
FSA SALT PROGRAMME UPDATE: SCOTLAND AND NORTHERN IRELAND

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1 SUMMARY

1.1 This paper discusses proposals for revised voluntary salt reduction targets for industry in Scotland and Northern Ireland.

The Board is asked to:

- **Support:** the underpinning principles for revising salt targets for 80 categories of processed food.
- **Support:** UK wide agreement of the revised salt targets.
- **Agree:** that FSA provide a submission to relevant Ministers within Scotland and Northern Ireland to advise on the revised target's for salt reduction.

2 INTRODUCTION

2.1 The nutrition update paper to the Board in November 2013, informed the Board that FSA would come to them in early 2014 with proposals for new voluntary salt reduction targets, to seek their agreement and to then advise Ministers on the way forward in Scotland and Northern Ireland.

3 STRATEGIC AIMS

3.1 The FSA Strategic Plan has two outcomes with priorities directly related to the salt reduction programme:

- **Outcome 3:** Food producers and caterers give priority to consumer interests in relation to food; continue to work with organisations in Scotland and Northern Ireland to continue to achieve reductions in levels of saturated fat, salt and calories in food products; and

- **Outcome 4:** Consumers have the information and understanding they need to make informed choices about where and what they eat

4 BACKGROUND

FSA Salt reduction programme

4.1 Following recommendations from the Scientific Advisory Committee on Nutrition (SACN), in 2003 the FSA designed a programme of work to help consumers reduce their salt intake. To date this programme has had three main strands:

- raising consumers' awareness of why a high salt intake is detrimental to their health and what they can do to reduce their intake;
- working with the food industry to reduce levels of salt in foods;
- provision of nutrition labelling, particularly Front of Pack, to provide additional information to consumers on the levels of salt in food

4.2 High salt intakes contribute to high blood pressure, which can increase the risk of heart disease and stroke. Salt reduction continues to be considered an important aspect of assisting in the prevention of non-communicable disease across Europe. The World Health Organisation (WHO) Regional Office for Europe's 'Action Plan for the implementation of the European Strategy for the Prevention and Control of Non-communicable Diseases 2012-2016'¹, highlights salt reduction as a priority intervention. The UK salt reduction programme is considered to be an exemplar of policy intervention by the WHO to increase salt reduction. Responsibility for the salt reduction programme transferred in October 2010 from the FSA to Department of Health (DH) in England and the Welsh Government.

FSA Salt targets

4.3 In March 2006, FSA published the first UK-wide voluntary salt reduction targets for over 70 categories which aimed to reduce the UK population's average salt intake to 6g per day by 2010. In May 2009, with the Board's agreement to increase pace on salt reduction, these targets were revised and divided into 80 processed food categories to help guide the food industry to target foods which would make the greatest impact, to be achieved by 2012. The revised targets were a mixture of processing averages to allow for the natural variation in sodium levels in a limited number of products e.g. bacon and tuna; and sales weighted averages e.g. ready meals and morning goods which account for the range of flavours or products within a category; and/or a maximum target. The 80 food categories included mainstream products such as bread, bacon, ham, breakfast

¹ http://www.euro.who.int/_data/assets/pdf_file/0019/170155/e96638.pdf

cereals and cheese, and convenience foods such as pizza, ready meals, savoury snacks, cakes and pastries.

- 4.4 The FSA has worked with the food industry to encourage reductions in the levels of salt in processed foods within all sectors - retailers, manufacturers, trade associations, caterers and suppliers to the catering industry. All sectors, but particularly manufacturers and retailers, have responded positively.
- 4.5 Salt levels in many foods covered by the current targets have reduced significantly, some by 40-50% or more, and more than 11 million kilograms of salt have been removed. However, average UK salt consumption remains high at approximately 8.1g-8.8g /day so there is still considerable reduction required to meet the 6g/day population intake goal for adults and less for children.

5 Discussion and Timelines

- 5.1 During summer 2013, FSAS and FSANI have worked closely with officials across Government, industry, NGOs and stakeholders to consider continued salt reduction beyond 2012. Staff from the nutrition teams attended a number of technical working group meetings, organised by DH in England, to explore continued salt reduction within the food categories contributing the most to consumer salt intakes across the UK. The meetings aimed to identify achievements in salt reduction, share expertise, identify technical barriers (mainly related to food safety and production methods) to further reductions and discuss future possibilities. Food categories were reviewed to ensure a continued progressive salt reduction, spur the out of home (OOH) eating sector into engaging with the targets (seen as a gap) and increasing pace. The food categories have remained substantially the same: one additional category was added on meat extracts; one sub-category was removed where industry had met the target for unsalted butter; and several minor changes have been made to better reflect current market position. Reports of these meetings can be found on the DH website².
- 5.2 Industry has sought updated guidance from DH on the use of potassium based salt replacers, which are currently not recommended as a means of achieving salt reduction. During the workshops, a lack of agreement on the use of salt replacers (such as potassium) was raised as a technical challenge which has impeded industry progress. The Scientific Advisory Committees; the Committee of Toxicology (COT) and SACN are currently deliberating the issues surrounding the use of potassium based salt replacers. Conclusions and recommendations are likely to be available in early 2014.

²www.responsibilitydeal.dh.gov.uk/review-of-salt-targets/

5.3 The revised targets recognise industry progress on reformulation and the remaining technical challenges and aim to motivate further salt reduction. In reviewing the current salt targets, the following principles were followed:

- All the current salt targets would be considered, with the aim of maximising the public health gains.
- None of the targets would be relaxed.
- A new category and target for meat extracts (gravy, stock cubes, bouillon etc.) would be included.
- Targets would be suitably challenging and wide-ranging for Industry but recognise the different starting points and technical challenges, to maximise Industry sign-up.
- A reduction in the salt content of products which exceed the category averages would be encouraged through the increased use of maximum salt targets in addition to setting more stringent sales weighted averages.
- For the first time, maximum salt targets would be set for catering businesses on a per serving basis, for the most popular dishes sold.

5.4 In Scotland, the revised salt targets and engaging with the OOH eating sector will be an integral component of our work with the food industry through the Supporting Healthy Choices framework for voluntary action. In NI, discussions with manufacturers, caterers and retailers on salt reduction will continue to take place both through relevant industry forums and on an individual company basis. DH has produced separate salt targets for caterers. These are slightly less ambitious to ensure that this sector will engage to help enhance the pace of salt reduction. It is likely that DH will publish these targets as a pledge under the Responsibility Deal in the near future.

5.5 There is no evidence that the categories of food contributing the most salt into the diet in Scotland and NI are significantly different to justify setting alternative targets. Separate salt targets within each of the individual countries are likely to be confusing and difficult for industry to implement leading to a loss of industry support and action towards continued reduction. Therefore, our preferred option for supporting the revised salt targets is through a UK-wide approach. The food industry and DH are supportive of this approach.

5.6 FSAS, FSANI and respective Ministers will be invited to support/or not these revised targets on a UK basis. The targets could be further revised up until the launch, after final industry discussions in March, but are unlikely to change substantially. The FSA Board's agreement is sought to support the principles underpinning the revised salt targets on a UK basis.

6 EVIDENCE

- 6.1 Kantar market data provides an indication of food composition through food category purchase figures. Kantar data for Scotland for the 80 processed food categories compares closely to those across GB and suggests that there is no difference in the categories of food making the greatest contribution to salt in the diet. There is currently no data available for Northern Ireland. However, it is likely that there are no significant differences between in the contribution of salt in categories of food contributing to the diet of consumers between GB and NI. Kantar data will be available for Northern Ireland in 2014. Additionally, the UK National Diet and Nutrition Survey (NDNS) provides population food consumption data. The full suite of regional NDNS reports will be available from July 2014.
- 6.2 In Scotland, the average salt consumption, monitored through the Urinary Sodium Survey³, has dropped slightly since 2005. However, statistically the trend is static despite considerable quantities of salt being removed from food. Updated results for Scotland and Northern Ireland will be available in 2015/16 as part of a UK wide urinary sodium survey. Urinary sodium will be analysed by the same methods across England, Wales, Scotland and Northern Ireland allowing direct cross comparison. Therefore, increasing pace by revising the salt targets across the UK now will allow us to monitor if this policy has made an impact at a population level in the near future.

7 RISK IMPLICATIONS

- 7.1 The main risk is that multiple salt reduction targets within the UK may result in lack of further action by industry to reduce salt in food products. To date FSA has ensured the direction of travel across the UK is consistent but there remains a potential risk for divergence.

8 DEVOLUTION IMPLICATIONS

- 8.1 In each administration, there are a number of Government departments whose nutrition policies impact on salt reduction. In order to maximise our effectiveness, close partnership working and joint discussion across government officials, with the food industry, NGOs and stakeholders on nutrition policy at all levels will continue to be a priority.

9 CONCLUSION

- 9.1 This paper discusses proposals for revised voluntary salt reduction targets for industry in Scotland and Northern Ireland.

³ www.foodbase.org.uk/results.php?f_category_id=&f_report_id=681

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