challenging targets that will act as a stimulus for salt reduction to maintain progress towards the 6g target.
23. The revised targets would continue to be informed by discussions with the food industry and the current public consultation; and be informed by the involvement of other key agencies, such as the BERR Enterprise Directorate.
24. This measure will support existing work being carried out within the food industry to reduce salt levels and is being reviewed with industry co-operation.

The “legislation” option

25. Under this option, the Government would legislate to require the food industry to reduce the salt content of specified food categories to within set levels within a set time frame. We are disregarding this option at present because of the associated costs including: reformulating outside of normal reformulation cycles, sourcing alternative ingredients and re-labelling of reformulated products. There are also significant costs for Government and enforcement authorities to implement any new legislative measures, monitor levels of salt in food to aid enforcement, and issue penalties for non-compliance. In addition it is far less flexible than voluntary measures and if it becomes necessary to amend the targets to maintain progress, further legislation would be required. Legislation on food composition is partially harmonised and an area of EU Commission competence, consequently UK legislation would need to be agreed at European level. As good progress is already been made through voluntary means we consider this option to be unnecessary at this time

Costs and benefits

Sectors and groups affected

26. In our opinion, the following groups may be affected: UK food manufacturing and catering businesses; and UK consumers.

Economic impacts

27. Options 1 (do nothing) whilst not involving any additional costs to business or the public sector would, as explained above, not deliver the full public health benefits that can be delivered by option 2. Given this, and the fact that Option 3 (legislation) would impose

significant costs to both industry and enforcement authorities, our preference is for Option 2 (revise targets for 2010 and 2012). Option 2 can be achieved without significant costs to business, and the cost-benefit analysis is provided below to inform the current policy analysis.

Industry Costs

28. The FSA recognises that industry has invested significant resources in the changes it has made to levels of salt in food, and welcomes the fact that they are working positively with us on this voluntary initiative with a view to contributing to meeting the 6g intake target. The FSA considers that under Option 2 (revise targets for 2010 and 2012) any actions taken by industry to reduce salt levels in foods to meet these new targets are voluntarily undertaken (to protect the dietary health of consumers). The introduction of the targets in 2006 was intended to focus existing industry activity to reduce salt levels in key processed-food groups, encourage consistency within sectors and enable progress to be assessed more effectively. Continued commitment to a targets-based approach should not, therefore, result in additional cost particularly since, as the initiative is voluntary, labelling, reformulation and alternative ingredients costs incurred can be managed as part of businesses' individual commercial decisions to reformulate within their usual reformulation and re-labelling cycles. The consultation seeks views on additional cost to industry.
29. There are no salient administrative costs to be considered for industry. The consultation also looks at revised voluntary reporting procedures that will minimise the resource and cost to the industry should it choose to report reduction in this manner. Both the understanding of the revised targets and reporting progress towards them is again undertaken on a voluntary basis.

Benefits (Public Health)

30. It is not possible to accurately quantify the exact benefit that will be accrued, as this is dependent upon a wide range of factors including: the level of voluntary uptake of the targets by industry; technological progress; the effectiveness of consumer awareness activities to promote behavioural changes (campaigns) and promote improved choices through use of front of pack labelling; and changes over time of population consumption patterns.
31. The Agency is also aware that industry's existing reformulation commitments mean that significant progress towards these revised targets will only begin to take place from 2009/10. However to illustrate the potential benefits of reductions in salt intakes we have estimated the attainable health benefits afforded by a half of a gram average reduction in salt intakes. These benefits are based on the level of reductions that have been achieved to date.
32. To estimate the public health benefits of salt intake reductions we referred to the existing analysis laid out in Ofcom's RIA pertaining to restricting broadcast advertising to children. http://www.ofcom.org.uk/consult/condocs/foodads_new/ia.pdf
33. Via blood pressure and CVD analysis it is estimated that a one-third of a gram average salt intake reduction across the UK population yields an annual benefit of 56,660 Quality Adjusted Life Years (QALYs).
34. A QALY (Quality Adjusted Life Year) is an economic measure that takes into account both the quantity and the quality of the extra life provided by a healthcare initiative. The DfT gives a full value of life at £1.5m, however, when subjects have only the latter stages in life a full value of life could seem disproportionate and therefore a QALY would be used.
35. As explained in detail in the Ofcom RIA referenced, the Agency considers it good practice to monetise a QALY at £30,000 in nominal terms. By discounting and summing these monetised QALYs over the four year period being considered to 2012 (using the

Government's social time preference rate of 3.5%) this yields an incremental present value benefit of £1,516.1million.

36. In addition, the benefits described here would apply well beyond the five year policy period currently being considered to the extent that the reduced salt intake level persist.

Enforcement, sanctions and monitoring

Enforcement

37. Options 1 (do nothing) and 2 (revise targets for 2010 and 2012) carry no enforcement requirements or costs as reformulation to reduce the salt content in processed foods would be voluntary.

38. Option 3 (legislation) would carry implementation and enforcement costs for local authorities through their trading standards and environmental health offices. Local authorities have not provided information on the likely costs for carrying out implementation and enforcement duties to ensure compliance with legal targets.

Sanctions

39. Sanctions will be dependent on the option selected. Options 1 and 2 would carry no sanctions, as any action is voluntary. Option 3 would carry the sanctions associated with contravening the relevant food law.

Monitoring

40. Salt intakes will continue to be monitored by the NDNS rolling programme. which will collect data on the types and amounts of food consumed as well as undertaking urinary sodium analyses to monitor intake levels. Scottish specific intake data will be collected as part of an additional urinary analysis module of the Scottish Health Survey in 2009.

41. Arrangements for collecting product information will be determined in the light of consultation responses. The Agency currently proposes to monitor progress on salt reduction in foods by utilising label data on a biennial basis – this would have no resource implications for industry but would result in limited costs to the Agency. However label data is insufficient for some food categories and we would also wish to collect data at product level direct from industry in the format agreed under the Self Reporting Framework (SRF) for a range of foods including: bread, rolls and morning goods; cheese; cakes, buns, pastries and pies; sandwiches; processed puddings; and some pasta products

42. A biennial review is proposed to limit the costs to the industry. The Agency proposes that data for the next monitoring round would be required in late 2010. The Agency will work to minimise the SRF data required and would propose to notify industry early in 2010 of the exact food categories for which data is required. Provision of this data remains voluntary.

43. The Agency recognises the continued public interest in individual company's performance against the targets and for this reason we also propose to collect information through a revised Salt Commitments Table which we would intend to publish annually. We propose to

ask industry to provide details on a voluntary basis and to supply information for the targets that apply to them in the following areas: overall progress to date (where this data is available), progress on salt reduction for the proceeding year, their plans for the coming year and the number of targets that they have met out of the total that apply to them.

Implementation and delivery plan

44. Under the preferred option (option 3) of revising the voluntary salt reduction target levels, implementation and delivery rests with the food industry. We are currently working to a four-year timeframe (to end 2012) with the intention of having a mid-point review in 2010. This will allow food industry organisations time to develop longer term plans for gradual step-wise reductions in salt levels. We envisage such reductions to form part of the natural product reformulation cycle.
45. The timetable for reductions and reformulation is therefore the responsibility of individual organisations. The FSA will be monitoring the progress of industry in achieving salt reductions as is laid out above.
46. The FSA has developed a strategy for engaging with stakeholders across the UK on its salt reduction initiative. We regularly meet with stakeholders, including meeting industry organisations at FSA headquarters and devolved offices and visits to their manufacturing plants, on a formal and informal basis to discuss progress in reducing salt levels in foods. As part of these reviews we will consider what further work will be required to meet the 6g target and whether activity on salt reduction needs to extend beyond 2012.
47. Further consumer awareness activities to support industry activity are planned for 2009/10. This will promote awareness about salt and encourage consumers to choose lower salt foods.

Post implementation review

48. Progress will be reviewed on a two yearly rolling programme. The first review will be carried out in 2010. Progress will be evaluated using data collected from product nutrition labels and data collected direct from the industry. The Agency will also review the need for further targets to be set beyond 2012.

Specific Impact Tests: Checklist

Use the table below to demonstrate how broadly you have considered the potential impacts of your policy options.

Ensure that the results of any tests that impact on the cost-benefit analysis are contained within the main evidence base; other results may be annexed.

| Type of testing undertaken | <i>Results in Evidence Base?</i> | <i>Results annexed?</i> |
|-----------------------------------|---|--------------------------------|
| Competition Assessment | No | Yes |
| Small Firms Impact Test | No | Yes |
| Legal Aid | N/A | N/A |
| Sustainable Development | No | Yes |
| Carbon Assessment | N/A | N/A |
| Other Environment | N/A | N/A |
| Health Impact Assessment | Yes | No |
| Race Equality | No | Yes |
| Disability Equality | No | Yes |
| Gender Equality | No | Yes |
| Human Rights | N/A | N/A |
| Rural Proofing | N/A | N/A |

49. The UK is represented at two groups that have been developed to take forward the European Commission's agenda as set out in its White Paper: A strategy for Europe on Nutrition, Overweight and Obesity related health issues.

High Level Steering Group

50. The High Level Group (HLG) was set up in November 2007 to encourage engagement of Member States on diet, health and nutrition. The Commission's aim is to speed up the transfer of best practice between Member States on a range of issues including reformulation. The HLG identified salt reduction as the first area to take forward as a number of Member States had already made some progress in this area.

51. The Commission has proposed that Member States should work to, establish benchmarks (levels of intakes and levels of salt in food), encourage product reformulation, and develop public awareness campaigns. Member States are broadly supportive of this initiative and detailed commitments are expected by the Commission in October 2008.

52. A joint meeting of the HLG and the European Commission's Platform on Obesity and Physical Activity was held in July and the views of industry were sought on the Commission's framework. Again broad support was registered.

World Health Organization European Region Work

53. The UK is also leading a Salt Action Network (SAN) to facilitate implementation of the objectives on salt reduction in the WHO European Action Plan for Food and Nutrition Policy 2007-2012. The network is currently made up of 12 member states of the WHO European region.

54. SAN members are working to establish best practice and set up suitable protocols for monitoring and communication and in setting salt targets for specific food categories.

Competition Assessment

55. Industry bodies had previously expressed concerns to us that individual manufacturers may be at a competitive disadvantage if they act unilaterally in following any government advice to reduce salt in their products. Continued target setting with the food industry is intended to facilitate individual action by food manufacturers to reduce the salt content of food in a context where it is likely to be perceived as a generally desirable development.
56. Health and consequently salt reduction is an area of strong competition among companies. The Agency's targets are aspirational and not therefore a threat to competition or product innovation. Companies make the decision to undertake reformulation individually, and our experience shows that some companies seek to obtain a competitive advantage by going beyond the targets.
57. The FSA has a remit to undertake work for the UK only. For a number of categories imported foods make a contribution to the number and variety of products currently on sale in the UK, consequently some concerns have previously been raised about the potential for salt reduction to disadvantage UK manufacturers compared to their EU competitors. As detailed above work on salt reduction is being stimulated at European level by the Commission via the HLG and through the European Salt Action Network this concern should be addressed through these mechanisms.

Small Firms Impact Test

58. As with the previous consideration of the likely effects on small businesses, it is the Agency's opinion that the revision of voluntary salt targets for processed-foods (Option 2) is unlikely to impact on small businesses' policy-related or administrative costs for the reasons outlined above.
59. Lack of knowledge about the levels of salt in their products would impact on small businesses' engagement with this initiative. We are aware that, without information about the salt content in their products, small businesses will not be able to advertise the salt reduction through the use of claims on the product label as they would like. However, the voluntary targets have not been set at levels to promote claims or offer a marketing opportunity for any business – small or large. This is an important public health measure and therefore an ability to make a low-salt claim should not be the primary driver to reducing salt levels.
60. The catering and foodservice industry is characterised by high numbers of SMEs (e.g., the BERR Enterprise Directorate Analytical Unit estimate among restaurants that 87% of enterprises are micro businesses). The Agency intends to develop tools for use by small caterers to help them reduce salt in their products (and to increase the availability of healthier choices more generally). This is likely to be based on the "flexible framework" already developed for use by larger catering businesses, which advocates the development of action plans tailored to the resources and operating processes of the business. This may include (where it is practicable for companies) using the targets to identify *ingredients* that are lower in salt, and practical advice in relation to kitchen practices and menu planning, which can be used where that is more appropriate to the company.
61. In terms of retailer influence, the main supermarkets already have in place nutrition strategies encouraging the reduction of salt and therefore, as described above, work to reduce salt content is already ongoing. We wish this voluntary initiative to be a proportionate measure across a wide range of foods and businesses, and it is not our intention for retailers to pressurise small businesses to reduce salt levels to specified target

levels within a shorter timeframe than our suggestion. We expect the larger, influential, companies to provide support to their smaller suppliers on how manageable reductions can be made and encourage them to do so.

Sustainable development

62. Reformulation may require more frequent changes in labels however, there are mechanisms in place for industry to agree with their Home Authority that existing stocks of packaging can be used on reformulated products thereby limiting any wastage of labels and packaging and the resultant environmental impact. Please see Evidence Base for discussion on economic and social issues.

Race equality issues

63. We are not aware that there are any food categories included in this policy that have a higher consumption by specific communities and that would lead to differential impacts (e.g. price increases or decreased choice).

64. The evidence is not clear regarding whether some minority groups are more at risk from heart disease and hypertension; as such there is little indication at this time of a differential health impact of this policy on any ethnic groups.

Gender equality issues

65. Although men's salt intakes are higher than women's and their risk of suffering from heart disease and stroke is greater than women's we have no evidence at this time that indicates a differential health impact of this policy on different genders.

66. The salt reduction targets are one aspect of achieving reductions in the population salt intake to 6g per person per day. A salt intake of 6g per day is higher than the reference nutrient intake (RNI) for sodium (1.6g sodium/4g salt) and substantially more than the amount required to maintain the sodium content of the body. Therefore, it is not likely that achieving the salt reduction targets would cause any section of the population to have too low an intake.

Disability equality issues

67. Overall we do not consider there to be any differential impacts for disabled people other than positive impacts for people with heart disease and stroke who are within the scope of disability legislation.

Reference documents included in consultation package:

Annex A - Proposed Revised Targets for 2012 and Proposals on Monitoring Progress Towards the 6g Target.

Annex B – Proposed Revised Voluntary Salt Reduction Targets for 2010 and 2012

PROPOSED REVISED TARGETS FOR 2012 AND PROPOSALS ON MONITORING PROGRESS TOWARDS THE 6G TARGET.

1. Background

High salt¹ intake is one factor that has been linked to an increased risk of high blood pressure (or hypertension). High blood pressure is a major risk factor in the development of cardiovascular disease (the main components of which are coronary heart disease and stroke). People with high blood pressure are three times more likely to develop heart disease or have a stroke than people with normal blood pressure and are twice as likely to die from these diseases.

In its report on Salt and Health, published in 2003, the Scientific Advisory Committee on Nutrition (SACN) concluded that the evidence for the link between dietary salt intakes and blood pressure has increased since the issue was last considered in 1994. SACN also concluded that reducing the average population salt intake would lower population average blood pressure levels and result in significant public health benefits by contributing to a reduction in the burden of cardiovascular disease.

SACN recognised that a substantial reduction in the current average salt intake of the population would be necessary in order to achieve the recommended levels of salt intake. It considered that this would be best achieved using a population-based approach through the adoption of a healthy balanced diet (low in salt and saturated and total fat, rich in fruit, vegetables and complex carbohydrates). SACN also recognised that as 75% of the salt we consume is already in the food we buy, any salt reduction strategy would have to focus on reducing the use of sodium in food, and that this required the continued co-operation of food manufacturers, retailers and caterers. The remaining 25% of salt in the diet is added whilst cooking and at the table. It should be noted that there are sources of sodium in foods other than salt. This includes, for example, sodium bicarbonate, which is used in the manufacture of some foods e.g. cakes and biscuits and sodium based emulsifiers used in products such as processed cheese. Reductions in these other sodium salts can also contribute to achieving the targets set.

2. Work so far

Since the government adopted the target to reduce salt intakes in the population, work has been taken forward in three main areas:

- a public awareness campaign to inform consumers of the issues and give them guidance on what they can do to reduce their salt intake;
- work with the food industry to reduce the salt content of food; and
- Improved front of pack nutrition labelling.

¹ NB For consistency purposes, all targets given as sodium have been converted to, and reported as, salt. The use of 'salt' in this document therefore means sources of sodium expressed as salt equivalents (on a weight basis, salt comprises 40% sodium and 60% chloride (1g of sodium is equivalent to approx. 2.5g salt)). Reductions in other sodium salts e.g. bicarbonates, can also contribute to achieving this target.

Work with the food industry

In November 2003, government wrote to manufacturers, retailers and trade associations, procurement bodies, voluntary organisations and academic institutions inviting comment on what they were doing to reduce salt in food. Forty-four plans were received by the FSA and since then a programme of follow up meetings with key organisations in Scotland and across the UK has been undertaken. As a result commitments to salt reduction has been received from over 70 organisations.

3. Rationale for establishing targets

Establishment of voluntary targets for salt content in certain key processed-food categories was in response to the need for a means to monitor progress towards intake reductions recommended by SACN and the desire of some businesses for guidance as to what reductions they should be aiming for. Setting targets for key processed-food categories has provided businesses with a benchmark against which they have demonstrated their progress in reducing the salt content of their products. The targets have also proved a useful tool for ensuring that salt is considered in new product development.

4. Development of the voluntary salt reduction targets published in 2006

The Salt Model

A Salt Model was developed by the FSA and was initially published in October 2003 to inform discussions on reducing the salt content of food; and to demonstrate the types of reductions that would need to be made to ensure that the 6g population average target intake value was achieved. The model used data on average consumption of food by the adult population, largely derived from the National Diet and Nutrition Survey (NDNS) of adults aged 19-64 years. The food groups are based on those that are used in the NDNS, amended as appropriate following consultation. The levels of reductions outlined in the model and the comments received as a result of the public consultation on the model informed initial salt target discussions.

Stakeholder discussions

A small stakeholder group was set up to advise on the development of targets. The group included a number of industry representatives from a range of organisations (retailers, manufacturers, trade associations and caterers), as well as a consumer representative (from *Which?*).

It was initially envisaged that targets would be set for around 10 key product categories based on the contributions that different foods make to intakes of salt and the feasibility of making further reductions in foods based on food safety and technical considerations. However, discussions with stakeholders suggested that it was important to set targets for a wider range of product categories to ensure that across the board progress on salt reduction was maintained.

In addition work was undertaken to examine data on the contribution of different types of food products to salt intakes using both the NDNS of adults aged 19 to 64 years² and the

² Henderson et al (2003) *The National Diet & Nutrition Survey: adults aged 19 to 64 years Vitamin and mineral intake and urinary analytes* The Stationery Office, London

NDNS of young people aged 4 to 18 years³. This work indicated that the main foods that contribute to salt intakes are similar for both adults and children. As a result, it was decided not to set different targets aimed at children's food.

The stakeholder group determined that targets should be set as averages or maxima depending upon the diversity of products covered by the target; that they should be set wherever possible for food as sold rather than as consumed; and that they should be set per 100g rather than by portion size. Targets were proposed for 85 food types in 30 different food categories and published for consultation in 2005.

Following the consultation period a number of sector specific meetings were held to discuss proposals further and the outcome of these, along with the consultation responses, were considered and the target proposals were amended prior to final publication in March 2006.

5. What has the work on salt reduction delivered?

Industry has delivered significant sodium reductions in the foods that they make. These reductions are reflected in the urinary sodium analyses that have been undertaken. Our best estimate is that average GB population intakes of salt are 8.6g (early 2008) compared to 9g in 2005/06 and 9.5g in 2000/01.

The challenges to the industry and the Agency are to: maintain momentum in salt reduction and achieve further reductions where possible; encourage the whole market place to achieve, in each category, the reductions in salt that the market leaders have demonstrated are possible. The Agency is also working in the European and international arenas to encourage other Member States and manufacturers to adopt salt reduction programmes similar to the UK.

6. Stakeholder meetings to review the voluntary salt reduction targets - 2008.

At the time the targets were set in 2006 the Agency committed to a review in 2008. At that time, it was indicated that if a target was achieved by the majority of relevant companies earlier than 2010, then the potential for setting a further target would be considered. Alternatively, if it became clear that a target set could not be achieved, then this would also be further discussed with stakeholders.

In December 2007 the Agency held a large stakeholder meeting at which it outlined the process by which the targets would be reviewed. The Agency stated that the following information would be taken into account:

- Data received from industry under the Self Reporting Framework, data from Taylor Nelson Sofres World Panel, and from round two of the Processed Food Databank. This data allowed the Agency to:
 - Update its information on the contribution to intakes that each food category makes following recent reformulations.

³ Gregory et al (2000) *National Diet and Nutrition Survey: young people aged 4 to 18 years Volume 1: Report of the diet and nutrition survey* The Stationery Office, London

- Identify the range of levels of salt in similar products, key contributors, and the scope for reductions.
- Expert evidence and recent research on microbiological safety and technical constraints.
- Evidence on consumer acceptance of reductions achieved to date.

After this initial meeting, a further 18 smaller stakeholder meetings were held to discuss each of the targets in detail. Industry was asked to report on progress on salt reduction to date, any significant challenges experienced, and what further levels of salt reduction could be achieved. The Agency presented details of the levels of salt across the market in each of the target categories.

A number of issues were raised at these meetings which were taken into account when setting the proposed revised targets.

- Reformulation cycles and the number of further opportunities for salt reduction before 2010.
- That products like imported canned salmon are manufactured to a uniform recipe during a short canning period and buyers from around the world purchase from central stores of the product throughout the year.
- The balance between salt reduction and fat/sugar content in e.g. low fat cheeses.
- Cost/benefit of modifying or replacing equipment to enable salt reduction on lines with small market share.
- Ensuring that reductions in one sector moved at the same rate as those in others and that reductions did not just move purchasing to other options that might be higher in salt or higher in fat.
- The difficulty in reducing salt in branded products which had been made to similar recipes for many years and about which consumers had set expectations.

7. The revised targets and revised product category descriptions

In deciding upon the targets the Agency considered the information provided during the stakeholder meetings, including consumer acceptance issues and current technological constraints. The Agency also took account of the current lowest salt levels achieved in each of the food categories. In addition where it became clear that there was confusion about the foods covered by a target, each of the target category descriptions have been enhanced. The proposals for the revised targets can be found in Annex B of this consultation package.

1. The Agency has proposed revised targets for a limited range of food categories for 2010, and new targets for most foods (with some minor exceptions) for 2012. These steps are deemed necessary to maintain continued and steady progress towards our 6g intake target. In addition we also intend to introduce a regular review of progress on a biennial basis, with the next review taking place in 2010. At the 2010 review point we will assess :
 - progress against the 2010 targets, and our 6g strategic objective;
 - progress made towards the 2012 targets;
 - what further action may be necessary, including scope for adjustment of 2012 targets and the need for targets beyond 2012.

8. Current Monitoring

Salt intakes

Urinary sodium analysis is considered the best estimate of salt intakes and surveys have now been completed for Great Britain as part of the National Diet and Nutrition Survey (NDNS) of adults aged 19-64 years in 2000/01, in 2005/6 and in the first quarter of 2008. The data indicates that the best estimate of average intakes were 9.5g, 9.0g and 8.6g respectively. The new rolling dietary survey programme, which began fieldwork in April 2008, will provide up to date dietary consumption patterns and urinary analyses in future. In order to provide significant figures for Scotland a standalone survey will similarly be carried out, further to the first survey carried out for Scotland in 2006.

Levels of salt in food products

Data from Taylor Nelson Sofres

In 2007, the Agency purchased label-based nutrition data from Taylor Nelson Sofres to help inform the review. This data is commercially confidential.

Processed Food Databank

The Processed Food Databank was set up to track the progress of reformulation work. The databank holds information on around 1000 processed food products, including branded and supermarket own-label products selected to represent those products making up the largest market share in each food category and lists their nutrient content, per 100g and per portion, where this is given on the label. Data was first collected in 2005 and the exercise was repeated in 2007. This data gives a good, high level, indication of the amount of salt contributed to intakes by the various food categories at the time of sampling. However, this data is limited as there are inherent difficulties associated with label data:

- some elements of the data collected will be out of date;
- the information is based on label data which might not always reflect the most recent reformulations; and
- as label data is often rounded up or down, and as reductions become smaller in magnitude to ensure continued consumer acceptance, it will not always be possible to reflect these on the label.

Salt Commitments Table

Following the submission of commitments in 2004, the industry was asked to provide a regular progress update to FSA. This information was published on the Agency website as the Salt Commitments Table and provide a public record of progress by each of the companies featured. The data provided in the table is high level and does not provide sufficient data for the Agency to monitor and compare changes across the whole market place.

Self Reporting Framework

In August 2007 the Agency published a self reporting framework and requested information to be submitted by industry on levels of salt in their products in order to monitor progress towards meeting the targets and to feed in to the 2008 review. Twenty-five (25) responses were received from 11 manufacturers, 2 catering suppliers, 5 trade associations and 7 retailers. The information provided included data on the levels of salt in products as well as the sales weighted or simple average, and minimum and maximum levels for foods, under each target category. Data submitted in this way enables industry to demonstrate both small and larger reductions and gives the Agency a more accurate

idea of progress on salt reduction. However industry has indicated that this form of data collection is overly burdensome if completed on an annual basis.

8. Monitoring in the future

Salt intakes

Salt intakes will continue to be monitored by the NDNS rolling programme for GB, and additional surveys for Scotland, which will collect data on the types and amounts of food consumed and as well as undertaking urinary sodium analyses.

Salt in Food

The Agency proposes to monitor progress on salt reduction in foods by utilising label data on a biennial basis. However label data is insufficient for some food categories and we would also wish to collect data at product level direct from industry in the format agreed under the Self Reporting Framework for the following target categories:

2 Bread: 2.1 Bread and rolls, 2.2 Bread and rolls with additions and 2.3 Morning goods

4 Cheese: 4.1 Cheddar and other similar “hard” cheeses, 4.2.1 Soft white cheese, 4.2.2 Cottage cheese, 4.3 Mozzarella (used in food products), 4.5 Blue cheese,

12 Cakes: 12.1 Buns, 12.2 Cakes, 12.3 Pastries, 12.4 Fruit pies and other shortcrust and choux pastry-based desserts

13 Sandwiches: 13.1 With high salt fillings, 13.2 Without high salt fillings

17 Pasta: 17.1 Pasta and noodles, plain and flavoured

A biennial basis is proposed to limit the resource implications to industry. The Agency proposes that data for the next monitoring round would be required in late 2010. The Agency will work to minimise the SRF data required and would propose to notify industry early in 2010 of the exact food categories for which data is required.

The Agency also recognises the continued public interest in individual company’s performance against the targets and for this reason we propose to also collect information through a revised Salt Commitments Table which we would intend to publish annually. We propose to ask industry to provide details on a voluntary basis and to supply information on the targets that apply to them in the following areas: overall progress to date (where this data is available), progress on salt reduction for the proceeding year, their plans for the coming year and the number of targets that they have met out of the total that apply to them.

9. Imported foods

The FSA has a remit to undertake work for the UK only. However, the FSA is aware that there are a number of categories where imported foods make a considerable contribution to the number and variety of products currently on sale in the UK. The UK is taking a number of steps to encourage international debate on salt reduction, particularly in the EU and within the European Region of the World Health Organisation (WHO). These include:

- Leading a Network of Member States of the European Region of the WHO to support the development and implementation of salt reduction plans across Europe under the banner of the WHO Second Action Plan on Food and Nutrition Policy 2007 – 2011

- Working with the European Commission to support the work of the High Level Group on Nutrition and Physical Activity (HLG) and the Platform on Nutrition and Physical Activity which are mechanisms by which the Commission aim to implement its White Paper “A strategy for Europe on Nutrition, Overweight and Obesity related Health Issues”. Salt has been identified by the HLG as a topic where successful strategies have been adopted by a number of Member States that can easily be transferred to others. The Commission is currently seeking commitments from Member States to take work forward in this area.
- Providing detailed information both on reformulation and campaign activity internationally to other non-European countries including the US, Canada, Australia and New Zealand and providing support, where requested, in the development of salt reduction plans.

| Main Product Category | Sub Categories (where relevant) | Current 2010 Targets (g salt or mg sodium per 100g)* | Revised 2010 Targets (g salt or mg sodium per 100g)* | Proposed targets for 2012 (g salt or mg sodium per 100g)* | Proposed comments for consultation paper |
|--|---|--|--|---|--|
| Some categories have been revised and there is no equivalent 2010 target. As a result, the "Current 2010 targets" column has been left blank. | | | | | |
| 1. Meat Products | 1.1 Bacon Includes all types of injection cured bacon, e.g. sliced back, streaky, smoked and unsmoked bacon, bacon joints etc. Excludes all dry and immersion cured bacon. | 3.5g salt or 1400mg sodium (average) | 3.25g salt or 1300mg sodium (maximum) | 2.88g salt or 1150mg sodium (maximum) | The current limits for nitrite in bacon are contained in EC Regulation 95/2 on Miscellaneous Additives and new lower limits for nitrite contained in EC Regulation 2006/52 will come into effect on 15th August 2008. The Agency recognises that in the short term work to bed in changes to nitrate levels will limit work on reducing salt but believes further reductions are possible in the longer term as data shows that sodium levels of between 1200 and 1300mg are common on the market currently. |
| | 1.2 Ham/other cured meats Includes hams, cured pork loin and shoulder etc. Excludes 'Protected Designation of Origin' and traditional speciality guaranteed products, e.g. Parma ham. Also excludes speciality products produced using traditional methods such as immersion and dry cured processes. | 2.5g salt or 1000mg sodium (average) | 2.13g salt or 850mg sodium (maximum) | 1.75g salt or 700mg sodium (maximum) | Many companies have met or exceeded the current target for ham and many products on the market are at or below the 2012 target. |
| | 1.3 Sausages <u>1.3.1 Sausages</u> Includes all fresh, chilled and frozen meat sausages, e.g. pork, beef, chicken, turkey, etc. | 1.4g salt or 550mg sodium (maximum) | | 1.13g salt or 450mg sodium (maximum) | Maintaining product binding and succulence in sausages has proved challenging whilst reducing levels of sodium. However, levels of 500mg sodium per 100g have already been achieved across a range of products. |
| | <u>1.3.2 Cooked sausages and sausage meat products</u> Includes all cooked sausages and sausage meat products e.g. stuffing, turkey roll with stuffing etc. Excludes Scotch eggs (see category 22.1). | 1.8g salt or 700mg sodium (maximum) | 1.63g salt or 650mg sodium (maximum) | 1.5g salt or 600mg sodium (maximum) | As above, product binding and succulence is recognised as an issue; however product data shows that levels at or below 600mg sodium per 100g are achievable. |
| | 1.4 Meat Pies <u>1.4.1 Delicatessen, pork pies and sausage rolls</u> Includes all delicatessen pies, pork pies and sausage rolls e.g. game pie, cranberry topped pork pie, Melton Mowbray pork pie etc. | 1.5g salt or 600mg sodium (maximum) | 1.38g salt or 550mg sodium (maximum) | 1.13g salt or 450mg sodium (maximum) | The Agency recognises that products in this category are made with both shortcrust and puff pastry and welcomes comments on the implications of this on the target for 2012. |
| | <u>1.4.2 Cornish and meat-based pasties</u> Includes all Cornish and meat-based pasties only. | 1.3g salt or 500mg sodium (maximum) | 1.13g salt or 450mg sodium (maximum) | 1.0g salt or 400mg sodium (maximum) | The Agency recognises that products in this category are made with both shortcrust and puff pastry and welcomes comments on the implications of this on the target for 2012. |

| Main Product Category | Sub Categories (where relevant) | Current 2010 Targets (g salt or mg sodium per 100g)* | Revised 2010 Targets (g salt or mg sodium per 100g)* | Proposed targets for 2012 (g salt or mg sodium per 100g)* | Proposed comments for consultation paper |
|-----------------------|--|--|--|---|---|
| | <u>1.4.3 Other meat-based pastry products including pies and slices, canned and frozen products.</u> Includes all meat-based pastry products, pies, slices etc whether chilled, canned, frozen etc. Excludes pork pies and sausage rolls (see category 1.4.1) and Cornish and meat-based pasties (see category 1.4.2) | 1.1g salt or 450mg sodium (maximum) | 1.0g salt or 400mg sodium (maximum) | 0.75g salt or 300mg sodium (maximum) | The Agency recognises that products in this category are made with both shortcrust and puff pastry and welcomes comments on the implications of this on the target for 2012. |
| | 1.5 Cooked uncured meat Includes all roast meat, sliced meat etc. Excludes ham (see category 1.2 above) <u>1.5.1 Whole muscle or reformed whole muscle</u> Includes all chilled, frozen and canned whole muscle or reformed whole muscle meat e.g. beef, lamb, chicken, turkey etc. Also includes rotisserie and roasted products. | | | 0.75g salt or 300mg sodium (maximum) | Stakeholders asked for further clarification of the coverage of this target, while also noting the wide range of sodium levels in products under the category, and asked whether it could be split to better represent the different types of products. After some consideration, and clarification of the different types of products included here, the category has been split as set out here. It is noted that there are pre-packed products on the market labelled as "rotisserie" or "roasted" that have particularly high sodium levels. Further information is sought by the Agency to explain why such high levels of sodium are necessary in these products. |
| | <u>1.5.2 Comminuted or chopped reformed</u> Includes all comminuted or chopped reformed and shaped uncured meats e.g. beef, lamb, chicken, turkey etc. | | | 1.25g salt or 500mg sodium (maximum) | |
| | 1.6 Burgers, grillsteaks etc <u>1.6.1 Standard fresh and frozen burgers and grillsteak products</u> Includes beefburgers, hamburgers, pork/bacon burgers, chicken burgers, turkey burgers and all kebabs. Excludes canned burgers (see category 1.7.1) | 1.0g salt or 400mg sodium (maximum) | | 0.75g salt or 300mg sodium (maximum) | The Agency recognises that sodium plays a role in binding in thick burgers. However, it is also aware that for thin burgers and frozen burgers far lower levels of sodium are required. |
| | <u>1.6.2 Speciality and topped burgers and grillsteaks</u> Includes all flavoured products. | 1.3g salt or 500mg sodium (maximum) | | 0.88g salt or 350mg sodium (maximum) | |
| | 1.7 Frankfurters, hotdogs, and burgers <u>1.7.1 Canned frankfurters, canned hotdogs and canned burgers only</u> Excludes fresh and frozen burgers (see category 1.6), sausages (see category 1.3) and chilled frankfurters (see category 1.7.2). | 1.4g salt or 550mg sodium (maximum) | | 1.25g salt or 500mg sodium (maximum) | |

| Main Product Category | Sub Categories (where relevant) | Current 2010 Targets (g salt or mg sodium per 100g)* | Revised 2010 Targets (g salt or mg sodium per 100g)* | Proposed targets for 2012 (g salt or mg sodium per 100g)* | Proposed comments for consultation paper |
|-----------------------------|--|---|--|---|---|
| | <u>1.7.2 Fresh chilled frankfurters</u> | None | 1.63g salt or 650mg sodium (maximum) | 1.5g salt or 600mg sodium (maximum) | A new category has been included for fresh chilled frankfurters. These products require higher levels of salt than canned products for food safety and technological reasons. |
| 2. Bread | 2.1 Bread and rolls Includes all bread and rolls: pre-packed, part-baked and freshly baked (including retailer in-store bakery) white, brown, malted grain and wholemeal bread or rolls including seeded products, French bread, ciabatta, focaccia, pitta, naan, chappattis, tortillas etc without additions (e.g. cheese, olives, sundried tomatoes etc, see category 2.2) | 1.1g salt or 430mg sodium (average) | | 0.93g salt or 370mg sodium (average) | The Agency recognises the problems that sodium reduction causes in plant bakeries and has sponsored research into this issue which is due to report towards the end of 2008. We will review the target in light of the results of this research. The Agency welcomes the commitment that the industry has shown to reducing levels, including the major retailers who have been particularly successful with achieving levels of between 300 and 400mg sodium per 100g. Bread contributes around one-fifth of sodium to dietary intakes and it is important to maintain and improve on reductions in this area. |
| | 2.2 Bread and rolls with additions Includes all bread and rolls (as listed at category 2.1 above) with "high salt" additions e.g. cheese, olives, sundried tomatoes etc. Also includes cheese scones. | 1.3g salt or 500mg sodium (average) | | 1.13g salt or 450mg sodium (maximum) | |
| | 2.3 Morning goods Includes plain and fruit scones, crumpets, pikelets, English muffins, Scotch pancakes, bagels, croissants, brioche, soda farls and waffles etc. Excludes cheese scones (see category 2.2) and buns (see category 12.1). | 1.3g salt or 500mg sodium (average) | | 0.75g salt or 300mg sodium (average) 1.0g salt or 400mg sodium (maximum) | The Agency is aware that much of the sodium in these products comes from sodium bicarbonate. We are also aware of developments in processing allowing lower levels of raising agents to be used without using replacers. |
| 3. Breakfast Cereals | 3.1 Breakfast cereals Includes all breakfast cereals, e.g. muesli, cornflakes, hot oat cereals, etc. | 0.8g salt or 300mg sodium (average) | | 0.68g salt or 270mg sodium (average) 1.0g salt or 400mg sodium (maximum) | |
| 4. Cheese | Natural cheese 4.1 Cheddar and other similar "hard pressed" cheeses e.g. Cheshire, Lancashire, Wensleydale, Caerphilly, Double Gloucester, Leicester, Derby etc. | <u>Mild</u> : 1.7g salt or 670mg sodium (average) <u>Mature</u> : 1.95g salt or 750mg sodium (average) | | 1.8g salt or 720mg sodium (average) 1.88g salt or 750mg sodium (maximum) | The Agency has been advised that for cheddar, which is the biggest selling cheese in the UK, there are problems with the structure and texture of the cheese once levels of sodium start to fall below 720mg per 100g. This may not be the case for some other hard cheeses. Cheese contributes significantly to sodium intakes and manufacturers are encouraged to reduce the sodium in their cheeses both by making absolute reductions, where possible, and by improving their process control to minimise variation in sodium content. The Agency will be looking further into the technical issues associated with salt reduction in these products. |

| Main Product Category | Sub Categories (where relevant) | Current 2010 Targets (g salt or mg sodium per 100g)* | Revised 2010 Targets (g salt or mg sodium per 100g)* | Proposed targets for 2012 (g salt or mg sodium per 100g)* | Proposed comments for consultation paper |
|-----------------------|--|--|--|--|---|
| | <p>4.2 "Fresh" cheeses Excludes fromage frais as no salt is added to this product. Also excludes Brie, Camembert and other similar soft rinded cheeses.</p> <p><u>4.2.1 Soft white cheese e.g. Philadelphia</u> Includes all soft white cheese, flavoured or unflavoured, including reduced fat products Excludes cottage cheese (see categories 4.2.2 and 4.2.3)</p> | 0.8g salt or 320mg sodium (maximum) | | 0.55g salt or 220mg sodium (average) 0.75g salt or 300mg sodium (maximum) | |
| | <u>4.2.2 Cottage cheese, plain</u> Includes all unflavoured cottage cheese. Excludes flavoured products (see category 4.2.3) | 0.54g salt or 215mg sodium (average) | | 0.55g salt or 220mg sodium (average) 0.63g salt or 250mg sodium (maximum) | Given that current levels of sodium are similar in both plain and flavoured cottage cheese, it is suggested that just one target is set for cottage cheese. |
| | <u>4.2.3 Cottage cheese, flavoured</u> Includes all flavoured cottage cheese (onion and chive, pineapple) | 0.64g salt or 250mg sodium (average) | | | |
| | <p>4.3 Mozzarella (used in food products) Includes mozzarella products for food industry use only. Excludes fresh mozzarella sold in retail outlets.</p> | 1.8g salt or 700mg sodium (average) | 1.5g salt or 600mg sodium (maximum) | 1.38g salt or 550mg sodium (maximum) | This target is for hard block type mozzarellas used in the food industry to manufacture pizzas, ready meals etc. Fresh mozzarella sold in retail outlets has a higher water content and much lower levels of sodium should be attainable. |
| | <p>4.4 Blue cheese UK produced blue cheeses only</p> | No target | | 2.1 g of salt or 840 mg sodium (average) | The Agency recognises that the Stilton Cheese Makers Association has undertaken a programme of work in the past four years to better understand the salt levels in their product, to reduce the standard deviation of levels within and between products and to reduce overall levels. The Agency commends this approach to other cheese manufacturers. In addition to working towards the 2012 target the SCMA has committed to working towards a further 20% reduction in the standard deviation in the levels of sodium in their products and to go further if possible. |
| | <p>4.5 Processed Cheese <u>4.5.1 Cheese spreads</u></p> | 2.0g salt or 800mg sodium (average) | | 1.63g salt or 650mg sodium (average) 2.25g salt or 900mg sodium (maximum) | Further information is sought by the Agency on the need for the levels of sodium seen in these products as they are now sold through the chill chain and all include on pack information indicating chilled storage is required within the home. |
| | <u>4.5.2 Other processed cheese (e.g. slices, strings, etc.)</u> | 2.9g salt or 1170mg sodium (average) | 2.13g salt or 850mg sodium (average) | 1.88g salt or 750mg sodium (average) 2.25g salt or 900mg sodium (maximum) | |

| Main Product Category | Sub Categories (where relevant) | Current 2010 Targets (g salt or mg sodium per 100g)* | Revised 2010 Targets (g salt or mg sodium per 100g)* | Proposed targets for 2012 (g salt or mg sodium per 100g)* | Proposed comments for consultation paper |
|-----------------------|---|--|--|--|---|
| 5. Butter | 5.1 Butter <u>5.1.1 Welsh and other regional butter</u> Includes all Welsh and other regional UK butters e.g. Cornish | 3.0g salt or 1200mg sodium (average) | | 2.0g salt or 800mg sodium (maximum) | The target proposed is within the range of levels currently observed for these products, and the Agency therefore believes this target is achievable. |
| | <u>5.1.2 Salted butter</u> Includes all other "standard" salted butters | 1.7g salt or 670mg sodium (average) | | 1.5g salt or 600mg sodium (average) | |
| | <u>5.1.3 Lightly salted butter</u> Includes all lightly salted butters (made using different processes to that used for salted butters at 5.1.2 e.g. Lurpak) | 1.2g salt or 470mg sodium (average) | | 1.13g salt or 450mg sodium (average) | |
| | <u>5.1.4 Unsalted butter</u> Includes all unsalted butters apart from whey butters. | 0.1g salt or 40mg sodium (average) | | 0.1g salt or 40mg sodium (average) | |
| 6. Fat spreads | 6.1 Margarines/other spreads Includes all margarines, spreadable butters which include an oil element and spreads, e.g. sunflower, olive oil, buttermilk enriched, sterol/stanol containing, etc. | 1.5g salt or 600mg sodium (average) | 1.25g salt or 500mg sodium (average) 1.88g salt or 750mg sodium (maximum) | 1.13g salt or 450mg sodium (average) 1.63g salt or 650mg sodium (maximum) | The Agency is aware of industry concerns that margarines should not be put at a disadvantage to butter in terms of salt content. However, products which blend butter with oil to give a spreadable product are likely to be the products in direct competition to margarines, and data shows they can achieve the FSA targets. |
| 7. Baked Beans | 7.1 Baked beans in tomato sauce without accompaniments | 0.8g salt or 300mg sodium (maximum) | | 0.63g salt or 250mg sodium (maximum) | |
| | 7.2 Baked beans and canned pasta with accompaniments Includes baked beans or canned pasta in tomato with sausages, meatballs, other meats and cheese, macaroni cheese etc. | 1.0g salt or 400mg sodium (maximum) | | 0.75g salt or 300mg sodium (maximum) | |

| Main Product Category | Sub Categories (where relevant) | Current 2010 Targets (g salt or mg sodium per 100g)* | Revised 2010 Targets (g salt or mg sodium per 100g)* | Proposed targets for 2012 (g salt or mg sodium per 100g)* | Proposed comments for consultation paper |
|--|--|--|--|---|---|
| 8. Ready meals and meal centres | 8.1 Chinese/Thai/Indian – ready meals Includes all Chinese, Thai and Indian ready meals with accompaniment (potato, rice, noodles etc) made from meat, poultry, fish or vegetables e.g. sweet and sour chicken with rice, thai green curry with noodles, chicken tikka massala etc. | 0.8g salt or 300mg sodium (average) | | 0.63g salt or 250mg sodium (average), 1.13g salt or 450mg sodium (maximum) | After some consideration it is proposed that all ready meals and meal centres should now fall under one category. This will make allocation of products to a category to monitor compliance with targets much simpler. The revised category also now includes all coated poultry products, as well as coated fish products, and all non-meat pies (eg cheese and onion pasties). Some vegetarian products based on meat analogue products e.g. Quorn, tofu etc are included in category 25, although meal centres and ready meals remain in category 8. |
| | 8.2 Chinese/Thai/Indian – meal centres Includes all Chinese, Thai and Indian meal centres without accompaniment (potato, rice, noodles etc) made with meat, poultry, fish or vegetables e.g. sweet and sour chicken, thai green curry, chicken tikka massala, etc. | 1.0g salt or 400mg sodium (average) | | | |
| | 8.3 Italian/Traditional/other – ready meals Includes all Italian, traditional and other ready meals with accompaniment (potato, rice, noodles etc) not covered in 8.1, made with meat, poultry, fish or vegetables e.g. lasagne, chilli con carne with rice, coq au vin with potato, cottage pie. Includes fresh stuffed pasta with sauce. | 0.6g salt or 250mg sodium (average) | | | |
| | 8.4 Italian/Traditional/other – meal centres Includes all Italian, traditional and other ready meals without accompaniment (potato, rice, noodles etc) not covered in 8.1, made with meat, poultry, fish or vegetables e.g. chilli con carne, coq au vin, beef stew. Also includes fresh stuffed pasta without sauce. | 0.8g salt or 300mg sodium (average) | | | |
| 9. Soups | 9.1 Dried soups (as consumed) Includes all soups in a cup and other dried soups as consumed, i.e. once rehydrated. | 0.6g salt or 250mg sodium (average) | | 0.58g salt or 230mg sodium (average) 0.73g salt or 290mg sodium (maximum) | It is proposed that just one target is set for soups. This would continue to apply to dried soups as consumed (made up according to manufacturers instructions). |
| | 9.2 “Wet” soups Includes all canned, condensed (as consumed), ambient packed and fresh (chilled) soups. | 0.6g salt or 250mg sodium (average) | | | |

| Main Product Category | Sub Categories (where relevant) | Current 2010 Targets (g salt or mg sodium per 100g)* | Revised 2010 Targets (g salt or mg sodium per 100g)* | Proposed targets for 2012 (g salt or mg sodium per 100g)* | Proposed comments for consultation paper |
|---|--|--|--|--|--|
| 10. Pizzas | 10.1 Pizzas with higher salt toppings e.g. cured meat (ham, bacon, pastrami, chorizo, salt beef), olives, anchovies and smoked fish, hard cheese, prawns, crayfish, crab, tuna and "Cheese Feast" or similar toppings. | 1.2g salt or 470mg sodium (average) | | 0.88g salt or 350mg sodium (average) 1.25g salt or 500mg sodium (maximum) | It is proposed that just one target is set for pizzas. |
| | 10.2 Without high salt toppings e.g. chicken, vegetables, etc. | 1.0g salt or 400mg sodium (maximum) | | | |
| 11. Crisps and snacks | 11.1 Standard potato crisps All standard potato crisps, all flavours except salt and vinegar. Includes products aimed at the adult market. | 1.5g salt or 600mg sodium (average) | | 1.25g salt or 500mg sodium (average) 1.63g salt or 650mg sodium (maximum) | |
| | 11.2 Extruded snacks All extruded snacks e.g. cheesy flavour corn puffs, potato hoops, all flavours except salt and vinegar | 2.8g salt or 1100mg sodium (average) | 2.25g salt or 900mg sodium (average) | 1.88g salt or 750mg sodium (average) 2.5g salt or 1000mg sodium (maximum) | |
| | 11.3 Pelleted snacks All snacks made from pellets e.g. prawn cocktail flavour shell, crispy bacon flavour corn snacks, curly cheese snacks, all flavours except salt and vinegar | 3.4g salt or 1400mg sodium (average) | 2.5g salt or 1000mg sodium (average) | 2.25g salt or 900mg sodium (average) 2.5g salt or 1000mg sodium (maximum) | |
| | 11.4 Salt and Vinegar products All crisps, snacks etc salt and vinegar flavour only. | 3.1g salt or 1200mg sodium (average) | 2.38g salt or 950mg sodium (average) | 2.13g salt or 850mg sodium (average) 2.5g salt or 1000mg sodium (maximum) | |
| 12. Buns, cakes, pastries, and fruit pies | 12.1 Buns Includes fruit buns, iced buns, hot cross buns etc. Excludes scones (see category 2.3) | 0.5g salt or 200mg sodium (maximum) | | 0.38g salt or 150mg sodium (maximum) | Buns include all yeast raised products. |
| | 12.2 Cakes Includes all sponge cakes, cake bars, malt loaf, American muffins, doughnuts, flapjacks, brownies etc. | 0.6g salt or 240mg sodium (average) | 0.5g salt or 200mg sodium (average) 1g salt or 400mg sodium (maximum) | 0.4g salt or 160mg sodium (average) 0.88g salt or 350mg sodium (maximum) | Cakes include all chemically raised products. |

| Main Product Category | Sub Categories (where relevant) | Current 2010 Targets (g salt or mg sodium per 100g)* | Revised 2010 Targets (g salt or mg sodium per 100g)* | Proposed targets for 2012 (g salt or mg sodium per 100g)* | Proposed comments for consultation paper |
|------------------------------|---|--|--|---|---|
| | <p>12.3 Pastries Includes all puff pastry based and laminated pastries, such as Danish pastries, maple and pecan plait etc. Excludes all sweet shortcrust and choux pastry-based products (see category 12.4).</p> | 0.5g salt or 185mg sodium (average) | | 0.5g salt or 200mg sodium (average) | The Agency is aware that pastries that are based on puff pastry, and/or laminated, will require higher levels of salt than those that are based on shortcrust pastry. For this reason, the Agency has redefined categories 12.3 and 12.4. 12.3 includes all puff and laminated products whilst all shortcrust-based products are now covered by 12.4. |
| | <p>12.4 Fruit pies and other shortcrust and choux pastry-based desserts Includes all fruit pies and other desserts made with shortcrust and choux pastry e.g. apple pie, tarte au citron, tarte au chocolat, treacle tart, lemon meringue pie, custard tart, banoffee pie, eclairs, profiteroles, choux buns etc. Excludes all puff pastry and laminated pastries (see category 12.3).</p> | 0.4g salt or 130mg sodium (average) | | 0.33g salt or 130mg sodium (maximum) | Some products now included here have moved from category 20.4. |
| 13. Bought Sandwiches | <p>13.1 With high salt fillings Includes sandwiches where the filling includes cured meat (ham, bacon, pastrami chorizo, salt beef), olives, anchovies and smoked fish, hard cheese, prawns, crayfish, crab and tuna.</p> | 1.3g salt or 500mg sodium (average) | | 1.0g salt or 400mg sodium (average) | |
| | <p>13.2 Without high salt fillings Sandwiches including all lower salt fillings e.g. chicken, vegetables, egg, etc - e.g. where ingredients are other than those specified in category 13.1 (see above).</p> | 1.0g salt or 400mg sodium (average) | | 0.75g salt or 300mg sodium (average) | |
| 14. Table Sauces | <p>14.1 Tomato ketchup</p> | 2.4g salt or 1000mg sodium (maximum) | 2.25g salt or 900mg sodium (maximum) | 1.83g salt or 730mg sodium (maximum) | |
| | <p>14.2 Brown sauce Includes all brown, BBQ, curry-flavoured etc.</p> | 1.5g salt or 600mg sodium (maximum) | | 1.5g salt or 600mg sodium (maximum) | |
| | <p>14.3 Salad cream</p> | 1.8g salt or 700mg sodium (maximum) | | 1.75g salt or 700mg sodium (maximum) | |

| Main Product Category | Sub Categories (where relevant) | Current 2010 Targets (g salt or mg sodium per 100g)* | Revised 2010 Targets (g salt or mg sodium per 100g)* | Proposed targets for 2012 (g salt or mg sodium per 100g)* | Proposed comments for consultation paper |
|--|---|--|--|--|---|
| | 14.4.1 Mayonnaise (not reduced fat/calorie) | 1.5g salt or 600mg sodium (maximum) | | 1.25g salt or 500mg sodium (maximum) | |
| | 14.4.2 Mayonnaise (reduced fat/calorie only) | 2.5g salt or 1000mg sodium (maximum) | 2.13g salt or 850mg sodium (maximum) | 1.88g salt or 750mg sodium (maximum) | |
| | 14.5 Salad dressing Includes all oil and vinegar based dressings. | 2.5g salt or 1000mg sodium (maximum) | | 1.75g salt or 700mg sodium (maximum) | |
| 15. Cook-in and Pasta Sauces, thick sauces and pastes | 15.1 All cook in and pasta sauces (except Pesto) Includes all cooking sauces, e.g. pasta sauce, curry, Mexican etc. Excludes thick varieties. | 1.1g salt or 430mg sodium (average) | | 0.83g salt or 330mg sodium (average) | |
| | 15.2 Pesto and other thick sauces Includes thick cooking sauces intended to be used in smaller quantities, e.g. pesto, stir fry sauces, etc. | 3g salt or 1200mg sodium (average) | | 1.5g salt or 600mg sodium (average), 2.0g salt or 800mg sodium (maximum) | |
| | 15.3 Thick pastes Includes all thick pastes used in very small quantities (e.g. 15-20g) such as curry and Thai. | n/a | | 5.0g salt or 2000mg sodium (maximum) | These products are different to those included in category 15.2 above and include those that are very concentrated, come in small packs e.g. 50g, and where only very small quantities are used e.g. 15-20g. |
| 16. Biscuits | 16.1 Sweet biscuits – unfilled Includes all unfilled sweet biscuits. | 1.1g salt or 416mg sodium (average) | | 0.68g salt or 270mg sodium (average) 1.13g salt or 450mg sodium (maximum) | It is proposed that just one target is set for sweet biscuits. This will overcome difficulties with allocating different products to the previous separate categories for biscuits filled and unfilled so compliance with targets can be more easily monitored. |
| | 16.2 Sweet biscuits – filled Includes all sweet biscuits with fillings, e.g. fig rolls, custard creams etc. | 0.5g salt or 205mg sodium (average) | | | |
| | 16.3 Savoury biscuits – unfilled Includes all unfilled savoury biscuits e.g. cream crackers, oatcakes, water biscuits, breadsticks, melba toast etc | 2.2g salt or 860mg sodium (average) | | 1.38g salt or 550mg sodium (maximum) | |

| Main Product Category | Sub Categories (where relevant) | Current 2010 Targets (g salt or mg sodium per 100g)* | Revised 2010 Targets (g salt or mg sodium per 100g)* | Proposed targets for 2012 (g salt or mg sodium per 100g)* | Proposed comments for consultation paper |
|--|--|--|--|--|---|
| | 16.4 Savoury biscuits – filled Includes all savoury biscuits with fillings. | 1.9g salt or 740mg sodium (average) | | 1.25g salt or 500mg sodium (maximum) | There are very few filled savoury biscuits which can be easily identified so these have retained a separate category to savoury biscuits, unfilled. |
| 17. Pasta | 17.1 Pasta and noodles, plain and flavoured Includes dried, fresh, canned, frozen pasta (including spaghetti/hoops in tomato sauce) and noodles. Also includes dry flavoured noodles and pasta with flavour or sauce sold as a snack or meal - in these circumstances, the target is for the products <u>as consumed</u> (made up according to manufacturers instructions) and not as sold. Excludes stuffed pasta and pasta ready meals (see category 8) and canned pasta in tomato sauce with accompaniments (see category 7.2). | 0.5g salt or 200mg sodium (maximum) | | 0.38g salt or 150mg sodium (maximum) | This category now includes flavoured noodles and dry pasta sold as a snack or meal (made up according to manufacturers instructions). |
| 18. Rice | 18.1 Rice (unflavoured), as consumed Includes all unflavoured rice (dried, cooked, frozen cooked, pouched etc), as consumed (made up according to manufacturers instructions, where appropriate). | 0.2g salt or 87mg sodium (maximum) | | 0.2g salt or 80mg sodium (maximum) | |
| | 18.2 Flavoured rice, as consumed Includes all pouched flavoured rice, including ambient and dried products, as consumed (made up according to manufacturers instructions, where appropriate). | 0.8g salt or 300mg sodium (average) | | 0.45g salt or 180mg sodium (average) 0.63g salt or 250mg sodium (maximum) | |
| 19. Other cereals | 19.1 Other cereals Includes ready made Yorkshire pudding, ready made pastry, batter and pancake mix etc. | 0.8g salt or 300mg sodium (maximum) | | 0.63g salt or 250mg sodium (maximum) | |
| 20. Processed puddings Mousses, crème caramel, jelly, rice pudding, ready to eat custard and custard powder are not included as these contain no added salt. | 20.1 Dessert mixes, as consumed Includes dehydrated dessert mixes (made up according to manufacturers instructions). Excludes custard powder and jelly crystals. | 0.5g salt or 200mg sodium (maximum) | | 0.5g salt or 200mg sodium (maximum) | |

| Main Product Category | Sub Categories (where relevant) | Current 2010 Targets (g salt or mg sodium per 100g)* | Revised 2010 Targets (g salt or mg sodium per 100g)* | Proposed targets for 2012 (g salt or mg sodium per 100g)* | Proposed comments for consultation paper |
|--|---|--|--|--|---|
| Sodium present is that naturally occurring in the ingredients. Jelly crystals are also excluded for technical reasons. | 20.2 Cheesecake Includes ambient, chilled, frozen and dehydrated (as consumed, made up according to manufacturers instructions). | 0.5g salt or 200mg sodium (maximum) | | 0.35g salt or 140mg sodium (maximum) | |
| | 20.3 Sponge-based processed puddings Includes jam roly-poly, spotted dick, sticky toffee pudding etc. Excludes canned versions | 1.0g salt or 400mg sodium (maximum) | | 0.5g salt or 200mg sodium (average), 0.75g salt or 300mg sodium (maximum) | |
| | 20.4 All other processed puddings, Includes all other processed and pre-prepared puddings e.g. bread and butter pudding, brownie desserts, crumbles, trifle etc. Excludes fruit pies and all other desserts made with shortcrust and choux pastry (see category 12.4). | 0.3g salt or 120mg sodium (maximum) | | 0.18g salt or 70mg sodium (average) 0.3g salt or 120mg sodium (maximum) | Category 12.4 now includes all shortcrust and choux pastry based desserts, so these are no longer included in category 20.4. |
| 21. Quiche | 21.1 Quiches Includes all quiches and flans | 0.8g salt or 300mg sodium (maximum) | | 0.7g salt or 280mg sodium (maximum) | |
| 22. Scotch Eggs | 22.1 Scotch eggs | 1.0g salt or 400mg sodium (maximum) | | 0.88g salt or 350mg sodium (maximum) | |
| 23. Canned Fish | 23.1 Canned tuna Includes all tuna canned in oil, brine, spring water etc. Excludes fish with sauce products (see category 23.3). | 1.0g salt or 400mg sodium (average) | | 1.0g salt or 400mg sodium (average) 1.13g salt or 450mg sodium (maximum) | |
| | 23.2 Canned salmon Includes all standard canned salmon. Excludes fish with sauce products (excludes category 23.3). | 1.2g salt or 470mg sodium (average) | | 0.93g salt or 370mg sodium (average) | The Agency recognises that the salt levels in these products are largely within the control of the US and Canadian canneries and any reduction will depend on influencing them. |
| | 23.3 Other canned fish Includes sardines, mackerel, pilchards in brine, oil etc and canned fish with sauces e.g. tomato, barbeque, mustard etc. Also includes canned shellfish e.g. prawns, crab, mussels etc. Excludes anchovies, smoked fish, lumpfish caviar and fish roe. | 1.5g salt or 600mg sodium (average) | | 1.25g salt or 500mg sodium (maximum) | |

| Main Product Category | Sub Categories (where relevant) | Current 2010 Targets (g salt or mg sodium per 100g)* | Revised 2010 Targets (g salt or mg sodium per 100g)* | Proposed targets for 2012 (g salt or mg sodium per 100g)* | Proposed comments for consultation paper |
|---|--|--|--|--|--|
| 24. Canned vegetables | 24.1 Canned vegetables Includes all canned vegetables and pulses. Excludes processed/ marrowfat/mushy peas (see category 24.2). | 0.13g salt or 50mg sodium (maximum) | | 0.13g salt or 50mg sodium (maximum) | |
| | 24.2 Canned processed/marrowfat/mushy peas Includes these products only. | 0.5g salt or 200mg sodium (maximum) | | 0.45g salt or 180mg sodium (maximum) | |
| 25. Meat alternatives (previously processed vegetable-based products) | 25.1 Plain meat alternatives Includes plain tofu, Quorn ingredients (e.g. mince, plain pieces and fillets), meat free mince and other similar products | 0.7g salt or 280mg sodium (maximum) | | 0.7g salt or 280mg sodium (maximum) | Following publication of the 2006 targets, the Agency received representations from the industry that it would be appropriate to reflect the different products in separate sub-categories. After some consideration we have therefore proposed the revised categories set out here. |
| | 25.2 Meat free products e.g. sausages, burgers, bites, pies, en croute products, sausage rolls, nut cutlets, falafel, flavoured "meat" pieces e.g. chicken fillets, "meatballs", all meat-free "meats" e.g. ham, turkey etc, including "beanburgers", "vegieburgers" and other similar products. Excludes bacon (see category 25.3), baked beans (category 7), canned vegetables (category 24), ready meals and meal centres (category 8) and takeaways. | 0.7g salt or 280mg sodium (maximum) | | 0.93g salt or 370mg sodium (average) 1.5g salt or 600mg sodium (maximum) | |
| | 25.3 Meat-free bacon Includes all meat-free bacon type products, whether made from soya, Quorn or other ingredients. | n/a | | 2.13g salt or 850mg sodium (average) | |
| 26. Other processed potatoes | 26.1 Dehydrated instant mashed potatoes as consumed Includes all instant mashed potato products as consumed (as made up according to manufacturers instructions). | 0.25g salt or 100mg sodium (maximum) | 0.2g salt or 80mg sodium (maximum) | 0.18g salt or 70mg sodium (maximum) | |
| | 26.2 Other processed potato products Includes all other processed potato products, including frozen and chilled chips with coatings, potato waffles, shaped potato, wedges etc. Excludes oven chips with no added salt. | 0.5g salt or 195mg sodium (maximum) | 0.49g salt or 195mg sodium (average) 0.88g salt or 350mg sodium (maximum) | 0.49g salt or 195mg sodium (average) 0.75g salt or 300mg sodium (maximum) | |

| Main Product Category | Sub Categories (where relevant) | Current 2010 Targets (g salt or mg sodium per 100g)* | Revised 2010 Targets (g salt or mg sodium per 100g)* | Proposed targets for 2012 (g salt or mg sodium per 100g)* | Proposed comments for consultation paper |
|---|--|--|--|---|---|
| 27. Beverages | 27.1 Dried Beverages, as consumed Includes drinking chocolate, instant chocolate drinks, instant malted drinks, instant cappuccino drinks etc, as consumed (made up according to manufacturers instructions). Excludes tea and coffee. | 0.25g salt or 100mg sodium (maximum) | | 0.15g salt or 60mg sodium (maximum) | |
| 28. Takeaway, meat based | 28.1 Take away, meat based Includes curries, Chinese dishes etc. Does not include beef burgers, pies. | 0.6g salt or 250mg sodium (maximum) | | 0.63g salt or 250mg sodium (maximum) | The targets for takeaway foods have been maintained at their 2006 levels. The Agency has a separate programme of engagement with the catering sector underway to promote salt reduction in these foods. |
| 29. Takeaway, fish based | 29.1 Take away, fish based Includes curries, Chinese dishes etc. | 0.5g salt or 200mg sodium (maximum) | | 0.5g salt or 200mg sodium (maximum) | |
| 30. Takeaway, vegetable and potato based | 30.1 Take away, vegetable and potato based Includes takeaway chips, curries, Chinese dishes etc. | 0.5g salt or 200mg sodium (maximum) | | 0.5g salt or 200mg sodium (maximum) | |

* Revised targets for 2010 and 2012 have been set according to mg sodium that should be present. This figure has then been multiplied by 2.5 to give the salt equivalent. The targets that were published in 2006 have not changed in this way as this is currently the method proposed in the draft Food Information Regulation for labelling salt content.



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 Fax: 01224 285168
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Kathleen.guinee@foodstandards.gsi.gov.uk

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Salt

Consultation List

Date Issued: 22/07/2008

Aberdeen Buttery Co.Ltd
Aberdeen City Council
Aberdeen University
Aberdeenshire Council
Adam Smith College
Alsop Transport Services
Angus Council
Aquascot Ltd
Argyll & Bute Council
Authorities Buying Consortium
Ayrshire & Arran Health Board
Baxters of Fochabers
Bell Bakers Limited
BMA Scotland
British Hospitality Association
British Nutrition Foundation
Brooks-Carter Clinic
Brookside Products Ltd
Brown Brothers Ltd.
C J Lang & Son Ltd
Calder Millerfield Ltd
Caledonian Cheese Co
Cardowan Creameries Ltd
Carrie Ruxton
Castle MacLellan Foods
Centre for Public Health Nutrition Research
Charles Tennant & Co Ltd
Chilled Food Association
City of Edinburgh Council
Clackmannanshire Council
Co-operative Group (CWS) Ltd
Comhairie Nan Eilean Siar
Comhairle Nan Eilean Siar
COSLA
Crannog Seafood Company
Dairy UK - Scotland
Dawnfresh Seafoods
Direct & Care Services
Dumfries & Galloway Council
Dundee City Council
East Ayrshire Council
East Dunbartonshire Council
East Lothian Council
East Renfrewshire Council
Edinburgh Smoked Salmon Company (1992) Ltd.

Salt

Consultation List

Date Issued: 22/07/2008

Falkirk Council
Federation of Small Businesses
Fife Council
First Milk Cheese Company
Food & Drink Federation
Food Additives & Ingredients Association
Food And Drink Federation
Food Industry (North) Development Services
Food Innovation Institute (F2i)
Food Microbiology, Fish Handling and Processing
Food Partners Ltd.
Food Safety Authority of Ireland
Food Training & Consultants Company
Glasgow Caledonian University
Glasgow City Council
Glasgow Metropolitan College
Glasgow Scientific Services
Gourmet's Choice Ltd
Grampian Country Pork Halls Ltd
H.R. Bradford (Bakers) Ltd
Healthyliving Award
Health Promotion Service
Health Protection Scotland
Highland Council
Highland Smoked Salmon Ltd
Highland Spring Ltd
Hilton International
Ingram Brothers Ltd.
Inverawe Smokehouses
Inverclyde Council
J G Ross (Bakers) Ltd
John M Munro Ltd
JWC Services Ltd.
Kingdom Bakers Ltd
Klinge Foods Ltd.
Larder Bytes Ltd
Loch Fyne Oysters Ltd
Lossie Seafoods
M Corson
MacDonalds Smoked Produce
Mackies Of Scotland
MacPhie of Glenbervie Ltd
Macswen of Edinburgh
McAusland Crawford
Meat and Livestock Commission

Salt

Consultation List

Date Issued: 22/07/2008

Midlothian Council
Moray Seafood Ltd
Mortons Rolls Ltd
Neville Craddock Association
NHS Ayrshire & Arran
NHS Borders
NHS Dumfries and Galloway
NHS Fife
NHS Forth Valley
NHS Grampian
NHS Greater Glasgow & Clyde
NHS Health Scotland
NHS Highland
NHS Highlands
NHS Orkney
NHS Tayside
Nisha Enterprises Ltd.
Nor-Sea Foods Ltd
Norscot Seafoods Ltd
North Ayrshire Council
North Lanarkshire Council
Orkney Herring Co Ltd
Orkney Islands Council
P & C Morris
Pars Foods Ltd
Pataks Frozen Foods Ltd.
Paterson Arran Limited
Perth & Kinross Council
Pinneys of Scotland LTD
Quality Meat Scotland
Queen Margaret University College
Queen Margeret University College
R.T.Stuart Ltd
Renfrewshire Council
Rowett Institute
Royal Environmental Health Institute for Scotland
Scottish Association of Master Bakers
Scottish Association of Meat Wholesalers
Scottish Borders council
Scottish Consumer Council
Scottish Federation of Meat Traders
Scottish Food & Drink Federation
Scottish Food Guide
Scottish Food Quality Certification Ltd
Scottish Food Safety Officers Association

Salt

Consultation List

Date Issued: 22/07/2008

Scottish Government
Scottish Grocers Federation
Scottish Pig Producers Ltd.
Scottish Qualifications Authority
Scottish Women's Rural Institutes (SWRI)
Scrabster Seafoods Ltd.
Shetland Catch Ltd
Shetland Farm Dairies Ltd
Shetland Islands Council
Shetland NHS Board
SNDRT
Soil Association Scotland
South Ayrshire Council
South Lanarkshire Council
Speyside Enterprises Ltd
Stirling Council
Stirling Council (Catering & Claeaning)
Stirling Council (Catering & Cleaning)
Strathaird Salmon Ltd
Strathmore Foods Ltd.
Summer Isles Foods
SUSTAIN
T & L Food Services Ltd
Tayside Contracts
Tayside Scientific Services
TESCO Stores Ltd
The Association of Meat Inspectors
The British Dietetic Association
The Cheese Company
The Halal Food Authority
The Highland Council
The Moray Council
Thomas Tunnock Ltd
United Central Bakeries Ltd
University of Aberdeen
University of Dundee
University of Glasgow
University Of Paisley
V.M.G. Bakery Ltd
Verner Wheelock Associates
Voluntary Health Scotland
Walkers Shortbread Ltd
West Dunbartonshire Council
West Lothian Council
West Lothian Council - Domestic Services

Salt
Consultation List

Date Issued: 22/07/2008

Which?

CABINET OFFICE CODE OF PRACTICE ON CONSULTATION

THE SIX CONSULTATION CRITERIA

1. Consult widely throughout the process, allowing a minimum of 12 weeks for written consultation at least once during the development of the policy.
2. Be clear about what your proposals are, who may be affected, what questions are being asked and the timescale for responses.
3. Ensure that your consultation is clear, concise and widely accessible.
4. Give feedback regarding the responses received and how the consultation process influenced the policy.
5. Monitor your department's effectiveness at consultation, including through the use of a designated consultation co-ordinator.
6. Ensure your consultation follows better regulation best practice, including carrying out a Regulatory Impact Assessment if appropriate.

Summary: Intervention & Options

| | | |
|---|--|------------------|
| Department /Agency: Food Standards Agency | Title: Impact Assessment of the Revised Salt Reduction Targets | |
| Stage: Consultation | Version: 6 | Date: 16/07/2008 |
| Related Publications: | | |

Available to view or download at:

<http://www.fsa.gov.uk>

Contact for enquiries: Nicole Redhead

Telephone: 020 7276 8924

What is the problem under consideration? Why is government intervention necessary?

UK consumers are eating too much salt (around 8.6g/day) compared to public health recommendations (no more than 6g a day, and less for children), and this is a significant risk factor for developing high blood pressure¹. High blood pressure increases the risk of suffering from cardiovascular disease (CVD) which is the leading cause of premature death in the UK.

CVD has significant personal and economic costs – estimated at £29 billion² in 2004 (health care costs, informal care costs and productivity losses) - which must be tackled. Government intervention is needed to help the food industry to focus its reformulation efforts in a way which will deliver rapid and widespread salt reduction in products, and population intakes. Reformulation is a priority as 75% of the salt we eat is already in everyday foods.

What are the policy objectives and the intended effects?

To review the FSA's voluntary salt target levels to achieve the Agency's strategic plan target to reduce the average population intake of salt to no more than 6g per day for adults and less for children.

What policy options have been considered? Please justify any preferred option.

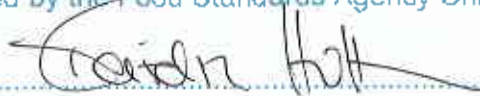
1. To do nothing and allow market forces to prevail
2. To revise existing salt targets – This would be the preferred option for the Food Standards Agency as it would allow for the continued reduction of salt levels in line with government targets without unduly burdening industry through regulation and associated costs. It will also provide clear guidance to industry to inform planned reformulation programmes.
3. Government to legislate to require the food industry to reduce the levels of salt in food to specified levels.

When will the policy be reviewed to establish the actual costs and benefits and the achievement of the desired effects? The FSA will be running a rolling two year review programme which will make periodic assessments of the salt levels in target foods; the next review of salt levels in food will take place in 2010. Annual urinary sodium analysis to monitor reductions in population intakes will form part of the rolling programme of National Diet and Nutrition Surveys that commenced in April 2008 and will enable us to compare progress with data we have from surveys undertaken in 2000/1, 20005/6 and

Ministerial/CEO Sign-off For consultation stage Impact Assessments:

I have read the Impact Assessment and I am satisfied that (a) it represents a fair and reasonable view of the expected costs, benefits and impact of the policy, and (b) the benefits justify the costs.

Signed by the Food Standards Agency Chair*:



Date: 20.7.08

¹ The Agency's Annual Report of the Chief Scientist 2006/7 identifies high blood pressure as a contributory factor in the estimated 160k deaths from stroke and CHD each year (2005). The main components of CVD are CHD and stroke

² Study funded by the British Heart Foundation and the European Heart Network



Proposals to Revise the Voluntary Salt Reduction Targets

We would be interested in what you thought of this consultation package. We would be grateful if you could spend a few minutes to complete the following questionnaire and return it even if you do not intend to respond to the consultation itself. Please return the questionnaire no later than 26 September 2008 to:

K. Guinee
 Tel: 01224 285113
 Email: Kathleen.guinee@foodstandards.gsi.gov.uk

1. How did you become aware of this consultation exercise?

| | |
|---|-----|
| Our consultation list included your/your organisation's name | [] |
| Via the Food Standards Agency website (www.food.gov.uk) | [] |
| Via the UK Online website (www.ukonline.gov.uk) | [] |
| Through a Food Standards Agency publication (please specify title)_____ | [] |
| Other publication (please specify title)_____ | [] |
| Other means (please specify)_____ | [] |

2. If you / your organisation are not responding to the consultation, is it because:

| | |
|---|-----|
| You are not working on this subject area | [] |
| The consultation topic is not relevant to you | [] |
| You do not have the time / resources to reply | [] |
| Other reason (please specify) | [] |

3. Do you feel you were given enough time to respond to the issues / proposals in the consultation?

| | |
|--|---------|
| | YES [] |
| | NO [] |

4. Were the issues / proposals clearly set out and easy to understand?

| | |
|--|---------|
| | YES [] |
| | NO [] |

5. Do you have any suggestions on how the consultation package could have been improved?

6. Do you have any other comments about this consultation exercise? (Please continue overleaf if required)
7. If you received this consultation direct, were the contact and address details correct? If not please kindly provide the correct contact details for us to use in the future.
8. Do you still wish to remain on our consultation list?
- YES []
- NO []
9. Are there any other Food Standard Agency subject areas on which you would be interested in receiving future consultations?

| |
|--|
| <p>Name:.....</p> <p>Organisation:.....</p> <p>.....</p> <p>.....</p> <p>Date:.....</p> |
|--|

**THANK YOU FOR TAKING THE TIME TO COMPLETE AND RETURN
THIS FEEDBACK QUESTIONNAIRE**