2018 surveillance – Cardiovascular disease prevention (2010) NICE guideline PH25

June 2018

Action on Salt

Action on Salt (formerly Consensus Action on Salt & Health, CASH) is an organisation interested in reducing the salt intake of the UK population so as to prevent deaths, and suffering, from heart disease, stroke, kidney disease, osteoporosis, stomach cancer and obesity.

Action on Salt campaign to encourage food manufacturers to slowly and gradually remove salt from their products, in turn enabling consumers to buy healthier products without having to change their purchasing behaviour. Action on Salt also advocate for an environment that educates and encourages healthier eating behaviours among the public, including consistent and transparent front of pack labelling and restrictions -on marketing, promotions and advertising of foods high in fat, salt and sugars (HFSS).

Action on Salt welcome the opportunity to provide our views and feed into the consultation on proposed changes to *Cardiovascular Disease Prevention (Public health guideline PH25)*.

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General Statement

PH25 is important and comprehensive guidance on the prevention of cardiovascular disease (CVD) at a population level. The guidance covers the main risk factors linked with cardiovascular disease, including poor diet, physical inactivity, smoking and excessive alcohol consumption, and aims to reduce the high incidence of cardiovascular disease. The June 2018 NICE Impact Report on Cardiovascular Disease Prevention states that around 7 million people in the UK are affected by CVD and 26% of all deaths in the UK are caused by CVD.

PH25 features policy level recommendations – *Recommendations for policy: a national framework for action* – and local and regional recommendations – *Recommendations for practice*. Action on Salt believe that PH25 can help policy makers, healthcare providers, the food industry and the voluntary sector to align goals and measure progress.

Action on Salt acknowledges that the 12 recommendations within *Recommendations for policy: a national framework for action* are out of date. For example, the Food Standards Agency have been referenced throughout, but the FSA no longer hold responsibility for nutrition policy. Furthermore, since the guideline was published in 2010 the evidence base has grown. As another example, SACN and the COT now recommend the use of potassium-based salt replacers, but Recommendation 1: Salt advises against their use.

Action on Salt do not agree that the 12 evidence-based, cost effective upstream policy recommendations should be removed from PH25, but rather that they should be updated to reflect the current evidence base.

Remit of NICE

NICE state that during the surveillance review of PH25, Recommendations 1-12 were not considered because 'the activities those recommendations cover are beyond the current remit of NICE'. However, PH25 was hailed as 'breaking new ground' for NICE when published, as the guidance features recommendations that focus on upstream population-level actions that, at the time, were considered outside the normal remit of NICE.

Furthermore, NICE state that they 'do not develop guidelines on national policy unless requested to do so by the Department of Health and Social Care (DHSC). As such NICE would not update the recommendations in this area'. However, PH25 has been in existence since June 2010, when the Department of Health asked NICE to produce the guidance. Therefore, to suggest now that the recommendations be removed, rather than updated, and that the recommendations fall out with NICE's remit does not make sense.

Recommendations 1-12 are an important reference point for the DHSC, Public Health England (PHE) and health charities campaigning for improved population health. Action on Salt are concerned that NICE are removing recommendations from guidance that the Department of Health and Social Care should be adhering to, which brings into question the independence of NICE with the DHSC as its sponsor department.

Current CVD Prevention Activities

Government progress on actions covered by recommendations 1-12, including reformulation, labelling and marketing to children, has been fragmented and slow. Action on Salt are concerned by the decision of NICE to remove upstream policy recommendations from PH25 and view this as an endorsement by NICE of slow action on CVD prevention and the many resultant unnecessary and premature deaths from CVD as a result.

The breakdown of the 'national framework for action' would remove an essential reference point for the government, the voluntary sector, the food industry and the public, thus preventing bold action on NCDs, and specifically CVD prevention.

Recommendations 13-18 relate to regional and local CVD prevention programmes, which are necessary but not as effective as population-level actions. NICE guidance states that recommendations 13-18 are intended to support 1-12 and should be implemented in conjunction with these actions. Without recommendations 1-12, recommendations 13-18 (if implemented) would have low impact and may not reduce health inequalities. Actions covered by recommendations 1-12 would benefit the entire population, regardless of demographic or location in relation to a locally run programme.

Need for Recommendations 1-12

The need for the guidelines as a reference point remains, as demonstrated by the examples below:

Recommendation 1 – Salt: NICE state that PHE are actively engaged in activities related to CVD prevention, and *Salt Reduction: targets for 2017 (PHE 2017)* are referenced as an example. However, this is not a current activity, as the targets referenced were due to be met by the end of 2017. For 2018 and beyond, there are no salt reduction targets in place for the food industry to adhere to, and

PHE have made no public announcement of their intention to measure progress against these targets or to reset the targets.

At the time this Recommendation was written, the goal was to aim for a maximum intake of 6g per day per adult by 2015 and 3g by 2025. Due to the removal of salt reduction activities from the FSA, the incorporation of salt reduction into the failed Responsibility Deal, and the inaction of PHE on salt reduction since 2016, salt intake currently sits at 8.0g per day and has not been measured since 2014.

Recommendation 1 lists actions required to lower salt intake to a level that will benefit the health of the population. As PHE do not have a current salt reduction programme, this recommendation must remain in place and serve as both a reference point for PHE in the development of salt reduction activities for 2018 and beyond, and as a reminder to the government and the public of the inadequacy of salt reduction activities in the UK.

Within PH25, NICE state that 'a 3 g reduction in mean daily salt intake by adults (to achieve a target of 6 g daily) would lead to around 14–20,000 fewer deaths from CVD annually (Strazzullo et al. 2009). Using conservative assumptions, this means approximately £350 million in healthcare costs would be saved. In addition, approximately 130,000 quality-adjusted life years (QALYs) would be gained.' Removal of Recommendation 1 demonstrates that NICE approve of the inaction on salt reduction, in addition to unnecessary deaths and cost to society.

Recommendation 2 – Saturated Fats: The UK currently does not have a saturated fat reformulation programme. Latest data from the National Diet and Nutrition Survey (NDNS) Years 7 and 8 shows that saturated fat intake is as high as 14.5% of food energy in some sections of the population, but the Food Standards Agency aimed to reduce intake to below 11% of food energy. As NICE highlight, SACN currently have a consultation on saturated fats and health. Until a saturated fat reformulation programme is in place, Recommendation 2 should remain in place as a reference point for the government.

Recommendation 4 – Marketing and promotions aimed at children and young people: HFSS products are heavily promoted in British supermarkets as well as in the out-of-home sector, and it has been found that such promotions increase the amount of unhealthy food and drink people buy.

The food industry spends very large amounts promoting, marketing and advertising their unhealthy products, for instance, the top crisp, confectionery and sugary drinks brands spend over £143 million a year on advertising their products. This huge amount of spending dwarfs the £5.2 million annual spent of the Government's healthy eating campaign.

In 2017 the Committee of Advertising Practice introduced new rules, which bans the advertising of HFSS food and drink products in traditional and online children's media and other sites where children make up over 25% of the audience. However, there are currently loopholes in the regulations, which means children are still exposed to HFSS food and drink marketing online on sites popular with children and adults and on TV – for example, when watching popular 'family' TV programmes.

Recommendation 4 must remain as a reference point for the government in the development of stronger marketing policies.

Recommendation 6 – Product Labelling: Current labelling policy includes voluntary recommendations and has no legal requirement for manufacturers to adopt a consistent use of hybrid labelling in retail or out of home sector. This has resulted in different forms of nutrition labelling which are confusing to the public. Consistent front-of-pack labelling helps people make more informed and healthier choices. Research shows the 'hybrid label', i.e. the colour-coded labels, alongside percentage reference intakes, is one of the most effective ways to communicate nutrition information.

Recommendation 6 suggests using legislation to ensure universal implementation of the labelling system, and to develop labelling for retailer-made breads and cakes, which currently do not have nutrition labelling. This is an important reference, particularly in the wake of Brexit and the potential impact this will have on product labelling.

Recommendation 10 - Public Sector Catering Guidelines: Current government policy does not set strict, regulated guidelines for public sector food to ensure that they are lower in fat, salt and sugar. The public sector spends around £2.4bn each year – approximately 5.5% of UK food service sales – procuring food and catering services for schools, hospitals, armed forces, central and local government, government agencies, prisons and courts. This provides a large-scale opportunity, with significant purchasing power, to influence the diets of those that use these services, whether they are visiting, working or living within these facilities, and improve the overall food chain to provide foods with far less fat, salt and sugar, and more fruit, vegetables and fibre. This is recommended in NICE guidance, and should serve as a reference for government.