

Action on Salt Submission to the 2023 HSCSC Inquiry: Prevention in health and social care

Action on Salt is a group concerned with salt and its effects on health, supported by 22 expert scientific members. Action on Salt is successfully working to reach a consensus with the food industry and Government over the harmful effects of a high salt diet and bring about a reduction in the amount of salt in processed foods as well as salt added to cooking, and at the table.

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Note: **Reformulation**, as referred to within this submission, is the process of gradually changing product recipes. The food industry are constantly reformulating product lines. In the context of health, reformulation is used to explain the process of the food industry gradually removing excess and unnecessary salt, sugar and saturated fat from their product portfolios. When done gradually, consumers do not notice the changing taste and can continue to purchase the same products they usually do but over time their salt intake will be reduced. This is a cost-effective and impactful intervention to improve population health.

Proposal: Salt Reduction to Prevent Hypertension and Cardiovascular Disease

Why this should be considered

An extensive body of research demonstrates a direct, linear relationship between salt intake and blood pressureⁱ. Raised blood pressure (the ‘silent killer’) is the leading risk factor for cardiovascular disease (CVD), estimated to be responsible for one in four deaths in the UKⁱⁱ. Excess salt intake is also linked with chronic kidney disease, osteoporosis and stomach cancerⁱⁱⁱ.

In 2003, the Scientific Advisory Committee on Nutrition (SACN) released their *Salt and Health* report, which recommended that population salt intake should be decreased to 6g per day^{iv}. Most people are eating more salt than they realise, with around 80% of the salt we eat coming from processed (i.e. manufactured, packaged food) and prepared food (i.e. food prepared for consumption outside the home in restaurants, takeaways or cafes) and therefore out of the control of individuals – individual action alone will not solve this issue.

Encouraging the food industry to remove excess salt from their products is a brilliant public health intervention, and championed by the World Health Organization as a ‘best buy’ for health. By 2050, the UK’s salt reduction programme will have prevented 193,870 premature CVD cases and generated £1,640 million in healthcare costs^v. If strengthened as a result of Committee scrutiny, the programme could have an even greater impact on population health and the NHS.

Why now?

In the early 2000’s, the Food Standards Agency (FSA) implemented a salt reduction programme which put the onus on the food industry to work towards gradual, sustained decreases in levels of salt in products via reformulation. The FSA set voluntary salt targets for more than 80 categories of foods which have since been reset to lower levels several times to guide this gradual reduction.

By 2011, the salt reduction programme had led to decreases of 20-40% in salt levels across most categories; this was accompanied by reductions in population salt intake, average blood pressure and CVD mortality^{vi}. Despite this early success under the FSA’s strict monitoring and accountability, responsibility for salt reduction has moved several times, from the FSA to DHSC and their widely

criticised Public Health Responsibility Deal, to Public Health England (PHE), and again to the Office for Health Improvement and Disparities (OHID).

These changes, each with weaker governance models, has impacted momentum and progress. The latest report on industry progress highlighted almost half of the 2017 targets had not been met^{vii}. There is no guarantee that the newest set of targets due in 2024 will be met, with OHID failing to publish a promised 2022 progress report. The most recent measurement of UK population salt intake found we are eating 8.4g/day, 40% more than the recommended maximum^{viii}.

Why scrutiny is needed

The governance of the reformulation programmes requires investigation, as partnership with industry has been prioritised over accountability mechanisms that could have ensured continued progress in salt reduction.

Food industry arguments tend to indicate further reductions in salt content are not possible for technical/safety reasons. However, our comprehensive data on the salt content of various food categories counteracts these claims, with large variations in the salt content of similar products. This variation proves reductions are possible^{ix}.

The Food Data Transparency Partnership, due to launch this year, would help increase transparency and scrutiny of the food industry. However, without government leadership, the food industry are unlikely to actively improve the nutritional profile of their product portfolios. CEO's of major retailers in the UK told the National Food Strategy team that they wouldn't take action without legislation for fear of being undercut by competitors who don't commit to reformulation^x.

More than 50 countries are following the UK's salt reduction model with voluntary salt targets; 19 countries have mandated the salt reduction targets in order to achieve greater impact. Yet the UK's supposed 'world leading' programme has stalled. DHSC's own figures found that just a 1g reduction in population salt intake would prevent more than 4,000 CVD deaths each year. Continued excess salt intake as a result of unnecessary salt levels in food products is exacerbating inequalities in the UK. Evidence shows that those on lower incomes eat more salt, increasing the risk of developing CVD^{xi}. The Government's new 'Major Conditions' strategy does not focus on primary prevention; the salt reduction programme must be scrutinised and strengthened as a key primary prevention strategy.

Action Needed

We call on the Committee to address the prevention of CVD in the UK, with a particular focus on salt reduction, as a means to reduce burden on individuals, the economy and the NHS. We intend to submit evidence regarding policy solutions that would lead to progress and reduce CVD events and deaths.

ⁱ Example studies:

- Aburto NJ, Ziolkovska A, Hooper L, Elliott P, Cappuccio FP, Meerpohl JJ. Effect of lower sodium intake on health: systematic review and meta-analyses. *BMJ*. 2013;346:f1326.
- Poulter NR, Khaw KT, Hopwood BE, Mugambi M, Peart WS, Rose G, et al. The Kenyan Luo migration study: observations on the initiation of a rise in blood pressure. *BMJ*. 1990;300(6730):967-72.
- Denton D, Weisinger R, Mundy NI, Wickings EJ, Dixson A, Moisson P, et al. The effect of increased salt intake on blood pressure of chimpanzees. *Nat Med*. 1995;1(10):1009-16.
- Huang L, Trieu K, Yoshimura S, Neal B, Woodward M, Campbell NRC, et al. Effect of dose and duration of reduction in dietary sodium on blood pressure levels: systematic review and meta-analysis of randomised trials. *BMJ*. 2020;368:m315.

ⁱⁱ Lewington S, Clarke R, Qizilbash N, Peto R, Collins R, Collaboration PS. Age-specific relevance of usual blood pressure to vascular mortality: a meta-analysis of individual data for one million adults in 61 prospective studies. *Lancet*. 2002;360(9349):1903-13. / British

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- Heart Foundation, 2022 <https://www.bhf.org.uk/-/media/files/research/heart-statistics/bhf-cvd-statistics-uk-factsheet.pdf?rev=4b0be2cd03eb412f8f2703b63a3b4ebb&hash=E6965279D61DEA4CBD0C97E176CAA671>
- iii He FJ, Tan M, Ma Y, MacGregor GA. Salt Reduction to Prevent Hypertension and Cardiovascular Disease: JACC State-of-the-Art Review. *J Am Coll Cardiol*. 2020;75(6):632-47
- iv SACN, 2003 <https://www.gov.uk/government/publications/sacn-salt-and-health-report>
- v Alonso S, Tan M, Wang C, Kent S, Cobiac L, MacGregor GA, He FJ, Mihaylova B. Impact of the 2003 to 2018 population salt intake reduction program in England. *Hypertension* 2021;77:1086-1094
- vi He FJ, Pombo-Rodrigues S, MacGregor GA. Salt reduction in England from 2003 to 2011: its relationship to blood pressure, stroke and ischaemic heart disease mortality. *BMJ Open* 2014;4:e004549
- vii PHE, 2020 <https://www.gov.uk/government/publications/salt-targets-2017-second-progress-report>
- viii PHE, 2020 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/876252/Report_England_Sodium_Survey_2018-to-2019_3.pdf
- ix Action on Salt cross-sectional surveys <https://www.actiononsalt.org.uk/salt-surveys/>
- x NFS, 2021 <https://www.nationalfoodstrategy.org/>
- xi Cheng YL, Hu H, Song J, MacGregor GA, He FJ. Socioeconomic status and dietary sodium intake in children from 2008 to 2019 in the UK. *J Hypertens* 2022;40:1499-1503 and UKHSA <https://ukhsa.blog.gov.uk/2019/02/14/health-matters-preventing-cardiovascular-disease/>