

Scientific Advisory Committee on Nutrition

Paper for Information: **Government Update on Nutrition Related
Activities: FSA**

Agenda Item 10

Please see attached.

New Research

1. In response to Research Requirements Document 10 forty-nine proposals were received. These were peer reviewed by international experts in the subject area and assessed by the Agency's statistics and nutrition policy teams. These experts then met with Agency staff to discuss the proposals in detail. The Agency has now agreed to short list 14 proposals (29%) for contract negotiation, as detailed below:

Effect of dietary intake of citrus fruits and leafy green vegetables on vascular function – a randomised controlled trial *Queens University Belfast*

A dose response study of the effects of increased fruit and vegetable intake on vascular function *Kings College, London*

Impact of the amount and composition of dietary fat and carbohydrate on metabolic syndrome and cardiovascular disease risk *MRC Human Nutrition Research*

The effects of habitual salt intake on cardiovascular health in both adults and children *St George's Hospital Medical School*

Salt intake and cardiovascular health in adults: analysis of INTERMAP Study and NDNS *Imperial College of Science, Technology and Medicine*

What do high salt consumers eat? Analysis of food and nutrient patterns to inform risk management strategy in children and adults aged 1.5 yrs. to 64 yrs. *Ashwell Associates*

Effects of early childhood diet on promotion of good mental health throughout childhood *MRC Human Nutrition Research*

The influence of diet in infancy on early growth, and bone health and cognitive function at four years of age *University of Southampton*

Bioavailability of vitamin K1 in the diet and the relationship of intake to status *MRC Human Nutrition Research*

Comparing fresh and processed fruits and vegetables as sources of bioavailable phytochemicals *Institute of Food Research*

Bioavailability of carbohydrates from plant foods in the UK diet *Englyst Carbohydrates Research and Services Ltd*

A double-blind randomised controlled trial of combined n-3 fatty-acids as a dietary means to slow cognitive decline in older people in the UK *London School of Hygiene and Tropical Medicine*

Commisioned Research

2. The following additional projects have been commisioned under N14 Food choice inequalities:

The Development of Interventions to Improve the Diet of Girls and Young Women from Populations at risk of Low Birth Weight

Overcoming barriers to a healthy food choice in girls from low income and minority groups

N09 R & D Programme: Developments

3. A written review of the programme's progress since the previous major review in 1999 has been published on the Agency's web-site at:
www.food.gov.uk/multimedia/pdfs/n09reviewJulyfinalversion.pdf
4. A training manual, comprising tutors pack and participant recipe book, from the recently completed project 'Assisting dietary change in low income communities: assessing the impact of a community-based practical food skills intervention (CookWell)' has been published on the Agency's web-site at:
www.food.gov.uk/science/research/nutritionresearch/n09programme/n09projectlist/n09011/cookwellbook
5. Teacher support material adapted from material developed during the project 'The development and evaluation of a novel school-based intervention to increase fruit and vegetable intake in children (Five a Day – the Bash Street way)' has been published on the Agency's web-site at:
www.food.gov.uk/interactive/educational/bashstreetdiet

See also

www.multimedia/pdfs/bashstreetactivitybook.pdf

6. The CD-ROM Dish it Up! the major output from the project 'Development and evaluation of an interactive, multi-media CD-ROM for the promotion of nutrition education in secondary school children' was distributed free by the Agency in a freely copiable form to all secondary schools in the UK between October 2002 and March 2003. Further evaluation is planned from autumn 2003 when the CD will have been out in most schools for a year. (A copy has been enclosed with meeting papers).

Upcoming projects

7. A project entitled 'Using village shops to promote healthier food choices in rural Norfolk' has been commissioned and is due to begin in October 2003. A report is expected at the end of Phase 1 of the project in October 2004.

School Meals Research Project

8. The Department for Education and Skills (DfES) and the Food Standards Agency have commissioned research to assess whether food provided at school lunches in secondary schools in England complies with statutory nutritional standards (introduced in April 2001) and associated guidance. The survey will also assess the food consumed against the Caroline Walker Trust's nutritional guidelines for school meals (Caroline Walker Trust (1992) Nutritional Guidelines for School Meals. Report of an Expert Working Group. London: Caroline Walker Trust) and

gather information on the influences on food choice that can be modified by schools.

9. The main fieldwork is expected to be complete by December 2003. The report of this work should be available in spring 2004.

Workshops

10. Outputs from the Iron Bioavailability workshop (10 October) and the Haemochromatosis workshop (12 November) will be forwarded to SACN members when available. Both workshops are represented by SACN members. The published paper from the Folate workshop held on the 27 January is attached.
11. The Selenium, Dietary Lipids and Vascular Function and Diet and Colonic Health-Emerging Risk Factors workshop papers will be made available when published.
12. The full report of the seminar Overcoming Barriers to Dietary Change, held in January 2003, is available on the Agency's web-site at:
www.food.gov.uk/multimedia/pdfs/N09WorkshopReport.PDF
A summary report of the seminar was published in the Nutrition Bulletin, Volume 28 number 3 (2003) pages 283-287.

Research Requirements Document 13

13. A number of requirements will be published in Research Requirements Document 13. Publication is earmarked for 15 January with the document being made available on the FSA web-site. Members are welcome to contact the secretariat with any ideas for requirements, which are relevant to the aims and objectives of the Agency, by the end of November.

Update on Salt activity following Salt and Health report.

Reformulation of foods by the food industry

14. The FSA's survey of ready meals has demonstrated that salt levels in many processed foods, particularly those favoured by children, remain unacceptably high. Nearly half of the single ready meal products tested by the Agency had a salt content of over 40% of the daily salt intake target.
15. The Agency and Department of Health are in discussion with the food industry about salt reduction strategies for foods contributing most to salt intakes.

UK Salt Intakes: Modelling Salt Reductions

16. To aid negotiations with the food industry on reducing the salt content of food the FSA has produced the attached model to explore the effect of changes in the salt content of different food groups. The target average values for each food group inserted in the model are included for illustration only.

17. The model uses average consumption of food by the adult population, derived from the National Diet and Nutrition Survey of adults aged 19-64 (fieldwork 2000-01), with the exception of packet sandwiches where data is derived from the National Food Survey 2000. The food groups are largely based on those used in the NDNS, although where appropriate smaller food groups have been created. The current average sodium value for each food group is a weighted average, taking into account differential consumption of foods within the group. Discretionary salt is estimated to currently contribute around 2g to daily salt intake. The salt reduction model assumes a 30% decrease in discretionary salt.
18. The model is currently out for consultation details of which are attached.

Public procurement of food

19. Sir John Krebs and Hazel Blears, the previous Minister for Public Health, have jointly written to public sector caterers (including social services, local education authorities, the NHS and HM prison services) to draw their attention to the SACN targets and consider their implications for the amount of salt used in their food production and in supplies of processed foods.

Education and information

20. The Agency is publicising the salt intake targets through press releases and media coverage, and information and advice on the Agency's web-site
21. As part of its Labelling Action Plan, the Agency is working with consumer groups, industry bodies and health organisations to improve label information on salt. The Agency is encouraging food retailers and manufacturers to identify the salt equivalent to sodium levels as this is easier for the consumer to understand

Monitoring action

22. The Agency will be using its regular diet and nutrition surveys and food survey programmes to:
- set baselines against which the impact of action to reduce salt levels in food categories and reduced salt intakes can be assessed
 - highlight to consumers those foods where high levels of salt persist.

Food Promotion to Children report

23. See agenda item 5

National Diet and Nutrition Survey (NDNS) adults aged 19-64 years

24. The second and third reports on the NDNS adults were published in July 2003. The second report covers energy and macronutrient intakes, and the third report covers micronutrient intakes and levels of urinary analytes.

Headline findings:

- Adults in Britain are generally getting sufficient nutrients from their diets and their diets are becoming healthier in some respects
- Fat intakes have fallen since the last survey of this age group in 1986/87 and average intakes are now close to recommended levels. However average intakes of saturated fatty acids exceed recommended levels
- Carbohydrate intakes have increased in line with recommendations. However intakes of added sugars exceed recommended levels
- Older adults generally have healthier diets than do younger adults. Young women under 25 in particular and to a lesser extent young men, tend to have poorer diets than other adults with low intakes of some vitamins and minerals and high intakes of added sugar. This is likely to be at least partly due to lack of variety in the diet eg low consumption of fruit and vegetables
- Average intake of salt was 11.0 g/day for men and 8.1 g/day for women, well above the target intake of 6 grams/day. 15% of men and 31% of women met the 6 grams/day target
- Average intakes of almost all vitamins and most minerals were above the RNIs for men and women as a group. However a substantial proportion of the youngest women, and to a lesser extent the youngest men, had low intakes of some vitamins and minerals
- 60% of men and 44% of women exceeded the daily recommended benchmarks for alcohol consumption on at least one day in the survey week

25. Publication of the fourth report, covering anthropometry, blood pressure, blood analysis and physical activity is planned for early 2004.

Low Income Diet and Nutrition Survey

26. Renegotiations of the costs and timings for the mainstage fieldwork of the Low Income Diet and Nutrition Survey have now been completed. The fieldwork is due to commence in November 2003, preparations for which are now ongoing, and will take 15 months. The results of the survey are expected to be published in summer 2006.

Programme of Mini Surveys

27. The objective of the programme of mini surveys is to provide up-to-date and reliable information on the levels of sodium (salt), fat, sugar and a limited range of other nutrients in processed foods. Results of the surveys are used to raise consumer awareness of related food and diet issues and help them to make choices to achieve nutrient intake guidelines. The results also inform discussions with the food industry, and other bodies, aimed at encouraging changes in the composition of processed foods.

28. The results of the first two surveys in the programme have been published. The first looked at the salt content of a range of ready meals, based on data given on product labels and was published in June. The results of the second, an analytical survey of a variety of sausages, were published in September. Information on both of these surveys is available on the Agency website. The next survey in the programme will look at a range of pizzas, and will include those from take-away outlets as well as branded and retailer own-brand products.

Catering for Health– Evaluation and Promotion

29. In March 2001 the Food Standards Agency and the Department of Health jointly launched Catering for Health, a guide for teaching healthier catering practices. The primary audiences for this document are lecturers and assessors of NVQ catering courses.
30. A summary of findings resulting from evaluation and promotion of Catering for Health has been published on the Agency's web-site at:
www.food.gov.uk/multimedia/pdfs/cateringforhealthevaluation

Working in Education

31. Getting to Grips with Grub: Food-related knowledge and practical skills (competencies) of 14 – 16 year olds
32. If young people are to eat more healthily they need to understand what constitutes a healthy diet and have the practical skills to put this knowledge into practice. The Agency convened a cross-Government group, which includes DfES, DH, Health Development Agency (HDA), Qualifications and Curriculum Authority (QCA), Design And Technology Association (DATA), National Healthy Schools Standard (NHSS), Children & Young People's Unit, and Planet Science to collaborate on this initiative. A set of food related competencies was identified by the group under the headings:
 - Diet and Health
 - Consumer awareness
 - Food preparation and handling skills
 - Food hygiene and safety
33. A report of research with young people from the target age group is available on the Agency web-site at:
www.food.gov.uk/multimedia/pdfs/competencyevaluation.pdf
34. The Agency jointly with Department for Education and Skills is publicly consulting on the identified competencies and seeking views on how to address gaps and take forward the competencies in a sustainable way at a local level. The consultation paper Getting to Grips with Grub was issued in July and the consultation closes on 21 October 2003. Getting to Grips with Grub is on the Agency web-site at:
www.food.gov.uk/multimedia/pdfs/grubgrips.pdf

Joint FSA/OFSTED inspection of best practice in whole school approaches to food and nutrition

35. The Agency and DfES are jointly funding the above in primary schools and early year settings in England. Inspections will take place over the autumn term 2003 and the first half of spring term 2004. A report is expected in late spring/early summer 2004.

FSA Scotland

Food Standards Agency Scotland Diet and Nutrition Strategy

36. FSA Scotland's Draft Diet and Nutrition Strategy has been issued widely for consultation, the deadline for comments was the 12 September 2003. All comments received will be taken into account in preparing a final draft of the strategy. It is anticipated that the final document will be published in late Autumn.

Food Access Conference

37. On 11 June around 200 participants attended the Conference "No Fare! - Working Together for Fairer access to a Healthy Diet in Scotland". The Conference was jointly organised by FSA Scotland, the Scottish Executive Health and Social Justice Departments, Health Scotland (formerly HEBS), the Scottish Community Diet Project, Communities Scotland and CoSLA.

38. The event which was aimed at bringing together as many organisations and individuals interested in improving food access in Scotland as possible attracted participants from food manufacturers, retailers, caterers and local authorities along with community planners, health professionals, community and voluntary workers and policy makers. In opening the Conference, Mary Mulligan, Deputy Minister for Communities, stressed the importance of access to good quality food in reducing health inequalities.

39. It is anticipated that the Conference Report, which is due to be published at the end of October, will help FSA Scotland better target its efforts with respect to food access.

Nutrient Specifications for Manufactured Products Used in School Meals

40. Following the drafting of specifications for over 100 different manufactured products used in school meals, FSAS have consulted with manufacturers of the following products: bread, chips / other potato products, baked beans, canned spaghetti and tinned fruit / vegetables. Most recent consultation has been with the fish industry. During the coming months we will be consulting with the remaining industries, including the largest group, manufacturers of meat products. Due to slow response from the industry sector, this stage of the process has taken longer than anticipated and it is likely to be at least the autumn before the specifications are ready to be published.

Working Group on Monitoring Progress Towards the Scottish Dietary Targets

41. The first meeting of this Group took place on the 13th June 2003 in Dundee, and finalised the membership and remit. It was agreed that the next meeting would

take the form of a workshop and this is taking place at the Stirling Management Centre in September. To inform the workshop the Group have commissioned a review of all dietary surveys taking place in Scotland, including the NDNS, the Scottish Health Survey and local Health and Lifestyle Surveys. It is anticipated that a final report will be produced by the Group detailing the options available for monitoring progress towards the Scottish Dietary Targets and it is likely that this will be concluded by early 2004.

Evaluation of Catering for Health Guide

42. The evaluation of the Scottish 'Catering for Health' guide was completed and the results presented to FSAS in July. In general the content of the guide was praised, although the presentation was regarded less favourably. FSAS are now considering carefully what action to take in light of the findings. The report is currently being finalised and should be available publicly from mid autumn.

www.food.gov.uk



2 October 2003

Reference: NUA 119

Dear Stakeholder

SALT IN PROCESSED FOOD: MODELLING FOOD AND INTAKE REDUCTIONS

I am writing to seek your views on a model that the FSA has developed to examine the effect of reductions in the salt content of different food groups on the overall population intake of salt, and how this model might be used to inform future salt reduction activity

Background

The Scientific Advisory Committee on Nutrition (SACN) report 'Salt and Health' published in May recommended average salt intake in adults be reduced to 6g/day (in line with earlier advice from COMA, the forerunner of SACN). For the first time it also made recommendations for intakes by children, on a sliding scale based on age. The report is available on the FSA's website.

The FSA's Board discussed the report at its meeting in June 2003. It endorsed action with stakeholders to reduce salt intakes, and agreed a long-term aim to reduce the average population intake by a third over the next five years, in line with the SACN recommendations. Since then the FSA has:

- Highlighted the report to stakeholder organisations with an interest in salt as a public health issue.
- Written to public procurement bodies to bring the recommendations on salt to the attention of staff with food procurement responsibilities.
- Convened a meeting of stakeholders to discuss possible Government action to reduce salt intakes. Ideas suggested at the meeting included the possibility of compositional criteria (such as salt limits) for processed foods either on a statutory basis or by voluntary agreement.
- Continued discussions with the food industry (both representative organisations and individual companies) to encourage and agree salt reduction strategies.

Salt modelling

To inform discussions on reducing the salt content of food the FSA has developed the enclosed model to explore the effect of changes in the salt content of different food groups.

The salt model is based on average sodium levels in foods within groups, weighted to take account of the different levels of consumption of different foods. From this starting point the model can be used to examine how changes in these average levels would impact on overall salt intakes in the population as a whole.

For illustrative purposes only at this stage 'target average' levels for different food groups have been modelled in the attached, which it is estimated would bring consumption to about the 6g/day target. These levels are based on bringing the average sodium content of each group down to the lower end of the current range of sodium levels. The notes accompanying the model give more information on this, and the working assumptions underlying the approach. I should emphasise that the target average levels included are just one of many possible ways of working toward the 6g target, and at this stage, do not necessarily represent specific targets as the basis for salt reduction activity.

The model itself, and the work to secure reductions in salt in processed food that it supports, represents just one strand of the FSA's work on salt undertaken in conjunction with Health Departments. Subject to the views of stakeholders, the model could be used to inform further activity by Government and stakeholders to achieve salt intakes in line with the SACN recommendations. How this work might be structured will be explored in further consultation with stakeholders.

At this stage I would particularly like to seek your views on:

- Would you find a model like this a useful aid in discussing salt reduction strategies?
- Is the overall structuring right (should we, for example, attempt to sub-divide any of the food groups)?
- Is the idea of working on 'target average levels' practical, and are there any other factors that should be taken into account when setting these?
- Are the values in the model a reasonable starting point for further work?
- Would a suitably adapted version of this model be helpful as a means of monitoring salt reductions in foods and the impact of these on population intakes?

Any other comments you may have on these and other points would be welcome. May I ask for your comments to be sent to:

Katie Dick
Food Standards Agency
Room 808C, Aviation House
125 Kingsway
London WC2 6NH
Email: katie.dick@foodstandards.gsi.gov.uk

Tel: 020 7276 8927

Your initial response by **31 October 2003** would be appreciated. Subject to the views of stakeholders the model will be regarded as an “evolving tool” relating to work on salt and comments on it after that date will also be welcomed.

Publication of personal data

All the views/comments received by the Agency will be made available for public examination. If you would prefer your comments NOT to be made publicly available, please indicate this by fully completing and returning the data protection form together with your response.

Yours faithfully,

Tom Murray
Head, Nutrition Division

Copies to:

British Dietetic Association
British Frozen Food federation
British Heart Foundation
British Hospitality Association
British Hypertension Society
British Nutrition Foundation
British Retail Consortium
Cardiovascular Research Institute
Consensus Action on Salt and Health
Consumers Association
Coronary Prevention Group
Faculty of Public Health Medicine
Federation of Bakers
Food and Drink Federation
Food Commission
General Consumer Council For Northern Ireland
Guild of Food Writers
Health Development Agency
Intercollegiate group on Nutrition
Joint Food Services Industry Group
Local Authority Caterers Association
National Association of Care Catering
National Consumer Council
National Heart Forum
National Osteoporosis Society
Nutrition Society

22/10/03

SACN/03/29

Royal Institute of Public Health and Hygiene
Salt Manufacturers' Association
Scottish Consumer Council
Stroke Association
Sustain - The Alliance for Better Food and Farming
The Caroline Walker Trust
UK Public Health Association
Verner Wheelock Associates
Welsh Consumer Council

UK SALT INTAKES: MODELLING SALT REDUCTIONS

Outline of model

- The model uses average consumption of food by the adult population, derived from the National Diet and Nutrition Survey (NDNS) of adults aged 19-64 in Great Britain (fieldwork 2000-01), with the exception of packet sandwiches where data is derived from the National Food Survey 2000. It covers all food consumed by people who took part in the survey. The model looks at only average consumption by the adult population as a whole and not specific sub-groups of the population.
- The food groups are largely based on those that are used in the NDNS, although some smaller food groups have been created. For example, in some groups it has been possible to separate 'ready meals' from equivalent home prepared dishes. However, the survey was not designed to distinguish between what are often nutritionally similar foods and therefore do not always allow such sub-divisions. As a result, there is an element of estimation in creating the food groups.
- Data on the sodium composition of food is largely derived from the NDNS nutrient databank. This is the database which was used for the NDNS Adults survey to calculate nutrient intakes. The data is based on a rolling programme of nutrient analysis over the last 20 years, previously conducted by the Ministry of Agriculture, Fisheries and Food (MAFF) and now the responsibility of the Food Standards Agency. This is complemented by other data sources such as food labelling.
- The **current average sodium value** for each food group is a weighted average of the sodium content of the foods in that group, taking into account differential consumption of foods within the group. This is based on generic product types rather than brands. For example, the breakfast cereal current average sodium value reflects the fact that cornflakes are one of the most commonly consumed breakfast cereals.
- An illustrative series of reduced **target average values** for specific food categories have been inserted into the model such that the average salt intake is then reduced to about 6g. Like the current average values the targets are averages across the group and not an 'upper limit'. These target averages represent just one of many possible ways of working toward the 6g target, and are not a fixed proposal.
- The target average values are set on a 'best guess' basis at levels towards the lower end of the range of existing levels taking into account factors relevant to specific food groups. These include:
 - The type of food. For example, some foods contain only naturally derived sodium and there is therefore no potential for reduction in their sodium content.
 - The range of foods included in the food group. The target average for the 'vegetable and vegetable dishes' category reflects the fact that it may be possible to reduce the salt content of vegetable dishes and vegetable products but the salt content of unprocessed vegetables cannot be reduced.
 - Criteria for reduced salt lines and healthy eating schemes that exist in this country and abroad were considered (such as the Australian 'Pick the Tick' scheme. Products labelled with a tick must meet certain compositional criteria, including sodium content). Target average values

were chosen to fall within these criteria where these include limits for the sodium content.

- The sodium content of low salt versions of food was considered. For example, the target for canned vegetables assumes a move towards canning in water rather than brine.
- The model shows the **percentage contribution** each food group makes **to the 'sodium intake food only'** (i.e. non-discretionary), with the current diet, and with the example target average salt intake achieved.
- An additional column states the **percentage contribution** that each food category makes **to the reduction in 'sodium intake food only'** necessary to achieve the target average salt intake.
- The **'sodium intake food only'** present average at the foot of the table is calculated by the spreadsheet from the sodium intake column above it. Decimal places are not shown in the figures for sodium intake, and this rounding accounts for the very slight discrepancy between these figures and the total under the present average.

Discretionary salt

- Discretionary salt is salt added by consumers, in cooking and at the table. It may also include some non-food sources of sodium in the diet e.g. medicines. It is estimated to currently contribute around 2.5g to daily salt intake (the difference between urinary estimation of salt intake and estimation from dietary records).
- The salt reduction model assumes a 40% decrease in discretionary salt.

Consumption patterns

The salt reduction model assumes no change in consumption patterns, and does not attempt to include the impact of the FSA's healthy eating advice such as recommendations to increase consumption of fruit and vegetables. The effect of general advice on salt is assumed in the decrease in the use of 'discretionary salt'.

Possible future work

This may include:

- A similar model for children.
- Using the model as an aid in developing upper limits (or "benchmarks") for food types.

ND/FSA
OCT 03

UK SALT INTAKES: MODELLING SALT REDUCTIONS

FSA CONTACT POINT: TOM MURRAY 020 7276 8980

Food group	Notes on food group	Food Consumption (g per day)	Current average sodium value (mg/100 g food)	Sodium intake (mg per day)	% Sodium contribution to diet	Target average (sodium mg/100 g food)	Target average (% reduction)	% of total reduction contributed by food group	% Sodium contribution to diet (with target average values)	Benchmark figure
Pasta excluding ready meals	Includes home-made pasta dishes.	22	87	19	0.7%	78	10%	0.2%	0.9%	
Rice	Includes rice dishes.	28	97	27	1.0%	87	10%	0.3%	1.3%	
Pizza		12	600	72	2.6%	300	50%	4.0%	1.9%	
Other Cereals	Includes flour, bran, papadums, yorkshire pudding.	5	441	22	0.8%	300	32%	0.8%	0.8%	
White bread	Excludes bread consumed as part of packet sandwiches.	60	476	284	10.2%	350	26%	8.3%	11.1%	
Wholemeal bread		16	487	76	2.7%	350	28%	2.4%	2.9%	
Brown bread		7	443	29	1.0%	350	21%	0.7%	1.2%	
Other bread	Includes granary, crumpets, muffins, bagels etc.	13	601	76	2.7%	350	42%	3.5%	2.4%	
Bought sandwiches	Consumption figure is taken from the National Food Survey 2000.	12	500	60	2.2%	350	30%	2.0%	2.2%	
Breakfast cereals		29	466	135	4.9%	300	36%	5.3%	4.6%	
Biscuits		12	367	44	1.6%	250	32%	1.5%	1.6%	
Buns, cakes & pastries and fruit pies		21	284	60	2.2%	200	30%	2.0%	2.3%	
Puddings	Includes rice pudding, custard, steamed pudding, trifle, cheesecakes.	12	108	13	0.5%	80	26%	0.4%	0.5%	
Milk & milk products	This category also includes ice cream and chilled desserts.	242	46	111	4.0%	46	0%	0.0%	5.9%	
Cheese		15	700	106	3.8%	500	29%	3.4%	4.0%	
Eggs & egg dishes	Includes quiches and flans.	19	291	55	2.0%	200	31%	1.9%	2.0%	
Fat spreads		12	726	89	3.2%	400	45%	4.4%	2.6%	
Bacon and ham	Includes recipes made with bacon & ham.	15	1491	224	8.0%	750	50%	12.3%	6.0%	
Carcase meat, poultry, products and dishes	Includes beef, veal, lamb, pork, chicken, turkey and liver and home-made dishes. Excludes ready meal, meal centres and takeaway.	84	224	188	6.8%	150	33%	6.9%	6.7%	
Burgers and kebabs	Includes beef burgers, ham burgers, pork/bacon burgers but excludes chicken burgers. Includes all kebabs.	9	503	44	1.6%	300	40%	2.0%	1.4%	
Sausages		10	962	93	3.4%	550	43%	4.4%	2.8%	
Meat pies		14	465	67	2.4%	300	35%	2.6%	2.3%	
Fish, products and dishes	Excludes ready meals, meal centres and takeaway	21	373	78	2.8%	250	33%	2.9%	2.8%	
Vegetables & vegetable dishes	Includes vegetable burgers unless takeaway, vegetable pies and vegetarian sausages. Excludes canned vegetables, baked beans, ready meals, meal centres and takeaway.	115	75	86	3.1%	68	10%	1.0%	4.1%	

Canned vegetables		9	257	22	0.8%	50	81%	1.9%	0.2%
Baked beans	Includes baked bean products with meat.	16	549	89	3.2%	350	36%	3.6%	3.0%
Potatoes	Includes all potatoes and potato products.	105	33	35	1.3%	30	10%	0.4%	1.7%
Crisps and savoury snacks		7	910	67	2.4%	550	40%	2.9%	2.2%
Fruit		95	8	8	0.3%	8	0%	0.0%	0.4%
Nuts and seeds		2	252	5	0.2%	252	0%	0.0%	0.3%
Sugar, preserves and confectionery		27	57	15	0.5%	57	0%	0.0%	0.8%
Drinks		1565	3	52	1.9%	3	0%	0.0%	2.7%
Beverages dry weight	e.g. drinking chocolate, Horlicks	3	156	5	0.2%	50	68%	0.4%	0.1%
Miscellaneous	Includes home-made soup, gravy, stuffing and herbs and spices.	21	279	59	2.1%	250	10%	0.7%	2.8%
Soup retail		17	440	73	2.6%	200	55%	4.4%	1.8%
Cook-in and pasta sauces		9	627	56	2.0%	250	60%	3.7%	1.2%
Table sauces retail	Includes tomato ketchup, brown sauce, salad cream, salad dressing, mayonnaise.	6	914	59	2.1%	600	34%	2.2%	2.0%
Ready meals pasta based		4	326	11	0.4%	250	23%	0.3%	0.5%
'Meal centre' pasta based	Stuffed pasta and noodle products.	3	128	3	0.1%	100	22%	0.1%	0.1%
Ready meals meat based	Includes all foods identified as ready meals e.g. shepherds pie, curries, meat in sauce.	15	400	60	2.2%	250	38%	2.5%	2.0%
'Meal centre' meat-based	Includes coated meat products, kiev, pancake. Excludes roast rolls, burgers, sausages, kebabs.	5	485	25	0.9%	350	28%	0.8%	1.0%
Ready meals fish based	Includes fish pie and fish in sauce.	2	300	7	0.2%	200	33%	0.3%	0.2%
'Meal centre' fish based	Includes fish fingers, fish cakes, retail coated fish.	4	431	16	0.6%	250	42%	0.7%	0.5%
Ready meals vegetable and potato based	e.g. vegetable curry & casserole	3	300	8	0.3%	200	33%	0.3%	0.3%
'Meal centre' vegetable based	Includes vegetable kiev, beanfeast, pancakes vegetable fingers and all breaded products. Excludes vegetable pies, vegetable burgers and sausages.	1	260	1	0.0%	200	23%	0.0%	0.1%
Take away, meat based	Includes curries, chinese dishes. Excludes beef burgers and kebabs.	9	376	32	1.2%	250	33%	1.2%	1.1%
Take away, fish based		4	248	10	0.4%	200	19%	0.2%	0.4%
Take away, veg based		1	344	3	0.1%	200	42%	0.1%	0.1%

Total 100.0%

100.0%

	Present Average	Target Average
Sodium Intake food only (mg)	2781	1879
Salt Intake food only (mg)	6952	4697
Salt Intake (mg) including discretionary	9452	6197

(assuming a 40% decrease in the use of discretionary salt)

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1 g sodium assumed to be equivalent to 2.5 g salt.

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