

SALT TARGETS FOR 10 KEY PRODUCT CATEGORIES – How the proposed targets were set

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, 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 a reduction in the salt content of processed food is necessary, as these contribute around 75% of the salt to the diet, and that this requires the continued co-operation of food manufacturers, retailers and caterers. The contribution to salt intakes by different types of processed foods varies considerably – for example, white bread contributes around 10% to intakes, whilst rice and rice dishes contribute only 1%. The remaining 25% of salt in the diet is split between sodium that naturally occurs in food, and the salt that 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. Reductions in other sodium salts e.g. bicarbonates, 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 two 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; and
- work with the food industry to reduce the salt content of food.

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. 2.55g salt)). Reductions in other sodium salts e.g. bicarbonates, can also contribute to achieving this target.

Work with the food industry

In November 2003, Melanie Johnson (then Parliamentary Under Secretary for Public Health) requested that organisations write to her by February 2004 outlining what they were doing to reduce salt in food. Forty-four (44) plans were received from a mix of manufacturers, retailers and trade associations, procurement bodies, voluntary organisations and academic institutions.

Since February 2004, the FSA and DH have undertaken a programme of follow up meetings with key organisations and have now met, or had contact with, around 65 key food industry organisations across all sectors.

Further details of salt reduction plans have been submitted to the FSA and DH over the last year as a result both of meetings and requests for further details. Fifty-two (52) commitments to salt reduction work have been received.

FSA Salt Model

The FSA Salt Model 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 by 2010. The model uses 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 current average salt value for each food group is a weighted average of the salt content of the foods in that group, taking into account the differential consumption of foods within the group. This is based on generic product types rather than brands. For example, the breakfast cereal current average salt value reflects the fact that cornflakes are one of the most commonly consumed breakfast cereals.

3. Rationale for establishing targets

Establishment of voluntary targets for salt content in certain key processed-food categories is in response to the need for a means to monitor progress towards intake reductions recommended by SACN and desire of some businesses for guidance as to what reductions they should be aiming for. Setting targets for key processed-food categories will provide businesses with a benchmark against which they can demonstrate their progress in reducing the salt content of their products.

4. Stakeholder Group

A small stakeholder group was set up to advise on the development of this work. 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?) and both DH and FSA officials. A full list of members is included at Annex 1.

5. Methodology for agreeing product categories and methodology used for setting targets

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 all product categories to ensure that across the board progress on salt reduction was maintained. Discussions have been held with stakeholders to identify exactly what the categories should be and any sub-categories that are necessary.

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 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 seems to be unnecessary, at this stage, to set up a separate salt model and/or targets for children or children's foods.

Below is a list of the factors, areas and issues that were taken into consideration when setting the targets.

- Products currently on the market and the levels of salt present (based on data from previous mini surveys, the FSA Processed Food Databank, and information provided from FSA Scotland), and how these compare to the FSA target specifications and the illustrative average values in the salt model, as well as the targets set by industry i.e. how many currently meet the targets in these sets of criteria.
- The differences in salt levels between different types/flavours of the same type of food (e.g. cream of tomato and minestrone soup).
- The impact of salt reductions on the microbiological safety of food.
- Salt reduction targets already set by individual companies, trade associations or groups or companies.
- Targets set in the "Hungry for Success" Nutrient Specifications for Manufactured Products (used in school meals in Scotland)⁴.
- Proposed FSA target specifications for manufactured foods used in school meals (we were aware from previous discussions that individual organisations are likely to work towards achieving the lowest target figure set).
- Technical concerns regarding salt reduction in relevant product categories and the levels that could be achieved.

The process of setting the targets also considered comments received from the initial consultation on the FSA salt model and subsequently on the 'illustrative average values' included in the revised version of the salt model (issued February 2005).

The stakeholder group considered that the following points must also be taken into account when setting targets:

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

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

⁴ "Hungry for Success: A Whole School Approach to School Meals in Scotland" is Scotland's school meals policy. This policy is based upon weekly nutrient-based standards for school meals that are supported by target nutrient specifications for manufactured food products.

- There must be recognition that it is consumer demand that in part determines the speed of product reformulation. The increased public interest in salt has yet to translate into a major change in buying habits to reduced salt alternatives.
- Consideration must be given to possible additional pressures to reformulate products in light of future work on fat and sugar, as the reformulation of a product as a whole is more manageable than nutrient-by-nutrient changes. In some cases, there may be a need to balance the reduction of fat/sugar/salt to ensure a marketable product.
- Cured meats and cheeses used as an ingredient were identified as key foods for which a reduction in salt could have positive benefits on the salt levels in other foods in which these are used e.g. pre-packaged sandwiches, pizzas etc.
- It was felt that additional discussions were needed with the Association of Cereal Food Manufacturers and members (breakfast cereals); the Joint Salt Working Party and members (meat products); Dairy UK and members (cheese and butter); Snacks, Nuts and Crisps Manufacturers Association and members; and the Biscuit, Cake, Chocolate, and Confectionery Association and members.

If a target is achieved by the majority of relevant companies earlier than 2010, then the potential for setting a further target will need to be carefully considered. Discussions would be held with relevant industry stakeholders before a decision is made. It is anticipated that a consultation would be undertaken for any further targets proposed. Alternatively, should it become clear that a target set cannot be achieved, this would also be reviewed and the process for agreeing an alternative target will be carried out in the same way.

6. Work to set targets

There were a number of steps to the process of setting the target figures, which are laid out below.

(i) Set targets to be a maximum or an average

A **maximum** sets a clear target that needs to be achieved for all products within a category. A maximum makes it easy for suppliers and consumers to compare salt levels in products with the target set. However, a maximum target is less flexible in that all products within a category need to meet this level; and can suggest that once this level is achieved, no further action on salt reduction is required. It may also be difficult for Government to assess the impact of meeting target maxima on average intakes.

An **average** allows some flexibility in the levels of salt in different products within a category, i.e. allows some to be lower and others higher than the target. Averages should apply to each business's products. An average makes it more difficult for consumers and Government to compare levels in individual products with the target. If the more popular products tend to exceed the targets it could result in slower progress being made towards meeting the overall intake target of 6g per day.

The stakeholder group felt that in most cases maximum levels should be set, but for some product categories they felt that an average target would be more helpful.

Proposal:

It is proposed that the targets should be set as **maxima**, except for some product categories where initial discussions with industry have indicated that an **average** figure would be more helpful – this includes breakfast cereals, ready meals, pizzas, sandwiches, cheese, soups and cook-in and pasta sauces. For these product categories, consideration should be given to setting target maxima in addition to these averages.

ii. Set the target for food as sold or as served/consumed

Consideration also needed to be given to whether the proposed targets should be set for foods as sold or as served/consumed. Some products are generally only eaten as sold (e.g. crisps, bought sandwiches, table sauces); some are only eaten once having been cooked (e.g. sausages, ready meals, soup, pizza); whilst others can be eaten both as sold and after cooking (e.g. bread, cheese). There are difficulties associated with setting targets for foods as consumed. Many food products included in the targets work can be cooked in any number of ways in the home (e.g. a sausage can be fried, grilled, oven baked or barbecued). For dehydrated foods it is reasonable to assume correct preparation and hence “as consumed” could be used.

The stakeholder group was in general agreement that targets should be set for foods as sold.

Proposal: It is proposed that targets be set for products **as sold**, rather than as served, except in the case of dehydrated products such as dried soup.

iii. Set the target for food per 100g or per portion

Targets for levels of salt in foods could be set for foods per 100g or per portion.

There are difficulties associated with setting targets for foods per portion, as there are no clearly defined portion sizes for a considerable number of food products. Consumers can eat very different quantities of the same foods, e.g. some may eat only half a 410g pizza, whilst some will eat the whole pizza. Some products e.g. ready meals are available in a wide variety of portion sizes, both within the same company and across different companies, making it difficult to choose just one to be considered as the “standard” for which targets should be set. In addition, setting targets for foods per 100g will make it easier for companies and Government to monitor progress.

Proposal: It is proposed that targets be set for foods **per 100g** rather than per portion.

7. Monitoring changes in intakes

There are a range of mechanisms in place to monitor changes in both levels of salt in foods and intakes of consumers. The National Diet and Nutrition Survey and the Health Survey for England will be used to assess changes in intake, via urinary analysis. Work is underway to establish additional, similar monitoring mechanisms in Scotland, Wales and Northern Ireland.

In order to track the progress of reformulation work, the FSA has commissioned the setting up of a databank of processed food products. The databank will consist of an extensive range of processed food products, including branded and supermarket own-label products, listing their nutrient content, per 100g and per portion where this is given on the label. As well as salt, this will also cover fat and sugar to inform possible future work. Data will be collected from product labels. It is envisaged that data collection will be repeated annually for the next 2 years, with compilation of the first dataset now nearing completion.

Five-year framework for self reporting

It is anticipated that to monitor reductions made over time, a framework for self-reporting by the food industry will be put in place. This will enable the FSA to monitor reductions made, and future problems anticipated with further reductions. The data provided may also enable the FSA to monitor the effects that reductions made will have on intakes.

Industry organisations will be invited to provide on an annual basis:

- data on the salt content of existing products. Data will need to include both maximum and average levels. A protocol for calculation of average levels will be established following the consultation.
- information on discontinued or new products and the salt content of these (where appropriate).
- levels of salt in key product categories after reductions have been made.
- whether further reductions are anticipated.

The proposed targets have been set to deliver a significant step towards achieving the overall 6g/day intake levels and will need to be revised in time.

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 FSA is taking a number of steps to encourage international debate on salt reduction, particularly in the EU.

Annex 1 – Members of Salt Targets Stakeholder group

External:

Ian Bell, Association Cereal Food Manufacturers (ACFM)
Juliet Howarth, ACFM
Maurice McCartney, British Meat Processors Association
Peter Wood, Federation of Bakers)
Rupert Maitland-Titterton, Heinz
Sue Malcolm, Asda
Karen Tonks and Tony Palmer, Tesco*
Judith Batchelar, Sainsbury
Clare Chapman, Cereal Partners UK
Carole Stewart, Northern Foods
Helen Lo, Anne Heughan and David Graham, Unilever*
Natalia Douek, Pepsico
Anne Donelan, Sodexho/Tillery Valley Foods
Jonathan Horrell, Kraft
Louise Allen, FDF
Bob Foot, Snacks, Nuts And Crisps Manufacturers Association
Michelle Smyth and Amanda Bristow, Which?*

Department of Health:

Joanna Dyson

Food Standards Agency:

Jacqui Webster
Victoria Targett
Gillian Swan
Sam Montel
Cheryl White (representing FSA Scotland, Wales and Northern Ireland)

* Different representatives from these companies attended different meetings.