

Regulatory Impact Assessment

Setting targets for salt content in a range of processed-food categories

Purpose and intended effect

Objective

1. To establish target levels for salt content in a range of processed-food categories, which may be used by both UK industry and government to measure the progress in reducing the quantity of salt present in these foods. The aim is for these targets to be met by 2010. This forms just one aspect of a larger initiative to reduce the prevalence of diet-related diseases, such as coronary heart disease and stroke, through the reduction of salt intakes and is reflected in the Food Standards Agency's Strategic Plan 2005 to 2010¹.

Background

2. The current average daily salt intake for UK adults is 9g², with recommendations being that intakes should not be more than 6g a day³. 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 contributes to over 170,000 deaths per year in England alone. CHD is estimated to have cost the NHS £7.91 billion in 2003 and stroke £1.655 billion in 1999.
3. The UK's individual country nutritional action plans⁴ recommend that the Government work with industry to reduce the amount of salt consumed in the UK. In England, the Food and Health Action Plan (the means by which commitments in the Public Health White Paper will be delivered) states that "we will continue to work with the food industry to reduce the levels of salt in prepared and processed food, based on the FSA modelling framework⁵. The FSA will work with the food industry to identify interim and long-term targets for salt reduction in key product categories that make the greatest contributions to salt intakes".

¹ Food Standards Agency (2005), *Strategic Plan 2005-2010 – 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/stratplan0510.pdf>; and

<http://www.food.gov.uk/multimedia/pdfs/stratplanw0510.pdf> (Welsh version)

² Henderson et al (2003), *The National Diet and Nutrition Survey: adults aged 19 to 64 years; volume 3*, London:TSO.

³ Committee on Medical Aspects of Food and Nutrition Policy (COMA) and recently endorsed by its successor, the Scientific Advisory Committee on Nutrition (SACN)

⁴ 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 Executive's *Eating for Health: Meeting the Challenge* (2004) and its *Improving Health in Scotland: the Challenge* (2003). 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 www.food.gov.uk/foodindustry/Consultations/completed_consultations/completeduk/saltmodellingconsult

4. 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. As a result good progress has been made in achieving reductions in the salt content of many processed foods.
5. For example, the Food and Drink Federation (FDF) announced in its September 2004 Food and Health Manifesto that its members continue to reduce levels of salt (fat and sugar) in products and provide lower salt (fat and sugar) alternatives where technologically possible, safe and acceptable. Heinz and Unilever have led the way in the manufacturing sector, with Heinz substantially reducing the salt content of various products, including baked beans, and Unilever committing to all Birds Eye ready meals containing under 2g salt. Both organisations are involved in Project Neptune – an FDF-led initiative of industry-wide sodium reductions in the soups and sauces sector. In the retail sector, Marks and Spencer, Sainsbury, ASDA, Waitrose and Tesco are committing to salt reductions across a range of products. More examples of the commitments received by different companies within the food industry to reduce salt in their products are available on the FSA's website at www.food.gov.uk/healthiereating/salt/saltprogressstatement/
6. The FSA has worked to promote and support industry action to reduce the use of added salt in processed foods where such reductions are possible, and has encouraged a wide range of reductions across all sectors of the industry. It has become apparent that companies are looking at their product formulations and enquiring by what extent the salt content can and should be reduced. This particular measure therefore responds to the desires of some businesses for guidance as to what salt reductions they should be aiming for, and the desire for a means to monitor progress towards intake reductions recommended by the Scientific Advisory Committee on Nutrition (SACN). A population approach has been adopted because reducing the average population salt intake would proportionally lower population average blood pressure levels and confers significant public health benefits.
7. The other main strand to the FSA's work on salt reduction is a public awareness campaign. The main aims of the campaign are to raise 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, launched in September 2004, was 'too much salt is bad for your heart'. A range of broadcast and print media were used - TV adverts, billboard and bus stop posters, and additional materials for consumers (including a joint leaflet on salt with the British Heart Foundation and a salt website – www.salt.gov.uk). Tracking research to investigate the effectiveness of the campaign has shown a steady increase in the number of people recognising that they might have a problem with too much salt in their diet and there are encouraging signs that this trend is continuing. The second phase of the campaign, launched in October 2005, focused on encouraging consumers to check food labels for information on the salt content and raising awareness of the 'have no more than 6 g a day' message using the same routes as the first phase. Continued action to raise consumer awareness is planned.

Rationale for government intervention

8. High salt 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. 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. Statistics on the number of deaths caused by coronary heart disease or stroke are given in Annex I.

9. Around 75% of salt in the diet is found in processed foods, such as ready meals, soups, sauces and savoury snacks.
10. Reducing population intakes of salt benefits the nation's health and there is already good progress being made in reducing the use of salt by many organisations within the food industry. This is an ideal opportunity to work with the industry to develop targets which help individual organisations channel their efforts to food categories where reductions are feasible and will best serve to reduce consumer intakes.
11. Setting targets would allow the organisations concerned to demonstrate their progress in reducing the salt content of their products. It may also act to encourage others to engage with the FSA in reducing their salt-use by providing a guide to what they should be aiming for.
12. Action to reduce the salt content of foods is the joint responsibility of the Food Standards Agency and health departments. Agricultural departments and the Department of Trade and Industry (DTI), including the Small Business Service (SBS), also have an interest.

Consultation

13. The FSA has carried out informal consultation on salt reduction with industry and health professionals since 2003. These involved discussions (with individual organisations and larger stakeholder meetings) on progress to reduce salt intakes, obstacles to reductions in foods and how these can be overcome. In addition, a small stakeholder group was set up to inform the development of targets and whether such an approach may be feasible. The stakeholder group comprising representatives from the major food organisations – including manufacturers, retailers and caterers – and a consumer group representative has met twice since April 2005.
14. The FSA ran a formal written public UK consultation in accordance with the Cabinet Office Code of Practice on Consultation on the establishment of voluntary salt targets for 12 weeks from August to October 2005. Over 200 stakeholders were consulted, including food industry representatives across all sectors (manufacturing, retail, catering), consumer groups, health professionals and local authorities. The consultation was published on the FSA's website.
15. Seventy-four responses to the public consultation were received. Respondents included individual food industry organisations (including manufacturers, retailers and caterers), trade associations, health professionals, consumer groups, consumers and local authorities.
16. Industry provided feedback on the development of voluntary targets (i.e. which foods the targets should cover and what those targets should be). Consumer and health groups expressed support for the FSA's initiative and in some cases called for more stringent targets to be set and/or for legislation to be considered if a voluntary approach does not result in salt reductions.

17. In light of the responses received, the FSA held a range of small industry meetings in January and February 2006, which focused on specific food categories. These informal meetings were intended as an opportunity for open discussion about the technical issues raised by respondents to the consultation, how any obstacles to salt reduction could be overcome and the means by which the FSA can help industry achieve the proposed reductions. The FSA also commissioned two independent food technologists to advise on this initiative.
18. A summary of the consultation responses will be published on the FSA website and copies of individual replies and independent food technologists' reports will be made available in the FSA library.
19. The views of small businesses have been collated through the Small Business Service and the FSA has also met with small meat-product businesses in Scotland to discuss this initiative. These views are discussed in paragraphs 41-51.

Options

20. We have identified three broad options for reducing the salt content of food products by setting targets:
- Do nothing.
 - Establish voluntary salt-target levels for a range of processed-food categories where reductions are possible 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

21. 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. However this might not focus on the most important food groups. Potential impact on intakes might also be adversely affected by inconsistencies in approach across food businesses.

The “voluntary targets” option

22. This option would involve the setting of specified salt-target levels for processed-food categories where reductions are possible. The product categories for which salt targets are proposed include: Meat products (bacon; ham/other cured meats; sausages; meat pies; cooked uncured meats; burgers, grillsteaks etc; poultry (coated); canned frankfurters, hotdogs and burgers); bread (prepacked bread and rolls; bread and rolls with additions; morning goods); breakfast cereals; cheeses (natural cheeses; processed cheeses); butter, margarine and other spreads; baked beans (baked beans without accompaniments; baked beans and canned pasta with accompaniments); ready meals and meal centres; soups; pizzas; crisps and savoury snacks; buns, cakes, pastries and fruit pies; bought sandwiches; table sauces, retail; cook-in and pasta sauces; biscuits; pasta; rice; other cereals; processed pudding products; quiche; other processed egg products; canned fish; canned vegetables; processed vegetable-based products; other processed potato products; beverages; takeaway dishes.

23. The targets would be developed through negotiations with the food industry (including small businesses and their representatives) and public consultation; and be informed by the involvement of other key agencies, such as the Small Business Service.
24. A voluntary approach would not be as far reaching as full regulation and ultimately organisations could choose not to co-operate. However, this measure is intended to support existing work being carried out within the food industry to reduce salt levels and is being developed 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 processed-food categories to within set levels. The EU, however, determines legislation on food composition, so legislation on this for the UK alone would need to be ratified at European level. As good progress has already been made by some food industry organisations to reduce salt levels in foods, we do not consider this option to be neither a necessary nor proportionate approach at this time.

Costs and benefits

Sectors and groups affected and economic impacts

26. In our opinion, the following groups may be affected:

Option 1 (do nothing)

27. This option would not affect industry, consumers or public services as there would be no change to existing practices. Therefore this option would not pose any additional cost.

Option 2 (voluntary targets)

28. Consumers are very likely to benefit from the introduction of voluntary targets for salt reduction through increased availability of foods with a lower salt content and consequently improved health. Annex I indicates the direct costs to the NHS and indirect costs to the wider economy of cardiovascular disease.
29. This option would affect the food industry and, specifically, the sectors of industry that produce the product categories covered by this proposal. However, the intention of the targets is to focus industry activity on key processed-food groups, encourage consistency within sectors and enable progress to be assessed more effectively. This should not lead to an increase in policy-related costs to businesses, although it should deliver an increase in the impact of industry investment in this work on consumer intakes. If improved monitoring identifies the need for additional investment in specific areas, any resulting industry actions would be voluntary. Setting of targets at this early stage would allow early identification of these needs and maximise the opportunity to integrate salt reductions into already planned reformulation changes, thus minimising costs to sectors which wish to increase investment to deliver that sector’s contribution to reductions in overall intakes.
30. In terms of the costs of reformulation of food product lines for salt, consultation responses have suggested a wide range of figures: from £35,000 to £250,000 per product line. These estimates consider the variety of cost inputs into the reformulation

process, including technological research, pilot manufacture, consumer testing, packaging, shelf-life testing, product disposal and management time. Some respondents also included labelling costs into this reformulation cost. Others suggested that as a stand-alone item label changes would cost in the region of 2,000 to 4,000 Euros following the EAS estimate in 2004 for DG Sanco. However, it is important to note that these costs refer to salt reduction, which is an ongoing initiative, rather than any costs associated with the introduction of salt targets.

31. Some consultation responses note that salt is a major constituent of many products and that it is a relatively cheap ingredient. As such the replacement of salt with substitute ingredients will tend to make the cost of manufacturing food products increase. Other respondents note the potential role for marketing costs associated with new lower-salt formulations, the possibility that consumers reject these new formulations even post-consumer testing pilots and the reduced shelf-life of some products as the preservative effect of salt is reduced.
32. However, the FSA is still of the view that under option 2 (voluntary targets) each of these potential policy-related costs cannot be said to be attributable to or driven by this policy option alone. Indeed some of the costs outlined above are also incurred in option 1 (do nothing) as this is an ongoing salt-reduction programme. Manufacturers have indicated that they routinely review and reformulate products at intervals. This may be as frequently as a yearly basis for some brand leaders and perhaps less often for minor brands. Reformulation cycles of 18 months to 2-3 years have been reported during discussions with industry. It is for industry to voluntarily make the commercial decision to reformulate with its associated costs as discussed above.
33. The Salt Institute, which represents the leading salt companies around the world including providers of most of the salt consumed in the UK, did not comment on the potential impact to the salt manufacturing industry of this initiative in its response to our public consultation.

Administrative Costs

34. Whilst there are no policy-driven incremental (or extra) manufacturing costs associated with option 2 (voluntary targets) there are some potential administrative costs that it would be appropriate to categorise as resulting from this policy option.
35. These costs are those associated with familiarisation and understanding of the targets suggested by the FSA and those related to reporting progress to the FSA. We consider that the first of these two administrative cost categories would be negligible. If companies are seeking to voluntarily reduce the salt levels in their products then they will obviously need to consider how much salt to remove. Reference to any targets would not involve more than a few hours of reading/search costs.
36. The FSA is proposing to develop, in consultation with industry, a framework for self-reporting by industry to monitor progress made in reducing salt levels. The proposal to develop a self-reporting framework formed part of our formal consultation. Analysis of salt reduction to feed into this framework will not be an additional burden to those organisations that already monitor the composition of their products. However, there is potential for an extra requirement on organisations that engage with this initiative but that do not already analyse their products on a regular basis to do so to ensure the FSA is made aware of their progress.

37. We recognise that, in line with the responses received to our consultation, the act of reporting salt reductions itself will form a new burden on all organisations that choose to participate in this initiative. We are of the view that the majority of food manufacturers will already routinely possess this data and be able to disseminate it at little resource cost. For example, reference is made by respondents to manufacturers already collecting quality control records and some companies currently providing the FSA with weighted averages of sales data thus facilitating self-monitoring.

38. This potential extra analysis and provision of self-reported information to the FSA does constitute administrative costs although we do not consider that in the majority of cases the time and resource requirements to provide this data will be significant.

Option 3 (legislation)

39. Similar to option 2, this approach would offer consumers a wider choice of reduced-salt products and impact on the sectors of the food industry that produce and sell the foods covered by this proposal. The introduction of legislative salt targets would impact on more organisations within the industry and affect those public bodies charged with implementing and enforcing the legislation, namely local authorities and public analysts.

Social and environmental impacts

40. Other than the obvious health impacts discussed in this document, the FSA believes that the setting of salt targets will not have any impact on other social, racial equality or environmental issues.

Small Firms Impact Test

41. The Small Business Service (SBS) has been consulted on this action to reduce the salt content of processed foods through the setting of targets for a wide range of processed-food categories. In addition to its own views, the SBS has forwarded the views of small businesses on this initiative. The FSA has also met with small meat-product businesses in Scotland to discuss salt reduction.

42. From these discussions, it is our opinion that the introduction of voluntary salt targets for processed-food categories (option 2) is unlikely to impact on small businesses' policy-related costs for the reasons outlined above in paragraph 29. However, the FSA recognises the potential for administrative costs to arise for small businesses as a result of option 2 (voluntary targets) as they are currently less likely to collect the data to be requested by the FSA for the self-reporting framework.

43. Information received through the SBS indicates that there are few small businesses involved in the production of the foods listed in paragraph 22 and those that are tend to be producers of niche products (e.g. of meat products), cheese manufacturers and caterers.

44. We recognise the technical difficulties in reducing salt in meat products and cheese owing to food safety and quality considerations. In setting the final targets and following consultation with interested parties, we took account of the limitations to reduce salt in certain food categories, particularly where there is a food safety issue. To help small businesses and to ensure the production of safe food, the FSA is

working with the British Meat Processors Association to develop guidance for small businesses on the safety considerations of reducing salt in meat products. The SBS will be consulted on the development of this guidance. For small caterers, reductions in salt use are considered possible but the implication given by small caterers was that a replacement, such as flavour enhancers, to retain the saltiness would be needed and this may increase costs. It is not the intention of the FSA to encourage salt replacement with other 'salt' flavours. Rather we are encouraging gradual step-wise reductions in salt levels to retain consumer acceptability without the need to replace the 'salt' taste.

45. The overall consensus amongst the small businesses from which views were sought is that a combination of options 1 (do nothing) and 2 (voluntary targets) would be the best way forward. We agree that continued work with industry to encourage salt reductions is necessary. But we also believe that this needs to be coupled with voluntary targets to focus efforts on the food categories for which reductions are feasible as well as important, and to ensure a consistent approach across the food category to impacting on salt intakes.
46. FSA has also met directly with a number of small meat-product businesses in Scotland to discuss work to reduce salt intakes. From these meetings it was clear that these particular producers were aware of the initiative to reduce salt levels and were actively engaged in considering how this could be done for their products. The following points were raised:
- the need for continued public awareness to encourage consumers to bear in mind salt levels of the foods they buy;
 - food safety issues; and
 - the problems small businesses have in knowing how much salt they use in their products.
47. The FSA has launched a public awareness campaign to raise people's awareness of the dangers of a high salt diet and what they can do to reduce salt intakes. Continued action to raise consumer awareness is planned alongside voluntary salt reductions by industry to achieve reductions in salt intakes. We are working with the meat processing industry and SBS to develop guidance for small businesses to ensure the continued safety of their products when considering salt reductions.
48. 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. Similarly, to address small businesses concerns about nutrition labelling, the provision of nutrition information on the product label is encouraged by Government but is mandatory only when a claim about the food is made. For those small businesses that do not analyse their products or label their products with nutrition information, an awareness and action to use less salt during production, subject to food safety and quality considerations, will help with this health

initiative. In addition, work with their suppliers to reduce salt in the supplied ingredients would also help. We do not therefore consider it essential for small businesses to analyse their products or label any reductions made.

49. 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 four-year 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.
50. Following consultation with small businesses and the SBS, we believe the setting of voluntary salt targets would not be a significant impact on small businesses as support is being given to ensure the safety of products (particularly meat products for which safety is an issue) through guidance. The FSA will also be encouraging larger organisations to support the small businesses that supply them in this initiative.
51. In our opinion, should targets be introduced as legal requirements through the adoption of option 3 the impact on small businesses would be comparable to that on small businesses that chose to reduce salt levels in line with voluntary targets as discussed above. However, for other small businesses there would be costs associated with compulsory product reformulation and re-labelling.

Competition assessment

52. We have not applied the competition filter but instead considered the underlying competition issues that may exist with respect to the provision of government targets for salt reduction in processed foods.
53. Industry bodies have 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. Target setting with the food industry is intended to facilitate multilateral action by food manufacturers to reduce the salt content of food and should not leave individual manufacturers vulnerable.
54. For option 1 (do nothing) there would be no effect on competition. For option 2 (voluntary targets) there will be no threat to competition or product innovation as long as any agreements/actions made are truly on a voluntary basis.
55. For option 3 (legislation) all manufacturers would need to comply. This may act to reduce consumer choice of products that are very high in salt and force some manufacturers to remove or reposition those products. This said, we consider that any small scope for impact on the competitive dynamics of the processed food sector provided by option 3 would be far outweighed by the public health benefits.
56. The FSA has a remit to undertake work for the UK only. However, we are 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, and that UK businesses in those cases where comparative imported products are produced could be put at a disadvantage. The FSA is taking a number of steps to encourage

international debate on salt reduction, particularly in the EU. The European Commission is impressed with the partnership approach the UK is taking on salt reduction and hopes this can be rolled out in other countries. The Commission is consulting on a Green Paper on Diet and Physical Activity and the UK is pressing the Commission to secure a higher profile for the salt issue, which has attracted interest from the EU and other Member States and is seen as pioneering work, in its ultimate strategy.

Enforcement, sanctions and monitoring

Enforcement

57. Options 1 (do nothing) and 2 (voluntary targets) carry no enforcement requirements or costs as reformulation to reduce the salt content in processed foods would be voluntary.
58. 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

59. 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

60. We currently publish and update the commitments made by individual industry organisations to reduce the salt content of their foods on our website. We are also working on a survey of the levels of salt, fat and sugar in a range of processed foods to allow trends in these nutrient levels to be monitored year on year. These projects are likely to continue should option 1 be considered the best way forward.
61. The formal written consultation carried out by the FSA last year included a suggestion that reductions made over time be monitored through a framework for self-reporting by the food industry. This is likely to be considered the most suitable means of monitoring for options 2/3. A self-reporting mechanism would enable the FSA to monitor reductions made and detect problems in further reductions early on. It was proposed that industry organisations provide data on an annual basis covering the salt content of their products, data on reductions made and information on planned reductions. Most industry organisations that commented on this aspect of the consultation agreed that some form of self-reporting by industry could work. A small number felt that a self-reporting framework would be an additional financial burden to industry, perhaps due to administrative costs. It was not possible for respondents to clarify what these costs may be as the form in which self reporting would take place has not been finalised. It is intended that work to develop the reporting mechanism will begin once a policy option is agreed. It is important that the framework provides the information required to enable the FSA to track progress towards achieving the targets. However, we recognise that it must not place too great a burden on industry.

It is our intention to consult with a range of stakeholders during the development of the framework.

62. Data on salt intakes, which will complement that on salt levels in foods, will be available through the National Diet and Nutrition Survey. This Survey is in the process of being upgraded to a 'rolling programme' model, providing more regular information about diet and health. It will be used to assess changes in intakes of salt through urinary sodium analysis, as well as providing information on blood pressure. The increased public investment in this Survey will act to better inform a wide range of food and diet-related policy areas. Until the new programme is established, separate surveys analysing sodium levels in urine will be used to monitor salt intakes. Data from the first of these should be available later this year. The Health Survey for England usually focuses on a special topic – in 2003 the focus of the survey was cardiovascular disease.
63. The Expenditure and Food Survey Annual Report 'Family Food' provides information on food expenditure, consumption and nutrient intakes, based on household purchases, and is produced by the Department for Environment, Food and Rural Affairs.

Implementation and delivery plan

64. Under the preferred option (option 2) of introducing voluntary salt targets across a range of processed-food categories, implementation and delivery rests with the food industry. We are working to a four-year timeframe (to end 2010). This will allow those food industry organisations that produce foods subject to the voluntary targets and which may need to actively reduce the salt levels in their products the time to plan gradual step-wise reductions in salt levels. We envisage such reductions to form part of the natural reformulation cycle of processed foods.
65. The timetable for reductions and reformulation is therefore the responsibility of individual organisations and, as such, we believe it inappropriate for the FSA to set interim milestones for this initiative. Instead, the FSA will be monitoring the progress of industry in achieving salt reductions through a programme of self-reporting by industry that will be developed in consultation with the food industry.
66. The FSA has developed a strategy for engaging with stakeholders on its salt reduction initiative. We regularly meet with stakeholders, including meeting industry organisations at FSA headquarters and visits to their manufacturing plants, on a formal and informal basis to discuss progress in reducing salt levels in foods. Our website provides updates of the achievements individual organisations have made on reducing salt in their products and their commitments on further reductions.

Post implementation review

67. It is possible that refinement of the voluntary targets will be required as organisations implement their strategies to reduce salt levels in line with the targets. The FSA intends to review the voluntary targets in 2008 at which time initial indications through monitoring of salt intakes and salt levels in foods should show how far we are progressing in reducing salt intakes to recommended levels.

68. It is intended that this review be carried out in consultation with our stakeholders to enable open discussion on the successes achieved and problems encountered in reducing salt levels to voluntary targets.

Summary and recommendation

69. A table to summarise the costs and benefits has not been prepared as no significant policy-related costs have been identified and the incremental costs will be small (although currently unquantifiable). We have chosen not to cost option 3.

70. The setting of voluntary salt targets for a range of processed-food categories responds to some industry requests for guidance as to the type of reductions in salt levels the FSA is seeking. It also provides a framework in which progress by industry can be monitored where technical or safety issues will become evident and can be addressed on a case-by-case basis.

71. Relying on current work by industry to reduce salt levels at its own discretion will no doubt result in some reductions in salt intakes by consumers. However, without the framework of targets to focus efforts and encourage challenging reductions to maintain salt reduction as a priority we risk erratic and inconsistent reductions across the broad range of foods available, which would not contribute effectively to reducing all consumers' intakes to the recommended levels. Legislation to set maximum levels of salt in range of processed foods is not a practical or reasonable option considering the work already being done by industry to reduce salt levels and the administrative and perhaps financial burden legislation would place on businesses, particularly small businesses.

72. On these bases, it is recommended that the FSA introduce voluntary salt targets (option 2) for a range of processed foods.

Declaration

This declaration is signed by the FSA Chair, in recognition of the fact that the FSA is issuing guidance using its powers under section 7 of the Food Standards Act 1999. This Regulatory Impact Assessment demonstrates that the FSA has satisfied its obligations under section 23 of the Act.

I have read the Regulatory Impact Assessment and I am satisfied that the benefits justify the costs.

Signed on 14 March 2006 by Dame Deirdre Hutton, Chair of the Food Standards Agency.

Contact point:

Judith Holden
Nutrition Strategy Branch
Food Standards Agency
125 Kingsway
London WC2B 6NH
Email: judith.holden@foodstandards.gsi.gov.uk

Annex I: Costs of cardiovascular disease

There are direct costs to the NHS and indirect costs to the wider economy from cardiovascular disease.

It has been estimated that the cost of Coronary Heart Disease (CHD), including productivity losses, in the UK in 2003 was £7.91 billion.⁶ This is an increase from £7.055 billion in 1999. Furthermore, the direct healthcare cost of stroke alone was estimated to be £1.655 billion in 1999.

These costs can be broken down into the costs of CHD and stroke in England, Scotland, Wales and Northern Ireland. The following figures have also been obtained from the British Heart Foundation.

	<u>England</u>	<u>Wales</u>	<u>Scotland</u>	<u>Northern Ireland</u>	<u>UK</u>
Number of Deaths Caused by CHD, 2003	92876	6735	11441	2843	113895

	<u>England and Wales</u>	<u>Northern Ireland</u>	<u>Scotland</u>	<u>UK</u>
Number of Deaths Caused by Stroke, 1999	56053	1679	6785	64517

Using these figures, the approximate cost of CHD (including health care and informal care costs and productivity losses) in 2003 is £6.45 billion in England, £468 million in Wales, £795 million in Scotland and £197 million in Northern Ireland. The approximate cost of stroke (direct health care cost only) in 1999 is £1.438 billion in England and Wales, £43 million in Northern Ireland and £174 million in Scotland.

⁶ British Heart Foundation, European Cardiovascular Disease Statistics, 2005 edition
www.heartstats.org/datapage.asp?id=1570