

General Comments		
<b>Supports other contributors</b>	RHM has contributed to, and supports, the responses of the FDF, Federation of Bakers and BCCCA.	<b>RHM</b>
	Have liaised with, and support, the submissions from Dairy UK, the British Cheese Board and the British Meat Processors Association.	<b>PTF</b>
	Work in conjunction with the British Meat Processors Association who will respond in greater detail to the consultation.	<b>SAMW</b>
	Supports the FDF response.	<b>BCCCA</b>
	MLC have been working collaboratively on the issue of salt in meat products with the BMPA and the Meat Group of the FDF for the last two years through the Joint Sodium Working Group (JSWG).	<b>MLC</b>
	Endorse the comments made by the National Heart Forum	<b>RCP</b>
	Concurs with the points put forward by the BCCCA, SNACMA and FDF on salt targets which are not addressed directly in its response.	<b>United Biscuits</b>
<b>Targets should be set in the context of other Government work with industry</b>	The FSA should align the salt targets for manufactured foods used in school meals with the general targets for salt set out in this consultation in order to facilitate compliance and taste acceptability. It is impractical and illogical to have two sets of salt targets for manufactured food. The salt targets set for foods used in school meals are significantly lower (and in some cases unrealistically so) than in this consultation. Producing two versions of the same product is expensive	<b>Nestle</b>
	Helpful if the sodium criteria in all initiatives of the Agency were based on the levels established through this consultation to give manufacturers a single target to aim for, e.g. it would be unhelpful if different targets were set for manufactured foods used in school meals. The relationship with other Government initiatives should be recognised as the progress towards achieving target sodium levels may depend on other product reformulation requirements.	<b>MLC</b>
	FSA must put salt reduction in the context of other government work with industry, which will include; - working with industry on promoting its consumer awareness campaign on salt. - development of targets for calories and saturated fat in processed products. - development of target nutrient specification for manufactured foods used in UK school meals.	<b>FDF</b>
	Found some minor inconsistencies with the levels proposed in the recent consultation on nutrient specifications for school meals, which are not all explained by the different method of reporting ('as bought' against 'as served').	<b>BDA</b>
	With other consultations on relevant guidelines currently being reviewed, it is important not to see this guidance as a stand-alone paper. The outcome of this consultation may well have a direct impact on other proposals such as the FSA consultation entitled, 'UK Target Nutrient Specifications for Manufactured Products Used in School Meals', which may require alteration or widening in scope to deliver clear and consistent messages.	<b>Nutrition Society</b>

	With regard to target nutrient specifications for manufactured food supplied to schools: Although the two sets of targets are not based on the same categories where comparisons can be made, the targets for salt levels may differ. This can cause businesses problems. Some co-ordination of related sets of targets would be appreciated.	<b>3663</b>
	FSA should consider an overall nutrition policy encompassing salt, fat and sugar to avoid multiple label changes and a right first time approach to product development.	<b>Greencore</b>
<b>Labelling</b>	Believes there is still confusion in the public mind of the difference between sodium and salt content and would wish to see clearer labelling proposed. Supports the labelling of salt per 100 grams in general, but that linkage to portion/packet size and percentage of daily intake should be considered in order to improve labelling.	<b>RCP(E)</b>
	Labelling should also be per portion in order to provide practical and useful information to consumers.	<b>Nutrition Society</b>
	Recommends the implementation of an agreed approach on the labelling of salt equivalence, to better inform consumers. This will include the wording 'salt' as opposed to 'salt equivalent' or 'equivalent of salt' and will indicate salt content per slice and per 100g to two decimal places.	<b>FoB</b>
	Clear and easy to understand labelling is crucial to the consumer and salt equivalents should be included on labelling.	<b>NCF</b>
	Recommends improved labelling of foods particularly of sodium and potassium content to help clients with chronic renal failure make an informed choice about manufactured foods.	<b>BDA Renal</b>
	FSA should take a lead in the EU in championing salt reduction in processed foods and better labelling.	<b>NHF/FPH/RIPH</b>
	Need to improve labelling of salt. Salt should be labelled on all pre packed products and information on salt content should be available for foods sold loose.	<b>WSCC(2)</b>
<b>Imported foods</b>	The targets should be equally applied to imported foods otherwise there is a real danger that our manufacturing base will suffer.	<b>PAPA</b>
	It is fundamental that FSA makes every effort to address salt levels in imported food.	<b>SAMW</b>
	As the food processing industry is international it is important that such initiatives should be tackled at an international level. Consumer preferences need to change as there is a danger that UK processors will lose market share to imported goods in which there has been no reduction in salt.	<b>NFUS</b>
	Would welcome clarification of the Agency's definition of imported foods and emphasise our concerns that consumers may 'vote with their taste's' and migrate from any reformulated foods produced in the UK to imported higher salt varieties.	<b>Heinz</b>
	Imported foods provide a difficult area and a problem for UK manufacturers trying to provide healthy processed foods for the UK population. Consumers need to be made aware of this and to check the labels of imported foods.	<b>Foodaware</b>
	Targeting of imported foods is important as many people from different ethnic groups may eat food products which are imported.	<b>RCP</b>
	Concerned about the impact of high salt foods which are imported.	<b>RCP(E)</b>

	Supports continued debate at international level regarding the salt content of imported foods, as targets may penalise UK suppliers if consumer acceptance is poor.	<b>BNF</b>
	There are a number of categories where imported foods makes a considerable contribution to the number and variety of products on sale in the UK. The Society would like to highlight the importance of encouraging international discussion on salt reduction.	<b>Nutrition Society</b>
	The FSA should urgently encourage debate regarding the increasing availability of ethnic foods, this is particularly important given the greater burden of CHD in some ethnic groups. The proposals should not lead to an increase in the amount of foods imported to the disadvantage of local manufacturers. It is important to consider that imported food may also be cheaper to obtain leading to an increase in health inequalities.	<b>NHS Ayrshire and Arran</b>
	Issue of ingredients coming from abroad is a big issue that needs to be addressed if salt targets generally are to be reduced.	<b>BSA</b>
	Is concerned about products from abroad with higher salt profile. May put British products at a disadvantage tastewise. Must consider whether drastic salt reductions will lead consumers to increase the level of salt they add at the table.	<b>The Dairy Council</b>
	To achieve the population reduction in sodium level required, the whole supply chain will need to work to these targets and they will need to apply to products whether manufactured in the UK or imported. Retailers should be encouraged, therefore, to apply the targets in their tendering process whether products are being sourced domestically or from imports.	<b>MLC</b>
	Believe the FSA should monitor the impact of foreign food product imports on the salt model and enter into salt reduction discussions with the main food producers and importers.	<b>NHF/FPH/RIPH</b>
	Agree with the FSA stance to exhort change in imported foods through international debate on salt reduction.	<b>NLC</b>
<b>Legislation</b>	It is our view that legislation will be necessary if the food industry is not prepared to co-operate.	<b>CASH</b>
	We note the difficulties that legislation in this area might involve but we are also concerned about the impact of high salt foods which are imported, and we would therefore recommend that the Government work with the European Union towards a legislation framework for this area, whilst making use of the self-reporting mechanisms proposed in the meantime.	<b>RCP(E)</b>
	Disappointed some big organisations are not fully engaged. Cite Co-op as a good example of industry engagement. Recommend statutory salt targets are considered (salt reduction as an EU wide problem).	<b>StCC</b>
	If voluntary measures to achieve these targets fail then SCC would endorse the UK Health Select Committee recommendation that government must be prepared to introduce tougher measures.	<b>SCC</b>
<b>Method used in setting the targets</b>	Are concerned that no food technologists were involved in the preparation of the consultation document or at any of the stakeholder meetings listed.	<b>UCL</b>
	Independent assessment by independent food technologists and industry sector specialists should have been carried out prior to the public consultation.	<b>NHF/FPH/RIPH</b>

	It is encouraging to note that some adjustments have been made to these targets as a result of industry comments, as the initiative must be done in partnership if FSA goals are to be achieved at consumer level.	<b>SAMW</b>
	Disappointed to see that there were no medical or public health experts on the committee and it was dominated by the food industry. Consequently the targets set are much higher than they would have been otherwise. Industry comments on how they cannot achieve levels must be subject to independent scrutiny, and scientific justification. All future negotiations with industry should be conducted not only with the FSA but with independent food technologists, members of the public and public health and medical scientists with a particular interest in reducing salt. This way a balanced and sensible compromise can be reached about how targets can be achieved by gradual phased reductions.	<b>CASH</b>
<b>Supports setting of targets</b>	Pleased to support the principles of reducing salt content of manufactured foods.	<b>BDA</b>
	Endorse the approach taken in the papers outlined. Reduction of salt intake at a population level would reduce hypertension and cardiovascular mortality	<b>NED</b>
	Wholly supports any proposed reduction of salt in manufactured foods.	<b>BDA Renal</b>
	Broadly in agreement with the conclusions of the FSA.	<b>RCP</b>
	Supports the recommendations of the FSA to make sure that food at the point of sale contains the minimum amount of salt.	<b>NCF</b>
	Commend the FSA for progressing work in the UK and for its active role in the EU regarding this.	<b>NHS Ayrshire and Arran</b>
<b>Setting of further targets</b>	Nestlé shares the FDF's concern over proposals to set further targets once the current targets are met. In many areas, salt levels are already at the boundary of product safety, technical feasibility and/or consumer acceptability. Time and gradual change may overcome some of these barriers but it seems premature to talk of secondary targets at this juncture.	<b>Nestle</b>
	Disagree with setting further targets as it penalises companies that plan to achieve the existing targets.	<b>FDF</b>
	All future negotiations with industry should be conducted not only with the FSA but with independent food technologists, members of the public and public health and medical scientists with a particular interest in reducing salt. This way a balanced and sensible compromise can be reached about how targets can be achieved by gradual phased reductions.	<b>CASH</b>
	Believe that the FSA together with other relevant government departments should assess population achievements and the success of individual strategies to reduce salt consumption before setting further targets for manufacturers.	<b>SNACMA</b>
<b>Setting of targets 'as sold' and per 100g</b>	Recommends that salt targets should be set at a maximum for all product categories which will ensure that no products on the market are too high in salt. Welcomes targets set 'as sold' and per 100g.	<b>NFWI</b>

	Both per 100g and per portion maxima should be used for serving sizes considerably greater than or less than 100g, such as 20-30g serving of condiments or ready meal portion sizes that are 300g and upwards.	<b>Heinz</b>
	Agree with the proposal to set maximums, set targets 'as sold' and per 100g.	<b>NLC</b>
	Welcome targets set as per 100g	<b>RCP</b>
	Believes that setting targets 'as consumed' for dehydrated products is unsound as it only covers products from which water is intentionally removed but does not cover other low water foods that are consumed in the hydrated form. Suggests that such products could be defined as 'as containing less than 5% water'. In terms of monitoring, FSA will need to make assumptions about the conversion of 'as sold' to 'as consumed' – it would be most appropriate to make those assumptions in advance.	<b>Nutrition Society</b>
	Agree that the preferred format for targets should be 'as sold' and per 100g unless specific circumstances indicate otherwise (i.e. dehydrated products).	<b>MLC</b>
	Agree that targets should be set 'as sold' and per 100g of product.	<b>BMPA</b>
	Prefer to look at sodium levels on a 'per serving' basis rather than per 100g and would urge that these targets are considered on a 'per serving' basis.	<b>PepsiCo</b>
	Welcome targets set as 'as sold' and per 100g.	<b>Foodaware</b>
	Support the setting of targets per 100g to encourage a consistent approach.	<b>NHS Ayrshire and Arran</b>
<b>Comments on presentation and calculations give in the tables</b>	Final document should be consistent in calculation for targets, e.g. 6.2 has 300mg equivalent to 0.75g salt whereas 7.1 has 300mg equivalent to 0.8g salt. Believes it is not feasible to give targets below 100mg as whole numbers and suggests rounding figures of less than 100mg to 0.1g and all other targets to the nearest 0.05g, e.g. 0.15g, 0.2g, 0.25g.	<b>Premier Foods</b>
	Inaccuracies found in the calculation of sodium from salt. Incorrect title used in Annex A - 'Salt targets for 10 key product categories'.	<b>FDF</b>
	Supports the use of understandable and clarified definitions, which are given in the salt targets table. Supports the format of the salt targets table which encourages thinking in grams salt (equivalents) and milligrams sodium.	<b>Sodexo/TVF</b>
	It would be useful for the table of targets to include the present average salt values for each product, the percentage reduction envisaged by the FSA salt model and the percentage reduction considered practicable by industry.	<b>Foodaware</b>
<b>Food safety</b>	Food safety is industry's top concern. Great care should be taken in setting and implementing targets so as to ensure food safety is not compromised. Although commercial organisations have carried out testing on the microbiological safety of meats produced with reduced sodium 'ingredient systems', for these systems to be widely adopted there is a need for further stringent testing of the food safety aspects. As processed meat contributes significant amounts of sodium to the diet and salt reduction in this product group raises critical food safety issues, it would be appropriate for the FSA to fund further research into ingredient systems.	<b>Nestle</b> <b>Dera Technology</b>

	Implementing a number of these targets could compromise food safety if this is not thoroughly investigated and tested first. Reference made to a recent review undertaken by the Institute of Food Research.	<b>FDf</b>
<b>Food safety, technical and consumer acceptance/taste</b>	There are technical constraints, food safety and, most importantly, consumer acceptability issues to be considered. It is essential that these aspects are recognised to avoid failure of the initiative.	<b>SAMW</b>
	Question why the 2005 targets are higher than the salt model figure set in 2003. If some companies are already achieving the lower levels, we see no technological reason why other companies cannot. Cannot accept that these increases are purely for consumer acceptability as NCC research clearly shows that reductions in salt levels are achievable and technologically possible.	<b>NCC</b>
	Consumer tastes will need to change over time if low salt products are to be accepted and all producers will need to work co-operatively on this. Consumers will also need to be convinced of the benefits of reducing salt with continuing education initiatives.	<b>RCP</b>
	Strongly support efforts to re-educate the consumer palate and wonder whether the FSA grant scheme might be used to promote some research into the effect of salt reductions in the population and indirectly assess the impact of the campaign on salt and sodium intake.	<b>RCP(E)</b>
	Food safety cannot be the only criteria for salt targets as the make-up and palatability of reduced salt foods must also be acceptable to consumers or they will either not purchase the products, or will add extra salt themselves.	<b>Nestle</b>
	Consumer acceptability would not be a concern if manufacturers reduced salt gradually and their was agreement that all would do so.	<b>WSCC(2)</b>
<b>Salt substitutes</b>	Submitted a report on Glutamate's contribution to Dietary Sodium Intake. Suggesting that monosodium glutamate can contribute to a reduced sodium content in a recipe while maintaining palatability.	<b>IGTC</b>
	Need to consider the impact of 'adding' other ingredients to replace salt with the food trend being towards clean ingredient declarations.	<b>Greencore</b>
<b>Reformulation (fat and sugar)</b>	Salt reductions should not be seen in isolation, as there are also pressures to use fewer additives and reduce sugar and fat content. It may not be possible to reduce several major constituents within food categories simultaneously.	<b>Nestle</b>
	Reductions in the content of other nutrients such as fat and sugar may have implications for the industry's scope to reduce salt in products.	<b>BCCCA</b>

<b>Comments on foodservice sector</b>	The catering/foodservice industry as a whole, and more specifically the profit sector, was not represented on the Salt targets Stakeholder group and we feel that there has been no input from this sector to the consultation document. Unsure whether the proposed targets apply to the catering/foodservice industry. Manufactured ready meals are factory produced consistently to a highly specified formula, where as restaurant meals are more subject to change on a daily basis. Restaurants also offer a wide variety of choice and are subject to regular change. The restaurant environment would not be the most fertile ground for promoting healthier eating messages until they have been communicated absorbed and understood by the retail and institutional catering environments.	<b>Whitbread</b>
	In the foodservice environment and some deli-operations in retail location, it is difficult to precisely control salt levels in individual products. If these fall outside the remit for the targets, manufacturers of prepared products could be at a considerable commercial disadvantage if they take action but others do not.	<b>PAPA</b>
	The targets apply to manufactured food products and it will need to be recognised that these can be supplied to caterers. Initiatives should recognise that salt is added in the kitchen as well as occurring in food products, and training of catering staff and communication of clear messages is important.	<b>MLC</b>
<b>Monitoring health and diet</b>	It is important to effectively monitor the impact of any regulation on actual health markers in individuals. We would suggest that priority is given to the NDNS to assess by urine analysis the effect that setting such category targets has upon the nation's salt intake.	<b>Heinz</b>
	Assessing the sodium intake of the population without taking into account other nutrients being consumed will give a false impression of the effect of different salt containing foods.	<b>The Dairy Council</b>
<b>Need to check targets are being met</b>	Need processes in place to check that claims being made are substantiated by laboratory evidence.	<b>SC</b>
	Once targets are agreed they should be assessed by increased food sampling activities.	<b>NLC</b>
	The food industry's claims should be scrutinised by independent food technologists and industry sector specialists.	<b>NHF/FPH/RIPH</b>
	If industry claim a target cannot be achieved they should prove this to the FSA.	<b>WSCC(2)</b>
<b>Monitoring through procedures other than the self-reporting framework</b>	Where independent surveys are carried out it is vital that it is discussed with the manufacturer before any 'name and shame' activity is undertaken.	<b>MLC</b>
	Important for the Agency to share the salt data from independent surveys to allow retailers to check for any inconsistencies and these surveys should also not be used as tools to 'name and shame' companies.	<b>BRC</b>
	Data collected from food labels may be incorrect for a number of reasons. Trends in consumption should always be checked against a robust dietary survey, based on urinary analysis.	<b>FDF</b>

	Is important that progress is independently verified by the FSA to assess the salt levels in individual foods and product categories based on surveys as well as by monitoring overall salt intakes.	<b>Which?</b>
	The FSA should carry out regular monitoring which should be made publicly available. Monitoring should be concentrated on standard and economy ranges.	<b>NCC</b>
	Strong endorsement for monitoring at the individual level, with support for the NDNS programme. At present the rolling survey, designed to accumulate sufficient numbers over several years, may not have sufficient power without extra consideration at this stage. In addition a working programme of food consumption surveys to monitor the self reports from industry will need to be in place. Without this independent verification, the credibility of the monitoring system is at risk.	<b>Nutrition Society</b>
	Have reservations about the use of third party surveys, as these have been seen in the past as 'name and shame' reports rather than independent progress reports. If surveys are used, representative methods should be used with stakeholders playing a role in guiding the framework.	<b>Tesco</b>
	It would be helpful to be provided with salt data from independent surveys before they are published to check for any inconsistencies e.g during time lapse between collecting the data and publishing, a product may have been reduced in salt and be in new packaging.	<b>M&amp;S</b>
	It would be useful to monitor the use of alternative substitutes for salt, such as potassium chloride, spices and natural flavourings.	<b>NHF/FPH/RIPH</b>
	Monitoring must include both food compositional analysis and population surveys of salt intake. It is vital the new rolling programme for NDNS includes sufficient numbers of subject, with complete 24 hour urine collections to provide representative and meaningful data on salt intake. Information is essential given the difficulties in assessing salt intake from dietary records.	<b>MRC-HNR</b>
<b>Other factors affecting hypertension</b>	The government should take a holistic approach to a healthy diet and hypertension management. Suggest the FSA have a review of the relative importance of the varying factors affecting hypertension to provide some relative perspective and bring focus to the areas likely to have most impact.	<b>SNACMA</b>
<b>Use of brand names</b>	Brand names should not be used in Annex B.	<b>SNACMA United Biscuits FDF Premier Foods</b>
<b>Other general comments</b>	Dera Group has technological partnership with academic bodies that could carry out further research into the microbiological safety of meats produced with reduced sodium ingredient systems and would like to be considered for funding for further research.	<b>Dera Technology</b>
	Welcomes FSA's efforts to improve consumer awareness, continuation of this programme is essential to drive consumer acceptance of salt reductions and to reduce the risk of increased use of discretionary salt. The programme should also emphasise the need for a whole diet approach to tackle hypertension. The general public still needs to be educated in terms of sodium rather than salt to promote better understanding and more informed use of on-pack information.	<b>BNF</b>

<p>FDF has compared FSA's proposed targets with data from McCance and Widdowson and found a number of FSA's targets are lower or at the lower end of the typical composition table values. Comparison table was submitted.</p>	<p><b>FDF &amp; FDF-Project Neptune</b></p>
<p>It states in the consultation paper that ' the proposed targets have been set to deliver a significant step towards achieving the overall 6g/day intake levels and will be revised in time'. We would like to see something more specific about both what is 'significant' and when it will be 'revised'.</p>	<p><b>Foodaware</b></p>
<p>Where possible should reduce sodium levels more quickly than is currently being suggested.</p>	<p><b>WSCC(1)</b></p>
<p>The cost sector feeds about 18% of the workforce. At these meal events gravy is routinely served, a high salt meal component. However, because the population intake data is derived from free-living 1998 NDNS data, occasions such as this are passed over, which are ground for significant opportunity for product and recipe development and health promotion work.</p>	<p><b>Sodexo/TVF</b></p>
<p>Official and authoritative pronouncement must clarify for consumers the inclusions and exclusions in description of salt in domestic contexts, e.g. sea salt, Epsom salts etc; allowance must be made for workers, athletes, and members of the forces in tropical climes for stresses in persistently sweaty conditions.</p>	<p><b>VEGA</b></p>
<p>Need to understand the implication of this approach on retailer 'healthier options' which tend to meet the new levels now. What would the nutritional criteria be for them in 2010.</p>	<p><b>Greencore</b></p>
<p>The 2010 deadline is too relaxed and suggest a December 2006 deadline. This seems far more preferable and is both realistic and reasonable. Industry has had fair warning with the first stakeholder event being held in 2003 and the Choosing Health White Paper being published in 2004. Advocates the revision of population targets to 3g salt per day and the extension of the salt reduction targets to support a population average intake of 3g – particularly for vulnerable groups such as children.</p>	<p><b>HoM</b></p>
<p>The continuation of the measured approach to reducing average salt levels with a targeted 5% reduction within two years, to be repeated within a further two years subject to consumer acceptance.</p>	<p><b>FoB</b></p>
<p>If rigid targets are set and one product fails to comply then there is risk of the media naming and shaming unfairly.</p>	<p><b>PAPA</b></p>
<p>Believes there is an added advantage of systematically introducing stepped and subtle changes in the population's salt taste perceptions. Wonders if the FSA is confident enough that the salt model is sensitive to the needs of children and different populations groups, who are disproportionately affected by hypertensive disease. Believe the FSA should hold to the original salt model average targets and should not consider proposing new targets until the food industry's claims and proposals have been scrutinised by independent food technologists and industry sector specialists. Suggests it would be useful for industry to report on the progress on supportive food labelling, health marketing initiatives and food promotion to children.</p>	<p><b>NHF/FPH/RIPH</b></p>
<p>Want to see industry taking leadership and responsibility for salt reductions.</p>	<p><b>NCC</b></p>

	Welcome an interim Agency review in 2-3 years, at which the targets should be evaluated in relation to their feasibility by 2010. By this time product development and reformulation work will have been able to assess the viability of reducing levels to the extent set in the targets more fully.	<b>Asda</b>
	Perhaps compile a 'worst 100 high salt products' list to give to journalists.	<b>RCP(E)</b>
	Questions the evidence base for the link between salt consumption and health impacts. Questions the premise of setting targets for the sodium content of foods. Suggests that reductions in salt content of foods could potentially lead to increased overall food consumption and obesity.	<b>Salt Institute</b>