

## **Consultation response from the National Heart Forum**

**Consultation:** Salt in processed food:  
modelling food intake

**Consulting body:** Food Standards Agency

**Date:** November 2003



**NATIONAL HEART FORUM  
RESPONSE TO:  
SALT IN PROCESSED FOOD: MODELLING FOOD INTAKE REDUCTIONS**

**October/November 2003**

The National Heart Forum

The National Heart Forum (NHF) is the leading alliance of over 45 organisations working to reduce the risk of CHD in the UK. Member organisations represent the medical and health services, professional bodies, consumer groups and voluntary organisations. Members also include many individual experts in cardiovascular research. Government departments have observer status. The purpose of the NHF is to work with and through its members to reduce disability and death from CHD. Our four main objectives are:

- To provide a forum for members for the exchange of information, ideas and initiatives on coronary heart disease prevention;
- To identify and address areas of consensus and controversy;
- To develop policy based on evidence and on the views of member organisations;
- To stimulate and promote effective action.

The NHF embraces professional, scientific and policy opinion in current issues on CHD prevention. It co-ordinates action to reduce heart disease risk through information, education, research, policy development and advocacy.

**INTRODUCTION**

NHF welcomes the opportunity to comment on the FSA's salt reduction model and has been working with FSA on this issue through representation on the salt stakeholder group. Coronary heart disease is the leading cause of death and disability in the UK. In 2001 it accounted for over 120,000 deaths, over 70,000 of which were under 65 years<sup>1</sup>. NHF is particularly concerned with the high salt intakes in the UK, which, averaging 9g per day in adults are 50% higher than the recommended levels. Hypertension has been identified as the most common outcome associated with high levels of salt intake<sup>2</sup> and is a key risk factor for coronary heart disease and stroke.

The fact that a staggering 40% of men and women in England over the age of 16 have high blood pressure<sup>1</sup> and are therefore at risk of cardiovascular disease and premature death, highlights the urgent need to reduce people's salt intakes, and help reduce the prevalence of this important condition. NHF has recently estimated that a reduction in diastolic blood pressure to a level below 76mmHg across the population would result in a 15% reduction in CHD for men and 12% reduction for women in the UK<sup>3</sup>.

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<sup>1</sup> Peterson S, Peto V and Rayner M. 2003. Coronary Heart Disease Statistics: British Heart Foundation Statistics Database 2003. London: British Heart Foundation

<sup>2</sup> Scientific Advisory Committee on Nutrition. 2003. Salt and Health. London: TSO

<sup>3</sup> National Heart Forum. 2002. Coronary heart disease: Estimating the impact of changes in risk factors. London: TSO.

## NATIONAL HEART FORUM'S VIEWS AND RECOMMENDATIONS

1. NHF sees the salt model as a step in the right direction towards reducing salt levels in food and recommends that the model be introduced as a statutory rather than voluntary instrument for salt reduction in order to ensure that all relevant processed foods meet the recommended salt levels.
2. Given that around 80% of people's salt intake comes from processed foods, NHF sees the subdivisions between ready meals and equivalent home prepared foods as useful. NHF would like to see these distinctions made wherever possible, so that target salt levels can be appropriately tailored to ensure effective salt reduction for health.
3. If the model goes for average values, there will still be foods at the upper end of the scale which are very high in salt. People whose choices are limited eg due to low incomes, will have the least choice in terms of choosing lower salt options – particularly, if those foods at the lower end of the salt scale are sold at a premium. Target **average levels** should be used as a first step, with a view to moving towards **maximum upper levels** for salt permitted for each food group.
4. NHF understands that it is the government's intention to address levels of fat and added sugars in due course. Therefore, it may be helpful to introduce the sugar/fat models without delay so that industry can target salt, sugar and fat in one go – particularly as a 5 year time-scale has been proposed for salt. This would save time, costs and most importantly, lives – through improving the health of the population.
5. NHF wishes to stress the importance of monitoring reductions in salt levels, and agrees that a suitably adapted model would be a useful tool for this purpose. In addition, the model needs to be developmental in order to ensure that new products meet the reduced salt targets and are incorporated into the model appropriately.
6. FSA has noted the possibility of developing a similar model for children. NHF views this as an important step forward and recommends that FSA work out salt values for products specifically aimed at children. For example, a 200g tin of Teletubbies pasta shapes contains 2.4g salt which works out at 120% of the target average salt value recommended for children aged 1-3 years, and 80% of the value recommended for 4-6 year olds.<sup>2</sup> In pushing this model, FSA would need to mark down the special values that should apply to these products.

### Status of this response

The views expressed in this paper are consensus-based and do not necessarily reflect the views of individual members of the National Heart Forum.

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