Parliamentary Under-Secretary of State for Public Health and Prevention
Department of Health and Social Care
39 Victoria Street
London SW1H 0EU

12th May 2025

To the Parliamentary Under-Secretary of State for Public Health and Prevention,

Re: Prioritising Salt Reduction for Improved Population Health

We are writing as a coalition of public health professionals, clinicians, academics, and civil society leaders to urge you to prioritise reducing population salt intake. This is an evidence-based, cost effective, and high impact intervention that can significantly advance your mission to prevent cardiovascular disease (CVD), reduce health inequalities, and build an NHS fit for the future.

CVD remains one of the leading causes of premature death and disability in the UK, responsible for one death every four minutes in England. The annual healthcare costs to NHS England are estimated at £10 billion, with the wider economic burden totalling around £24 billion each year[1]. CVD is also a major driver of health inequalities, with those in the most deprived areas of the country 2.5 times more likely to die prematurely from CVD[2].

Research has consistently demonstrated that reducing population salt intakes is one of the most cost-effective strategies that any government should take to improve public health, with the World Health Organisation identifying salt reduction as a "best buy" for the prevention of noncommunicable diseases (NCDS)[3]. Evidence from the previous Labour government's salt reduction programme demonstrates the potential impact of this initiative. Between 2003 and 2011, the UK achieved a 15% reduction in average salt intake, which contributed to significant declines in population blood pressure and CVD mortality rates[4]. This success also highlighted the critical role of food businesses, as the majority of the salt we eat is already in the foods we buy. Over the years, businesses have been able to gradually reduce salt in their products without impacting their sales or compromising on safety, and the public have benefited from this, with nutritionally improved food.

Unfortunately, under the current voluntary system, progress on reformulation has stagnated. Research shows that average population salt intakes have been rising since 2014, as responsibility for salt policy shifted and food industry influence grew[5]. The dilution of this once world-leading programme has contributed to a plateau in the previous reduction in CVD deaths, with economic modelling suggesting this plateau will cost the UK an estimated £54 billion by 2029[6].

Excessive salt consumption continues to cause thousands of preventable deaths each year, with average UK salt consumption still 40% higher than the recommended maximum limit of 6g/day. The existing salt reduction targets, which gave businesses until December 2024 to comply, remain unassessed, and without this evaluation, we cannot accurately gauge the programme's success or failure, leaving the UK's public health strategy on salt reduction in limbo.

Salt reduction is still possible and safe for consumers, as demonstrated by the significant range in salt content of several similar food categories[7]. A mandatory system, including clearly defined targets and financial disincentives for non-compliance, would ensure a level playing

field for food businesses and drive the necessary reformulation efforts to create healthier food options for consumers.

We therefore call on the government to:

1. **Reinstate salt reduction as a priority public health initiative**, learning from the successes of the earlier programme under the Food Standards Agency, and leveraging its simplicity and effectiveness as a preventive measure.
2. **Conduct an urgent review and evaluation of the outdated 2024 salt reduction targets**, as originally committed for 2022, to assess its progress and identify areas for improvement.
3. **Implement mandatory salt reduction targets for food businesses**, backed by enforceable financial penalties for those who fail to comply.
4. **Consider fiscal levers on unhealthy food,** building on the success of the Soft Drink Industry Levy to encourage businesses to actively engage in reformulation, as proposed by Recipe for Change[8].

Salt reduction is a simple, evidence-based intervention for the prevention of NCDs. By taking decisive action, this government has the opportunity to protect population health, reduce inequalities, and reaffirm its commitment to preventive health strategies.

Yours sincerely,

- Professor Graham MacGregor, Chair of Action on Salt
- Peter Sever, Professor of Clinical Pharmacology, National Heart and Lung Institute, Imperial College London.
- Professor Neil R. Poulter, Chair in Preventive Cardiovascular Medicine, Imperial College London
- Tim Lang, Professor Emeritus of Food Policy, City St George's, University of London
- Feng He, Professor of Global Health Research, Queen Mary University of London
- Chris Young, coordinator, the Real Bread Campaign (Sustain: the alliance for better food and farming)
- Professor Jacob George, Chair of Cardiovascular Medicine and Therapeutics, University of Dundee Medical School
- Katharine Jenner, Director, Obesity Health Alliance
- Barbara Crowther, Children's Food Campaign Manager, Sustain
- Professor Francesco P Cappuccio, Chair of Cardiovascular Medicine & Epidemiology, University of Warwick
- Liz Stockley, Chief Executive Officer, British Dietetic Association
- Lucy Marquis, Vice Chair, British Dietetic Association Obesity Specialist Group
- Matthew Philpott, Executive Director, Health Equalities Group
- Professor Gareth Beevers, Emeritus Professor of Medicine, University of Birmingham
- Professor Simon Capewell, University of Liverpool, UK
- Professor Bryan Williams OBE MD FMedSci, Chief Scientific and Medical Officer, British Heart Foundation

- Professor Ian Wilkinson, President British and Irish Hypertension Society
- Dr Pauline A Swift, Chair Blood Pressure UK
- Suzanne Fletcher, CEO, Nutrition Scotland
- Dr Elisa Pineda, Research Fellow, The George Institute for Global Health UK, School of Public Health, Imperial College London
- Thomas Abrams, Co-Head of Health, ShareAction
- Sean Cowden, Health & Food Programme Manager, LEYF
- Dr Thomas Beaney, GP and Clinical Research Fellow, The George Institute for Global Health UK, School of Public Health, Imperial College London
- Professor Kevin Fenton, President, UK Faculty of Public Health
- Alison Taylor, Chief Executive, Polycystic Kidney Disease Charity
- Alison Railton, Director of Policy and External Affairs, Kidney Research UK
- Dr Nigel Carter OBE, CEO of Oral Health Foundation
- Douglas Twenefour, Head of Clinical, Diabetes UK
- Fran Bernhardt, Commercial Determinants Coordinator, Sustain
- Greg Fell, ADPH President and Director of Public Health in Sheffield
- Dr John Chisholm CBE, Chair, Men's Health Forum

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