

Rt.Hon. Sir Keir Starmer KC MP  
Leader of the Opposition  
House of Commons  
London  
SW1A 0AA

Dear Sir Keir Starmer,

### **Preventing cardiovascular disease by lowering population salt intake**

We are writing to urge you to prioritise reducing population salt intake: a simple, cost-effective and hugely impactful health initiative that will help deliver your ambition to , prevent cardiovascular disease (CVD), and deliver necessary protections to the NHS.

As you have highlighted in your *Building an NHS fit for the future* mission, CVD is one of the major causes of disability and death in the UK, responsible for one death every four minutes in England alone<sup>1</sup>. During 2019/2020, there were around one million hospital admissions for CVD in England, leading to 5.5 million bed days<sup>2</sup>. NHS England spends an estimated £7.4bn on CVD healthcare costs annually, and the wider economic impact of these diseases is estimated at £15.8bn which includes productivity losses<sup>3</sup>. People living in the most deprived areas of the country are four times more likely to die prematurely from CVD than those in the most affluent areas<sup>4</sup>. The link between salt and high blood pressure extends to children and in recent years, there has been a worrying increase in children with high blood pressure<sup>5</sup>.

### ***The food industries are responsible for our salt intake***

Decades of evidence shows that salt increases blood pressure, which leads to thousands of unnecessary deaths from CVD. UK salt intake is 40% higher than the recommended limit and most of our salt intake comes from the food we buy, with ready-made processed and packaged foods (e.g. bread, ready meals, cakes, processed meat) contributing to 75% of our daily salt intake. This cannot be removed by the individual and research shows that much of this salt is unnecessary: within each category of food there are numerous products that contain less salt – in some cases more than 20 times less<sup>6</sup>. Even products marketed to young children and infants can contain salt, despite evidence recommending this age group should not eat any added salt<sup>7</sup>. The food industries must be incentivised to take action.

### ***UK salt reduction programme: initial success to stalled progress***

In 2006, under the previous Labour Government's leadership, the Food Standards Agency set salt reduction targets across more than 80 categories of food for the food industry to work towards. This was a triumph: new research<sup>8</sup> released today shows by 2014, population salt intake had fallen by 19%, accompanied by falls in average blood pressure and deaths from stroke and heart disease (more than 9,000 CVD deaths per year prevented, NICE calculated this led to cost savings of £1.5

<sup>1</sup> PHE. Health matters: combating high blood pressure. London: Public Health England; 2017

<sup>2</sup> The King's Fund. Cardiovascular disease in England: supporting leaders to take actions. [https://www.kingsfund.org.uk/sites/default/files/2022-11/CVD\\_Report\\_Web.pdf](https://www.kingsfund.org.uk/sites/default/files/2022-11/CVD_Report_Web.pdf)

<sup>3</sup> UK Health security Agency. Health matters: Preventing cardiovascular disease. <https://ukhsa.blog.gov.uk/2019/02/14/health-matters-preventing-cardiovascular-disease/>

<sup>4</sup> PHE. Health matters: preventing cardiovascular disease. London: Public Health England; 2019

<sup>5</sup> Song P, Zhang Y, Yu J, et al. Global Prevalence of Hypertension in Children: A Systematic Review and Meta-analysis. *JAMA Pediatr.* 2019;173(12):1154–1163

<sup>6</sup> Action on Salt. Salt content of food assessed via cross-sectional surveys. <https://www.actiononsalt.org.uk/salt-surveys/>

<sup>7</sup> PHE. Food and drinks aimed at infants and young children: evidence and opportunities for action. London: Public Health England; 2019

<sup>8</sup> Song J, Tan M, Wan C, Brown MK, Pombo-Rodrigues S, MacGregor GA, He FJ. Salt intake, blood pressure and cardiovascular disease mortality in England, 2003-2018. *Journal of Hypertension* 2023, 41:000–000

billion per year<sup>9</sup>). The minimal costs of salt reduction are borne by the food industry, and gradual and unobtrusive improvements to processed food do not lead to loss of sales, as taste buds adapt and the public continue to buy their usual food whilst benefiting from the nutritionally improved products.

However, this research also shows that under the subsequent coalition and Conservative Governments, and a change in the governance of the salt targets with increasing interference and even active oversight from the food industry<sup>10</sup>, salt reduction progress stalled. This led to an increase in salt intake between 2014 and 2018, accompanied by a plateau in the previous reduction in CVD deaths – a plateau that is estimated to cost the UK £54 billion by 2029<sup>11</sup>.

### ***Resuscitating progress***

Building on the UK's initial success, many countries are now implementing legislated salt targets - the logical next step in the global aim to reduce salt intake – with the UK now lagging behind. Evidence from South Africa<sup>12</sup> shows that in just five years, their legislated targets had led to a large fall in population salt intake, with the biggest falls occurring in the most deprived groups.

A comprehensive and mandatory salt reduction programme, including targets, financial incentives and/or penalties, will ensure that all companies commit to salt reduction in the UK too. In private discussions with the food industry, they would prefer mandatory measures as this gives them a level playing field and would mean they are not in competition with each other.

We can have both a thriving British food industry whilst protecting the future of our children, ensuring they grow up in a healthy and resilient population. We urge you to commit to preventing CVD, by far the biggest cause of premature death in the UK, and implement world leading measures to protect health and the UK workforce, reduce disparities, and build a sustainable NHS. There is strong public support for this, with 85% of UK adults supporting the Government implementing mandatory measures to remove unnecessary salt from food<sup>13</sup>.

### **Signatures:**

- Professor Graham MacGregor CBE, Chair, Action on Salt
- Professor Feng He, Professor of Global Health Research, Queen Mary University of London
- Professor Mike Lean MA, MB BChir, MD, FRCP, FRSE, University of Glasgow
- Professor Tim Lang, Professor Emeritus of Food Policy, City University of London
- Professor Sir Nick Wald, Honorary Clinical Professor, University College London
- Professor Neil Poulter, Professor of Preventive Cardiovascular Medicine, Imperial College London
- Professor Kay-Tee Khaw, Professor Emerita of Clinical Gerontology, University of Cambridge
- Professor Franco Cappuccio, Professor of Cardiovascular Medicine & Epidemiology, University of Warwick
- Professor Peter Sever, Professor of Clinical Pharmacology & Therapeutics, Imperial College London

<sup>9</sup> National Institute for Health and Care Excellence (NICE) guidance on the prevention of cardiovascular disease at the population level, June 2010. <http://guidance.nice.org.uk/PH25>

<sup>10</sup> MacGregor GA, He FJ, Pombo-Rodrigues S. Food and the responsibility deal: how the salt reduction strategy was derailed. *BMJ* 2015;350:h1936

<sup>11</sup> Collins B, Bandosz P, Guzman-Castillo M, Pearson-Stuttard J, Stoye G, et al. What will the cardiovascular disease slowdown cost? Modelling the impact of CVD trends on dementia, disability, and economic costs in England and Wales from 2020–2029. *PLOS ONE* 2022;17:e0268766

<sup>12</sup> Strauss-Kruger M, Wentzel-Viljoen E, Ware LJ et al. Early evidence for the effectiveness of South Africa's legislation on salt restriction in foods: the African-PREDICT study. *J Hum Hypertens* 2023;37:42–49.

<sup>13</sup> The research was conducted by Censuswide with 2,001 UK nationally representative general respondents (16+) between 30.08.23 – 01.09.23. Censuswide abide by and employ members of the Market Research Society which is based on the ESOMAR principles and are members of The British Polling Council

- Professor Simon Capewell, Professor of Public Health, Policy & Systems, University of Liverpool
- Dr Wayne Sunman, Consultant in Hypertension, Nottingham University Hospitals NHS Trust
- Professor Paul Dodson, Consultant Physician in Diabetes, Heartlands Hospital Birmingham
- Professor J. George, Professor of Cardiovascular Medicine and Therapeutics and Hon. Consultant Physician & Clinical Pharmacologist, Ninewells Hospital Dundee
- Professor C. Millett, Professor of Public Health, Imperial College London
- Professor Gareth Beevers, Professor of Medicine, City Hospital Birmingham
- Professor Oyinlola Oyebode, Professor of Public Health, Queen Mary University of London
- Phil Pyatt, CEO, Blood Pressure UK
- Tess Harris, CEO, PKD Charity
- June O’Sullivan MBE, Chief Executive, LEYF Nurseries
- Professor Kevin Fenton, President, Faculty of Public Health
- Katharine Jenner, Director, Obesity Health Alliance
- William Roberts, CEO, Royal Society of Public Health
- Edwina Revel, Programme Director, Early Start Nutrition
- Professor David Strain, Chair of BMA Board of Science Committee, British Medical Association
- Matthew Philpott, Executive Director, Health Equalities Group
- Lynne Garton, Dietetic Adviser, HEART UK
- Suzanne Fletcher, RNutr, Chief Executive, Nutrition Scotland
- Liz Stockley, CEO, British Dietetic Association
- Dr Vicky Sibson, Director, First Steps Nutrition Trust
- Naomi Duncan, Chief Executive, Chefs in Schools
- Barbara Crowther, Children’s Food Campaign Manager, Sustain