Evaluation of responses to Question 2 – Selecting a nutrient profiling model

	Should the CAP Code adopt the Department of Health (DH) nutrient profiling model to identify HFSS products? Please explain your reasons and, if applicable, the details of your preferred nutrient profiling model. — **CAP proposed to use the Department of Health nutrient profiling model to differentiate advertising for HFSS products from that for non-HFSS products.**		
	Respondent making points in favour of CAP's proposal:	**Summary of significant points**	**CAP's evaluation:**
2.1.1.	AA, CAA/ UKCA, CoBA, Danone, FDF, LRS, Nestle	Respondents said a key benefit of the DH nutrient profiling model was that it was well-established.	See Regulatory Statement section 4.3.2.
2.1.2	AA, CFT, CoBA, FDF, ISBA, McDonalds	Respondents considered a benefit of the DH nutrient profiling model was that it was well-understood and practical for businesses to implement; for instance, it would limit any increase to compliance costs.	See Regulatory Statement section 4.3.2.
2.1.3	FDF, PHDW	Respondents considered the DH nutrient profiling model could encourage reformulation of products.	CAP noted this was one potential route for advertisers to adapt to the new restrictions in its *Regulatory and economic impact assessment* (see consultation document Annex 7). Reformulation of products also contributes to wider public health objectives, along with CAP's underlying objective of altering the nature and balance of advertising seen by children.

2.1.4	AA, CEDAR, FDF, LRS, McDonalds	Respondents considered a benefit of the DH nutrient profiling model was that it was credible and robust	See Regulatory Statement section 4.3.2.
2.1.5	CEDAR	Respondent noted the systematic and rigorous approach to devising the nutrient profiling model.	See Regulatory Statement section 4.3.2.
2.1.6	C4, CEDAR, CFT, DUK, FDF, FF, IAB, IPA, ISBA, LNCDU, LRS, Nestle, PAST, PHK, Which?	Respondents considered that an approach consistent with the BCAP Code rules on TV advertising was beneficial to industry and the public.	See Regulatory Statement section 4.3.2.
2.1.7	CVUBH, PHDW	Respondent considered a consistent approach for all media was an important benefit of adopting the DH model.	See Regulatory Statement section 4.3.2.
2.1.8	IPH	Respondent pointed out that the Broadcasting Authority of Ireland also used the DH model. Adopting it would bring consistency between Ireland and Northern Ireland.	See Regulatory Statement section 4.3.2.
2.1.9	LNCDU	Respondent considered that the DH model would better contribute to the implementation of WHO recommendations on tackling obesity.	CAP notes the respondent's point. See the evaluation of point 1.a.1.19 (Question 1a).
2.1.10	PHDW	Respondent considered that other models, whilst more strict, were overly complicated, with multiple categories, which would entail more complex methods of enforcement.	CAP agrees that the DH model strikes an appropriate balance. Importantly, it is also in widespread use in the UK for TV advertising demonstrating its effectiveness and ease of use.
2.1.11	DUK	Respondent supported the use of the DH nutrient profiling model because it considered the overall impact of products on health.	See Regulatory Statement section 4.3.2.

2.1.12	SG	Respondent agreed, noting CAP reserved the right to consult on the use of any revised nutrient profiling model. They said the current model had worked well but the thresholds were no longer consistent with recent scientific evidence.	See Regulatory Statement sections 4.3.2 and 4.3.4.
2.1.13	PHE	Respondent encouraged CAP to adopt the current DH model and strongly encouraged CAP to use the revised model after they had completed their review in 2017.	See Regulatory Statement section 4.3.4.
2.1.14	CRUK, WCRF	Respondents said a comparison of nutrient profiling schemes showed that government-led schemes, such as the DH model, were significantly more effective than industry-led schemes. CRUK pointed out specifically that the EU Pledge was the second least successful model at reducing exposure to HFSS advertising. They said research described signatories to the EU Pledge as having "a public image strongly based on products with appeal to children". The respondent said European research had also found nonconformity with the EU Pledge nutrition criteria of up to 95.9% on advertised food for children. The considered that that showed the clear flaws in the EU Pledge.	CAP noted the findings of a recent comparative study, Brinsden and Lobstein (2013), *Comparison of nutrient profiling schemes for restricting the marketing of food and drink to children,* in Annex 6 of the consultation document. The DH model's relative performance was a consideration in CAP's decision.
2.1.15	PHK	Respondent noted there were a limited number of alternative models. Implementing other models would be more costly and would delay changes to the CAP Code.	CAP agrees. The wider public health issue is a pressing one. It is not practical to engage in a protracted process of policy development (see Regulatory Statement section 4.3.2).
2.1.16	OGDBA	Respondent supported the proposal but they were concerned about products categorised as non-HFSS that were not recommended for children; particularly, carbonated non-sweetened drinks, which contributed to dental erosion.	PHE is currently reviewing the DH nutrient profiling model to update it. See Regulatory Statement section 4.4.3 for CAP's response to concerns over "borderline" HFSS products.
2.1.17	FDF	Respondent cited concerns with certain aspects of the DH nutrient profiling model (the prohibition of advertising cheese and the lack of account given to portion size) but still considered that it was the most appropriate model.	CAP understands the on-going PHE review of the model is intended to update the model in light of new evidence and to address concerns such as that raised by the respondent.

2.1.18	BDA (Dental), LHHS, OAS	Respondent supported the proposal to adopt the DH nutrient profiling model, but considered that it should be updated, for instance, to reflect current nutritional guidelines and to close “loopholes”.	See the evaluation of point 2.1.17 (above).
2.1.19	ACAD2, CEDAR, LBH, MoL	Respondent believed the DH nutrient profiling model should be reviewed regularly and updated to reflect changes in scientific knowledge and food composition.	CAP is confident that new nutritional understanding and evidence will be considered by appropriate bodies, such as DH and PHE, and that the model will be reviewed and updated when there is a significant case for doing so. As noted in Regulatory Statement section 4.3.3, CAP is not an expert authority on nutrition. It is not for CAP to commit to a framework of future reviews of the model.
2.1.20	BSDA, CAA/UKCA, CoBA, ISBA, McDonalds, PepsiCo	Respondents agreed with CAP's proposal to consider the regulatory implications of and, if necessary, consult on any changes to the DH nutrient profiling model resulting from the PHE review.	See Regulatory Statement section 4.3.4.
2.1.21	AA, BRC, FDF, LRS	Respondents emphasised the need to consult on any changes to the DH nutrient profiling model arising from the PHE review process.	As outlined in section 45.8 of the consultation document, CAP will consider the output of the PHE review and report publically on the regulatory implications. If these are significant, it is very likely that CAP would consult. However, it is not possible to make such a commitment at this stage.
2.1.22	PPA	Respondent said any revisions to the DH model should be subject to agreement by CAP before being adopted.	See Regulatory Statement section 4.3.4.
2.1.23	Nestle	Respondent urged that, should CAP decide to consult on the potential adoption of a new model, continued alignment of the CAP and BCAP codes should be ensured.	In this eventuality, CAP will take this factor into account.
2.1.24	ABGPHT, AoS/CASH, BDA (Dietetic) BGCBC, BC,	Respondents supported CAP's proposal to adopt the DH nutrient profiling model immediately. However, they also emphasised the need for the model to be updated, for instance, to reflect current dietary guidance (several	See Regulatory Statement section 4.3.4.

	CFC, CFT, CRUK, DPPW, HF, JOFF, OHA, NEDPH, NS, PHDW, PHK, TCBC, UKHF, WCRF	respondents cited the SACN report, *Carbohydrates and Health*) or to eliminate "loopholes" for non-HFSS products that should not be part of a recommended diet. Respondents urged CAP to commit to adopt any revised model automatically following the PHE review. Several respondents urged the same, but on condition that the PHE process strengthened the model. Others explicitly disagreed with CAP's proposal to assess the impact and potentially consult on the changed model.	
2.1.25	CRUK	Respondent believed any updated model should be adopted automatically rather than consulted on. They considered that, to ensure consistency with BCAP's approach and ensure a level playing field for advertisers across all media, a version of the DH model should always be in place.	See Regulatory Statement section 4.3.4.
2.1.26	DUK	Respondent supported CAP's proposal to adopt the DH nutrient profiling model immediately and emphasised the importance of PHE's review. They believed CAP should review the outcome to assess whether the revised model provided greater protection for children. They believed the new model should be adopted if that was the case.	As noted in Regulatory Statement section 4.3.4, CAP reserves the right to assess the regulatory and economic impact of any revised model. CAP has a duty to ensure that its rules are proportionate. It is PHE's role to consider the scientific basis for change to the model. CAP understands that PHE's review aims to ensure that children are appropriately protected and acknowledges the likelihood that different products will be classified as HFSS.
2.1.27	Tesco	Respondent said new HFSS restrictions should reflect industry efforts to reformulate products beyond what had already been achieved through the Public Health Responsibility Deal. They said CAP's decision should be taken in the context of the on-going PHE review and changes to the model should be adopted. They supported the model being updated to reflect the latest evidence.	See Regulatory Statement section 4.3.4.
2.1.28	PHE	Respondent said, in 2004/05, the Foods Standards Agency (FSA) developed a nutrient profiling model for Ofcom to use in relation to TV advertising. They said the nutrient profiling	CAP notes the background provided by the respondent.

		model had been in use since 2007 and responsibility for the model transferred from the FSA to DH in 2010. The model was over 10 years old and did not reflect the recent scientific advice from the SACN report, *Carbohydrates and Health*, which recommended average population maximum intake of free sugars should be halved and fibre intake should be increased. They pointed out that the recommendations had been accepted by government and were now being integrated into key nutrition policy instruments.	
2.1.29	PHE	Respondent said they had been tasked by DH to review the existing nutrient profiling model and develop and test options for a new robust model. The aim was to safeguard children's exposure to advertising of foods and drinks high in fat, sugar or salt (HFSS). The review of the nutrient profiling model contributed to the government's commitment to tackling obesity in the UK.	CAP notes the background provided by the respondent.
2.1.30	PHE	Respondent said the review was due to be completed in 2017 and they were working with a wide range of stakeholders including academics, regulators (including CAP), food and drink industry, health and consumer groups and other government departments to ensure the work was comprehensive and transparent. The respondent said the review would include a rigorous modelling process, impact assessments, public consultation and the recommendations would be agreed by government.	CAP notes the background provided by the respondent.
2.1.31	Various respondents	Respondents believed the revised DH nutrient profiling model should also be adopted for broadcast media.	The BCAP Code is outside the scope of the consultation.

	Respondent making points against CAP's proposal:	Summary of significant points	CAP's evaluation:
2.2.1	Mars	Respondent did not agree in principle with the use of nutrient profiling because they believed that advertising to children should be not permitted, regardless of the product advertised.	The aim of the consultation was to consider whether to place appropriate restrictions on advertising to protect the health and well-being of children. CAP does not consider that a prohibition on advertising of non-HFSS products to under-12s would be proportionate or effective in meeting its aims; in particular, in changing the nature and balance of food advertising seen by children.
2.2.2	Ferrero	Respondent considered that if a nutrient profiling model was to be used in a self-regulatory code it should be a self-regulatory model. To use a model from an external regulator undermined the self-regulation. It also created the risk of the external regulator making changes to the model. The respondent believed the most appropriate nutrient profiling model was that of the EU Pledge.	CAP considers that it is appropriate to adopt a model administered by a statutory authority; above all, it best meets CAP's assessment criteria. Furthermore, the CAP Code is self-regulatory, but mirrors a wide range of statutory provisions in its rules. CAP also relies on relevant guidance produced by statutory bodies to support its regulatory role. As outlined in Regulatory Statement section 4.3.4, if there are changes to the model, CAP has a duty to assess the regulatory impact to ensure that its rules remain proportionate.
2.2.3	ASDA	Respondent was concerned that it was possible to develop a product for children that had lower nutritional standards than its adult counterpart, but would pass the scoring criteria and be categorised as "healthy". The respondent also pointed out that added sugar was missing from the DH model. They believed it should be included in light of the PHE advice to reduce the dietary percentage of free sugars to no more than 5% of energy intake.	CAP is not an expert authority on nutrition. The PHE review of the nutrient profiling model is the appropriate route to address such matters.

2.2.4	ASDA	Respondent pointed out that the considered the DH model, but ultimately adopted a combination of the Norwegian and Danish models for the WHO Europe model. The WHO considered category-based models easier to adapt or modify than models based on scoring.	See Regulatory Statement section 4.3.2.
2.2.5	Dairy UK	Respondent called on CAP not implement any policy measure that would undermine the future of the dairy sector. They cited CAP's principle that restrictions imposed must be a proportionate means of achieving a legitimate aim. They did not consider restriction of cheese advertising to be a proportionate means for addressing childhood obesity. The respondent said cheese was a nutrient-rich food and should be promoted as part of a healthy balanced diet. They expressed concerns over the unintended consequences of adopting the DH model. They could not agree with a model which restricted cheese in the same way as it restricted advertising of confectionery or fizzy drinks. They called for dairy products to be exempted until such time as PHE had revised the DH model to address the various concerns with it.	CAP notes Dairy UK's request and the evidence provided on the positive contribution of dairy products to children's diet. However, it is not CAP's role to determine the means by which HFSS products are identified. Although CAP must discharge its responsibility to ensure that its rules are proportionate from a regulatory and economic perspective, it is not appropriate to grant a product category exemption, even on an interim basis, due to concerns relating to technical aspects of the model. CAP notes the current model has been in place and has remained unchanged since 2007. By adopting the current model until at least such time as a new model is published, CAP is applying the same nutrient profiling standards to non-broadcast as have been in place for TV food advertising for nearly a decade. CAP is not aware that this has undermined progress towards achieving the underlying objective of reducing children's exposure to HFSS product advertising and rebalancing the types of food advertising seen by children.
2.2.6	Dairy UK	Respondent noted the on-going PHE review process. They said they could not agree to the adoption of a model that was likely to change and could be incorporated into the new framework without stakeholder consultation.	See Regulatory Statement sections 4.3.3 and 4.3.4 and also the evaluation of point 2.2.5 (above).
2.2.7	Dairy UK	Respondent said due consideration must also be given to the impact on businesses. If the current DH profiling model were to be implemented for non-broadcast advertising, the cheese industry would be affected in a way which is disproportionate to the intended goal.	See Regulatory Statement sections 4.3.3 and 4.3.4 and also the evaluation of point 2.2.5 (above).

2.2.8	Dairy UK	Respondent considered the DH model was not appropriate for addressing unhealthy eating in children.	See Regulatory Statement sections 4.3.3 and 4.3.4 and also the evaluation of point 2.2.5 (above).
2.2.9	Dairy UK	Respondent cited nutrition data showing significant numbers of children were not meeting their recommended daily intake of nutrients like calcium, riboflavin and zinc. They pointed out that calcium in particular was essential during phases of growth in childhood and adolescence. They provided examples of how cheese could contribute significantly to children's nutritional needs.	See Regulatory Statement sections 4.3.3 and 4.3.4 and also the evaluation of point 2.2.5 (above).
2.2.10	Dairy UK	Respondent said the cheese industry could not meet the current model's requirements regardless of whether it reformulated. They considered the model unfair as it was based on a reference amount of 100g and not the standard 30g cheese portion size. They were also concerned about the use of protein as an umbrella for all micronutrients. The respondent said the model placed cheese at a competitive disadvantage compared to other highly processed nutrient-poor foods which could benefit from reformulation. They said smaller cheese producers tended to sell a narrower range of products (mostly cheese) and lacked the resources to adapt.	See Regulatory Statement sections 4.3.3 and 4.3.4 and also the evaluation of point 2.2.5 (above).
2.2.11	Dairy UK	Respondent acknowledged that excessive cheese consumption was not recommended, but that data showed that children consumed well below the 30g recommended portion. They maintained that evidence did not point to cheese being a factor in the obesity crisis contributing only 2% to the calorie intake of those aged 4-18 years. The respondent called on CAP to have due regard to the evidence of and potential for harm.	See Regulatory Statement sections 4.3.3 and 4.3.4 and also the evaluation of point 2.2.5 (above).
2.2.12	Bel UK	Respondent said the current DH model was based on a reference amount of 100g but their products were never consumed in more than 40g portions. They pointed out the	See Regulatory Statement sections 4.3.3 and 4.3.4 and also the evaluation of point 2.2.5 (above).

		model did not allow their products to reduce their profiling score to reflect the benefit of cheese products in the diet, in particular protein and calcium. The respondent said the current DH model was not suitable.	
2.2.13	PFT	Respondent expressed concerns about the suitability of the DH nutrient profiling model. They noted the on-going review and considered that it required fundamental changes. They said it was very difficult to comment on the appropriateness of the model without understanding how it might change.	See Regulatory Statement sections 4.3.3 and 4.3.4.
2.2.14	PFT	Respondent considered the DH nutrient profiling model flawed because it did not take into account the overall nutrient content of a product. They believed it was unfair to classify cheese and meat products as 'less healthy'. They were also concerned about the use of 100g as the reference amount. It disadvantaged products with smaller portion sizes. The respondent believed that classifying nutrient dense protein foods as "less healthy" sent out a message to children, which was completely at odds with the generally accepted view of the importance of a balanced diet.	See Regulatory Statement sections 4.3.3 and 4.3.4.
2.2.15	PFT	Respondent said there were other models that took a more comprehensive view of the food overall, including the EU pledge model, which specified nutrient thresholds for food categories, rather than using a scoring system, and took into account other nutrients such as fibre, vitamins and minerals. They also believed a category model created an incentive to reformulate, which the DH model did not.	Beyond the fact that the DH nutrient profiling model is more well-established in the UK regulatory environment, in its Regulatory Statement section 4.3.2, CAP noted its main concern with category-based profiling models; that they introduce significantly greater complexity. CAP understands that reformulation has occurred in the UK, at least in part, in response to the introduction of the DH model for TV advertising. Ultimately, as explained in Regulatory Statement sections 4.3.3 and 4.3.4, CAP is not an expert authority on nutrition. The ongoing PHE review process is the appropriate route to address sector-specific concerns.

2.2.16	ACS, ASDA	Respondents recognised that the DH nutrient profiling model was well-established, but considered that there were issues that should be addressed through the PHE review process. The PHE review was also likely to lead to changes in the nutrient profiling model that would impact on the type and number of products likely to be classified as HFSS. The respondents believed CAP should await the outcome of the PHE process before implementing changes to the CAP Code.	In addition to points made in Regulatory Statement section 4.3.3, CAP considers that it is unreasonable to delay implementation until the outcome of the PHE review. The policy issue is pressing and important. A commitment to delay would make implementation of the new rules dependent on timings of PHE's review and CAP's subsequent work to assess the regulatory and economic impact of any subsequent new model. This would probably delay the implementation of new rules into 2018. CAP understands that the current DH nutrient profiling model will continue to apply on 1 July 2017. In deciding to adopt the current model until at least such time as a new model is published, CAP is simply applying the same nutrient profiling standards to non-broadcast as have been in place for TV food advertising for nearly a decade. A decision to postpone implementing the new rules until a new model is in place assumes that CAP will automatically adopt the new model, when that is not necessarily the case. In the event that it agrees to adopt a revised model, CAP is not persuaded that advertisers would face an undue compliance burden in switching from the current model to a revised nutrient profiling model. CAP will make clear its approach on publication of the findings of its assessment of the revised model. However, it will likely provide a grace period to ensure advertisements for products that are classified as non-HFSS under the present model, but become HFSS under any revised model, avoid sanction during that period.
2.2.17	NHS (Sco)	Respondent said the current DH nutrient profiling model was no longer relevant and should not be used until it was reviewed in light of new scientific evidence.	
2.2.18	FSS, NHS (Sco), PHDW	Respondents considered that current DH nutrient profiling model was no longer reflective of accepted dietary advice. They supported PHE's review process, but called on CAP to await the outcome before implementing changes to the CAP Code. They pointed out that the present model could potentially allow advertising of products to children that were not in line with current dietary recommendations.	
2.2.19	SW	Respondent considered that current DH nutrient profiling model was no longer reflective of accepted dietary advice, for instance, in distinguishing between free and total sugars or between healthy and unhealthy fats. They considered that the model should not be adopted until the PHE review was completed. The respondent urged CAP to adopt the Sugarwise nutrient profiling model in the interim.	In line with Regulatory Statement section 4.3.2, CAP does not agree with the respondent's proposal. CAP's consultation identified possible nutrient profiling models on the basis of their proportionality, credibility and usability. In line with these criteria, adopting a new, unfamiliar model, especially on an interim basis, is not a viable option.

	Respondent making other relevant points	Summary of significant points	CAP's evaluation:
2.3.1.	ASDA	Respondent was concerned that other Code rules were vague rules, did not differentiate between healthy and unhealthy foods and failed to cover marketing techniques such as the use of brand characters. They noted the code stated, "Marketing communications should not condone or encourage poor nutritional habits or an unhealthy lifestyle in children", but questioned what constituted "condoning and encouraging" or "poor habits". The respondent considered the terms open to interpretation.	See Regulatory Statement section 4.1 for CAP's response to criticisms of the existing rules. The issue of brand equity characters is addressed the evaluation of point 3.3.2 (Question 3). CAP notes the respondent cited rule 15.11; this and other general content rules are outside the scope of consultation. They are deliberately broad in scope, to allow the ASA to rule against irresponsible content in food and soft drink advertisements, for example excessive snacking between meals or eating before bedtime. See the ASA website for an example ruling.
2.3.2	Bel UK	Respondent supported use of the EU Pledge nutrient profiling model as it was based on categories of food and took into account nutrients perceived as positive (e.g. fibre, vitamins and minerals). The respondent believed the parameters of the model also promoted reformulation, whereas the current DH model prevented even low-fat cheeses from advertising.	See Regulatory statement section 4.3.2 and the evaluation of point 2.2.15 (above).
2.3.3	Bel UK	Respondent noted the DH nutrient profiling model was under review and invited the possibility of revisiting the question once the new DH model was finalised.	See Regulatory Statement section 4.3.4.
2.3.4	FDF	Respondent believed any nutrient profiling model should balance the evidence of advertising's impact on children's diets with the right to advertise in general.	CAP is satisfied that the DH nutrient profiling model best meets the assessment criteria outlined in Annex 6 of the consultation: proportionality, credibility and usability. As outlined in sections 11, 14 and 15 of the consultation document, this process has been based on a need to balance a legitimacy policy aim of protecting children's heath with commercial freedoms.

2.3.5	BC	Respondent said the model adopted should incorporate useful aspects of other models, including the EU Pledge model. The respondent acknowledged, however, that the DH model was technically suitable and that as Britain was to leave the EU, a European-based model might not be appropriate.	CAP is not an expert authority on nutrition; PHE is the appropriate body to assess the evidence in order to determine the best approach from a scientific perspective.
2.3.6	ACAD1	Respondent said CAP should also seek to strengthen the thresholds within the model, if necessary, to ensure that low/zero calorie soft drinks and 'healthier' fast food meal bundles were excluded from promotions. The respondent cited evidence to show that such promotion did not promote healthier choices. It drove preferences for food from the brand or other brands in the same category.	See Regulatory Statement sections 4.3.3 and 4.3.4.
2.3.7	OAS	Respondent considered that a revised nutrient profile model should reflect other, stricter, models used elsewhere. They noted the WHO Europe model did not allow advertising of fruit juices and diet cola. They pointed out that the DH model classified 53% of foods as unhealthy, compared to 67% by the WHO_EURO model, 75% by the WHO_EMRO model, 81% by the EU_pledge model, and the 86% by PAHO model.	See Regulatory Statement section 4.3.2.
2.3.8	FF	Respondent noted international models were stricter than the DH model. They said any revised DH model should be based on learnings from such models, along with government dietary advice. They urged CAP to automatically adopt any revised model.	See Regulatory Statement sections 4.3.2 and 4.3.4.
2.3.9	CVUHB	Respondent said the DH model needed to be reviewed. They noted SACN recommended that the population average intake of free sugars should not exceed 5% of total dietary energy, based on SACN's assessment of evidence on the effect of free sugars on the risk of dental caries and on total energy intake. They noted SACN also recommended that dietary fibre should be chemically determined using the AOAC method and	CAP notes the respondent's points, but these are technical issues for the PHE review process to consider.

		that the recommended fibre intake should be increased. The respondent considered that that should be reflected in the scoring system. They believed the addition of fruit juice to a food or drink product should not be regarded as a high 'C' score due to its high free sugar content.	
2.3.10	SPHSU	Respondent said evidence showed that industry models were not robust. They said Brinsden and Lobstein (2013) found that government nutritional profiling models were more restrictive with Denmark's code the most restrictive. They said the DH model classified products in a way largely consistent with dietary recommendations, however, they pointed out that it had been criticised for allowing too many less healthy foods to be advertised. Respondent said there was no gold standard for nutrient profiling in relation to advertising to children. They said a recent systematic review calling for more validation studies to authenticate the application of models. Respondent said, in their qualitative study, young people raised the issue that salt, sugar and fat content were not the only criteria to judge whether a product was healthy or not. They were concerned about artificial sweeteners and the possible effects they had in non-HFSS soft drinks. The respondent therefore called for a system which also took product categories into account.	See Regulatory Statement section 4.3.2.
2.3.11	BASCD	Respondent said recommendations from SACN and the WHO should underpin the CAP proposals and that the specific guidance on oral health should also be taken into account.	See Regulatory Statement section 4.3.2.
2.3.12	SW	Respondent said the Sugarwise standard should be adopted. The kite mark provided independent evaluation of products low in free sugars in line with WHO guidelines. The respondent considered the DH nutrient profiling model to be out of step with public health thinking and nutrition guidelines.	See the evaluation of point 2.2.19 (above).

2.3.13	TNA	Respondent believed that any new regulations should recognise the research underpinning the recommendation of nuts (peanuts and tree nuts) as desirable foods for the development of children and young people (always assuming there are no food allergy issues of course).	See Regulatory Statement sections 4.3.3 and 4.3.4.
2.3.14	FDF	Respondent did not support the use of the WHO nutrient profiling model as it included outright prohibitions for certain categories of food such as edible ices and 100% fruit and vegetable juices. They said it also stated that soft drinks with artificial sweeteners should not be advertised to children. The respondent considered that restricting advertising of anything that could help people reduce their calorie intake seemed counterintuitive.	See Regulatory Statement section 4.3.2.
2.3.15	FDF	Respondent said its members supported the EU Pledge model as it was sufficiently robust but allowed for reformulation. It was category based and also took into account nutrients such as fibre, vitamins and minerals. However, The respondent considered that the DH nutrient profiling model had been in use for almost a decade in TV advertising and thus would be a more practical model to transpose to non-broadcast media.	See Regulatory Statement section 4.3.2.
2.3.16	FSS	Respondent believed the EU pledge model should not be adopted. They said an assessment of the model showed that it was more lenient for a number of the food categories including sweet and savoury bakery, breakfast cereals and snacks when compared with the DH model.	See Regulatory Statement section 4.3.2.
2.3.17	FSS	Respondent noted the WHO model was stricter than the DH model and followed a category based approach through which some categories are excluded. They said they did not agree with the principle of excluding some of the categories. It might be considered unfair to healthier versions of foods from some	See Regulatory Statement section 4.3.2.

		food categories and could be a disincentive to product reformulation.	
2.3.18	Mars	Respondent said CAP should adopt the WHO Europe model. They noted it was stricter than other models considered. They believed it would have greater credibility and called for it to be considered for use by BCAP also.	See Regulatory Statement section 4.3.2. The BCAP code is outside the scope of this consultation.
2.3.19	LNCDU	Respondent said the WHO Recommendations clearly stated that governments should lay down the key policy parameters, and in particular determine which food can or cannot be promoted to children. However, they considered it was important to ensure that the model was reviewed as and when necessary.	See the evaluation of point 2.1.19 above.
2.3.20	IPH	Respondent believed the DH model should be subject to regular review to ensure it was up to date. They believed that, should more robust models be implemented in other jurisdictions, those models should be considered as alternatives (for example, the WHO Europe nutrient profiling model) for both the UK and Ireland.	See the evaluation of point 2.1.19 above.
2.3.21	LBL	Respondent believed it would be helpful for the CAP code to remain flexible. That would ensure that it can be adapted to reflect any updates to nutrient profiling or nutritional guidelines which may be released in the future.	See the evaluation of point 2.1.19 above.
2.3.22	OGDBA	Respondent called for an independent organisation look at products categorised as non-HFSS using the nutrient profiling model, to see if they should be recommended for children and young people.	CAP considers the PHE review process to be the appropriate route for updating the DH model in light of nutritional developments over the past decade. It would be disproportionate and unnecessary to adopt a further tier of nutrient profiling or other means of identifying products to be subject to advertising restrictions.

2.3.23	Mars	Respondent did not agree with the principle of “good” and “bad” food in relation to adults. They believed consumers should be enabled to make informed choices about the products they consumed. Therefore, rather than categorising food as “good” or “bad”, they preferred to see better education that chocolate and other HFSS foods were treats and certainly are not replacements for main meals.	See Regulatory Statement section 4.1.2.
2.3.24	IPM	Respondent asked how CAP would approach the adoption of the DH profile.	See the evaluation of point 2.2.16 (above).