



ADPH
Yorkshire
and Humber

Citizens' Juries on Health and Harmful Products

Summary Report

Yorkshire and Humber, January 2026



Acknowledgements

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The project was delivered by Y&H ADPH alongside researchers from the Shaping Public Health Policies To Reduce inequalities and harm (SPECTRUM) research consortium, and two National Institute for Health and Care Research (NIHR) Health Determinants Research Collaborations (HDRCs) hosted within Wakefield and Doncaster Councils. Hopkins Van Mil and Sortition Foundation also provided support for the project.



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Health Determinants
Research Collaboration
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NIHR

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Wakefield

Foreword

The Yorkshire and Humber Association of Directors of Public Health is the voice of all fifteen local Directors of Public Health working together to improve health across our region.

Addressing the 'commercial determinants of health' – specifically those that cause harm to our health and society - is one of our priority work programmes as we recognise this paradigm shift in the way we think about public health. We've taken bold action in our region since publishing our [Position Statement](#), including restricting advertisement of, and sponsorship by, unhealthy foods, tobacco, and alcohol on Council-owned space in some areas and working with licensing teams to identify areas experiencing high levels of alcohol-related harm and anti-social behaviour.



As Directors, we acknowledge the key role that business and commerce can play in society. They create jobs, generate income, give people purpose, as well as create health improving goods such as medicines and healthy food. However, as we work together to protect and improve the health of Yorkshire and Humber's people, we must also recognise that a number of industries lie at the root of most preventable health harm, and that the tactics they use to promote sales of their products are increasingly recognised as unethical.

That's our professional view. However, we know the most powerful public health work comes from connecting evidence with the voices and experiences of real people - understanding what they think and feel, how these trends in society affect their lives and health, and crucially: what solutions and ideas they have for us to take forwards in local government, and advocate for on their behalf to national powers.

Therefore, we commissioned this piece of work with open minds and eager ears, and we are ready to listen and hear the views of the members of our region's Citizens' Juries.

This work needed to be robust and represent the diversity of our communities whilst giving an authentic 'Yorkshire and Humber' voice. To ensure this, we used an established methodology and partnered with leading academics who have successfully delivered similar work in Glasgow. To help deliver this locally, we have also partnered with two NIHR Health Determinants Research Collaborations in Wakefield and Doncaster.

The 'what's next' is still dependent in part on the key messages and themes which these Citizens' Juries surface, and the findings will shape the future of our commercial determinants of health programme. We will continue to lead the way in our work to tackle these preventable harms, and will share the learning across our region and beyond.

Peter Roderick, Director of Public Health, City of York Council on behalf of the Yorkshire and Humber Association of Directors of Public Health

Contents

Acknowledgements.....	1
Foreword	2
Executive summary	4
1. Background to the Citizens' Juries	8
1.1 Context	8
1.2 What are Citizens' Juries?	8
1.3 Project aim	9
1.4 Recruiting members of the Citizens' Juries	9
2. The deliberative process	10
2.1 Summary.....	10
2.2 Workshop one process	13
2.3 Workshop two process	14
3. Perspectives and priorities: Jury-led inputs	17
3.1 Pre-workshop shared images	17
3.2 Summary of initial data from the questionnaire	19
3.3 Summary of responses to Wooclap questions.....	22
4. Jury voting and recommendations	25
4.1 Jury votes in workshop one	25
4.2 Jury votes in workshop two.....	25
4.3 Values and principles underpinning the recommendations and votes	28
5. Jury manifestos	29
5.1 Jury manifestos (Wakefield)	29
5.2 Jury manifestos (Doncaster).....	30
6. Reflection on the process	31
Appendix 1: Selection of jurors.....	33
Appendix 2: Density maps	35
Appendix 3: Policy action cards.....	40
Appendix 4: Questionnaire.....	45

Executive summary

The Citizens' Juries on tackling the harms caused by alcohol, tobacco and unhealthy food were commissioned by Yorkshire and Humber Association of Directors of Public Health (Y&H ADPH). Y&H ADPH partnered with a UKPRP research consortium called 'Shaping Public health policies To Reduce inequalities and harm' (SPECTRUM) to deliver these Juries, as they led similar work in Glasgow in 2024. National Institute for Health and Care Research (NIHR) Health Determinants Research Collaborations (HDRCs) in Wakefield and Doncaster have also been important partners in ensuring the local delivery of the Juries in the region. The deliberative social research agency Hopkins Van Mil (HVM) were commissioned to support the project.

The aim of these Citizens' Juries is to explore public views about the health and social impacts of commercial activities relating to tobacco, alcohol, and unhealthy food and to consider how governments should respond.

Recruitment

Members of the Citizens' Juries were recruited using a stratified sampling method. The Sortition Foundation managed the recruitment of Jury members from Wakefield and Doncaster, creating two mini-publics broadly representative of the Yorkshire and Humber region. Twenty-one people were recruited from each area. In the end 17 people from Wakefield and 18 people from Doncaster attended the Jury sessions. A full description of the recruitment process and a breakdown of key demographics is given in Appendix 1.

Process

Two sets of workshops were held in each city, a process rooted in place and informed by what Jury members wanted to discuss. The Citizens' Juries in both areas will meet for a final workshop in early 2026. Figure 1 sets out the full process.

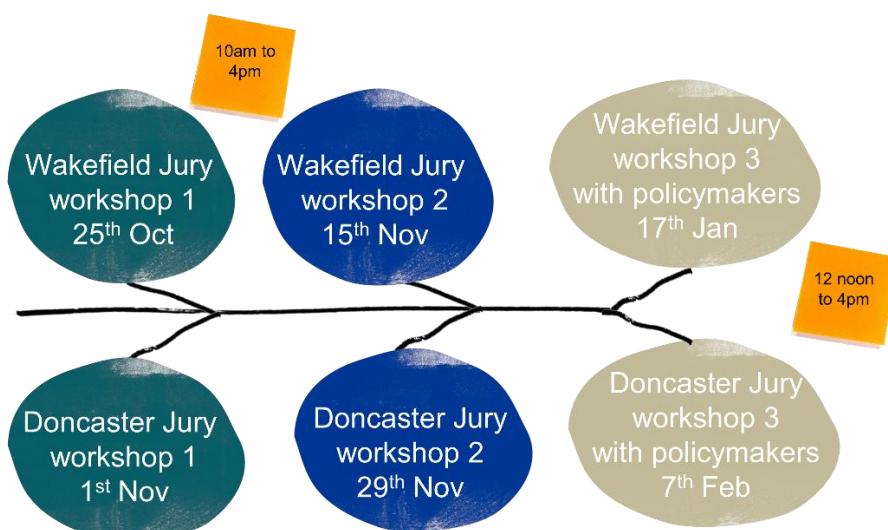


Figure 1: The Citizens' Jury process

Each Jury deliberated on the same evidence:

- Speaker presentations
- Filmed presentations from academics and advocates
- Density maps showing outlets for harmful products in each area
- Ten policy action proposals drawn from ongoing policy debates and informed by Jury priorities

Within each area Jury members deliberated in facilitated small groups, coming together as a whole group to reflect on the small group findings and to vote on the outcomes.

This report is being written in advance of the final workshops so that the key findings from each Jury can be discussed at those sessions. It summarises the pre-shared images from Jury members, headline results from baseline questionnaires, polling using Wooclap.com during workshops, Jury voting prioritisation of key issues and the 'Manifestos for change' developed by Jury members. An academic analysis of the Juries' findings and other outputs will be produced after the final workshops.

Perspectives and priorities: Jury-led inputs to the deliberation

In Section 3 of the report, we share images provided by Jury members in advance of attending the first workshop. These show members' unprompted concerns about the amount of advertising and promotions that exist in their communities for alcohol, tobacco and unhealthy food, as well as the growing prominence of online advertising. Many jurors highlighted price promotions in their images; others showed targeted marketing activities which often appear to promote harmful products in such a way as to be attractive for children and young people. The images also illustrate concerns with the indirect consequences of these harmful products, particularly litter.

Jury members completed the same questionnaire on arrival at workshop one to provide initial views; and at the end of workshop two to offer final views and allow an exploration of any changes across the workshops.

A top-level analysis of these results shows that, in relation to health and inequalities, participants initially identified the two biggest factors negatively affecting their health as being genetics or biology, and behaviours (smoking, drinking, poor diets and lack of exercise). By the end of the second workshop, behaviours were identified as most damaging to health by a majority of respondents. Alongside this, the results suggest an increasing concern about the impact of social issues across the workshops, with the influence of friends and family and of their local physical environment overtaking genetics and biology.

In both Wakefield and Doncaster, alcohol, unhealthy foods, and tobacco were selected most frequently when jurors were asked which industries most impact health and well-being in their neighbourhood. However, there was a notable shift in emphasis across the

two workshops. In workshop one, alcohol was the most frequently mentioned industry at 77%, with tobacco next at 68%, and unhealthy foods in third at 52%. The number of jurors selecting the alcohol industry remained consistent at the end of workshop two (at 76%), but those highlighting the unhealthy foods industry as impacting on health in their community increased to 79% while tobacco was less frequently cited at 42%.

Changes in support for policies aimed at reducing harm from these industries varied by policy type. For marketing, a clear and increasing majority agreed that limits should be placed on advertising, promotion and sponsorship for all three products. There was also broad support for actions to reduce the availability of these products, with modest changes across the two workshops. The most striking changes were the increases in support for price-based interventions for all three products. By the end of the second workshop, 82% supported price increases for alcohol, and 79% for both tobacco and for unhealthy foods.

Jury members were also asked in the questionnaire to think about the role of the alcohol, tobacco and unhealthy food industries in policymaking. There was a significant drop in the number of members who believed the government should partner with these industries to reduce health and social harms. There was also strong and increasing support for the idea that government health policy should be protected from the influence of each of these industries.

During the in-workshop polling using the online tool Wooclap, Jury members highlighted widespread concerns relating to alcohol, tobacco and unhealthy foods, situated alongside recognition of wider economic, environmental and social determinants of health and their role in health inequalities. When asked which of the three product categories they were most concerned about, most participants highlighted concerns about the impacts of alcohol on health in their respective communities, with unhealthy foods in second and tobacco in third place in both cities.

Jury voting and recommendations

The top results from the three votes across the two workshops are shared in Section 4 of this report. Both areas felt that 'Measures to reduce the price of healthy foods' and 'Restrict industry involvement in developing health policy' would have the power to make change, though support for the latter was much stronger in Doncaster. The smokefree generation legislation received the most votes for 'Would not work' in both cities. However, there were also some differences between the areas. 'Restrict advertising' received strong support in Doncaster, whereas in Wakefield participants prioritised a Jury generated policy on education and healthy eating. Jury members in Doncaster also supported a Jury generated policy action, 'Stronger local planning to reduce availability'. In terms of policies that would not work, Jury members in Wakefield focused more on

those targeted at unhealthy food outlets, whereas in Doncaster votes were more concentrated on alcohol policies.

Jury manifestos for change

At the end of the second workshop Jury members developed ‘Manifestos for change’, in which they built on the policy actions they felt most strongly would create change in the system. Jury members believe change is important to improve health at an individual, local and national level. They want to see a pivot in policy making away from industry involvement and the prioritisation of profit over health, towards policies which empower and enable healthier communities.

Jury members are calling for changes in the price, availability and marketing of alcohol, tobacco and unhealthy food. Jurors in Wakefield focused on policies to address the harms from alcohol and healthy food, while those in Doncaster also included policies that target tobacco. Wakefield included a policy on education for children and young people around healthy eating, while in Doncaster there were calls for more general health promotion campaigns. Jury members in both cities advocated for a restriction on advertising of alcohol, unhealthy food and vapes, and restrictions on industry involvement in policy making. In addition, those in Doncaster called for both stronger local planning to reduce availability, and national-level action across all policy areas.

Reflection on the process

Following each workshop, Jury members were invited to reflect on what they had learned, feelings and experiences they took away, and what aspects they would prefer to forget. Overall, jurors in both areas shared a sense of having learned a lot from the process. They expressed how much they valued being able to work as a group, hear other people’s views, and being part of something important. They shared a sense of community and that change is possible. As one Jury member put it:

“Others do care and change can happen”.

1. Background to the Citizens' Juries

1.1 Context

Consumption of tobacco, alcohol, and foods high in salt, sugar and fat (HFSS) are the leading, but avoidable, causes of non-communicable diseases (NCDs) and health inequalities in Yorkshire and Humber, in the UK and worldwide.

This consumption is driven by complex systems of production, distribution and promotion dominated by transnational companies. 'Shaping Public health policies To Reduce inequalities and harm' (SPECTRUM) is a multi-university, multi-agency research consortium focused on the commercial determinants of health and health inequalities, funded by the UK Prevention Research Partnership. Yorkshire and Humber Association of Directors of Public Health (Y&H ADPH) partnered with them to deliver this Citizens' Jury on Health and Harmful Products as they led similar work in Glasgow, Scotland.¹

National Institute for Health and Care Research (NIHR) Health Determinants Research Collaborations (HDRCs) in Wakefield and Doncaster have been important additional partners in ensuring the local delivery of the Juries in the region. The deliberative social research agency Hopkins Van Mil (HVM) were commissioned to support the delivery of the Jury workshops, including working with the Sortition Foundation on the recruitment of Jury members from Wakefield and Doncaster in a way that was representative of the population of the whole region.

1.2 What are Citizens' Juries?

Citizens' Juries are a robust and trusted method for exploring issues that matter to society, finding common ground and understanding different attitudes. The process was developed by what is now the Center for New Democratic Processes² in the USA in the 1970s and has been used widely as a form of democratic public involvement. Citizens' Juries are particularly effective in exploring value-laden and controversial questions, where knowledge is contested and there are important ethical and social repercussions. Citizens' Juries have several important features:

- **Jury members or 'jurors':** the membership is designed to be representative of the wider population, in this case the population of Yorkshire and Humber, drawn from the two cities of Wakefield and Doncaster.
- **The deliberative process:** jurors go through a three-stage process of learning, discussion, and decision-making.

¹ [Tackling the harms caused by alcohol, tobacco and unhealthy food: Citizens' Jury Summary Report](#)

² <https://cndp.us/about-us/how-we-work>

- **Evidence and information:** jurors are presented with balanced, accurate and comprehensive evidence during the learning phase.
- **Independent facilitation:** to ensure that the deliberations are not influenced by those who have a vested interest in the topic and that the Jury is properly supported to do their work.

1.3 Project aim

The aim of these Citizens' Juries is to explore public views about the health and social impacts of commercial activities relating to tobacco, alcohol, and unhealthy food and to consider how governments should respond. Jurors have been discussing the issues, considering policy options and making recommendations, in the form of 'Manifestos for change', on approaches to minimise harm from unhealthy commodities.

1.4 Recruiting members of the Citizens' Juries

Members of the Citizens' Juries were recruited using a stratified sampling method which creates a mini-public broadly representative of the population, in this case of the Yorkshire and Humber region. This is a civic lottery method called sortition. The process was delivered by the Sortition Foundation, working to a recruitment specification co-designed by Y&H ADPH and SPECTRUM.

To ensure place-based reflections on the issues, the sortition process focused on two adjacent areas (called 'wards') within each of Wakefield and Doncaster for the issuing of invitations to take part in the Jury:

- **Wakefield:** Wakefield North and Wakefield East
- **Doncaster:** Doncaster Town and Wheatley Hills and Intake

Each of the mini-publics included a diversity of Jury members based on key demographics such as gender, ethnicity and age. A description of the recruitment process and a breakdown of key demographics is given in Appendix 1.

2. The deliberative process

2.1 Summary

Each Juror took part in two in-person workshops held either in central Wakefield or central Doncaster. Those taking part from Wakefield attended sessions on 25th October and 15th November 2025; Doncaster jurors experienced the same workshops on 1st and 29th November 2025. As such, each group had three or four weeks reflection time in between their first and second workshop.

The Citizens' Juries in both areas will meet for a final workshop on 17th January 2026 in Wakefield and 7th February 2026 in Doncaster. This report is being written in advance of the final workshops so that the key findings from each Jury can be discussed at that session.

In the workshops, Jury members worked in small groups, supported by a facilitator, and as a whole group to deliberate on the stimulus materials, ask questions and to vote on key priorities. The groups were also supported by two Jury Friends who were available during workshops to help Jury members to interrogate and challenge the evidence and to answer their questions. Two things are important to highlight about the process:

A. Deliberations were rooted in place

This began by asking jurors, before attending workshop one, to take at least two images which say something about how tobacco, alcohol and/or unhealthy foods appear in their daily life as they are out and about in their communities. These images were used to inform the group's deliberations. In workshop two, jurors were shown a set of maps describing the density of outlets selling alcohol, tobacco, unhealthy foods and gambling in the areas they live in, alongside a map showing a measure of socio-economic deprivation. These maps were generated using the 'Access to Healthy Assets and Hazards' tool created by researchers at the University of Liverpool³. Through this, jurors could see variation across the areas, including that there is broadly a higher density of these outlets in areas of multiple deprivation and specific concentrations in parts of city centres. Figures 2-5 below show the maps drawn from each area on alcohol outlet density and multiple deprivation. The full set of maps is in Appendix 2

³ From the Geographic Data Service (GeoDS.ac.uk), a Smart Data Research UK Investment: ES/Z504464/1. Access here: www.liverpool.ac.uk/geographic-data-science/research/geographiesofresilienceexclusionandopportunity/healthy-assets-hazards

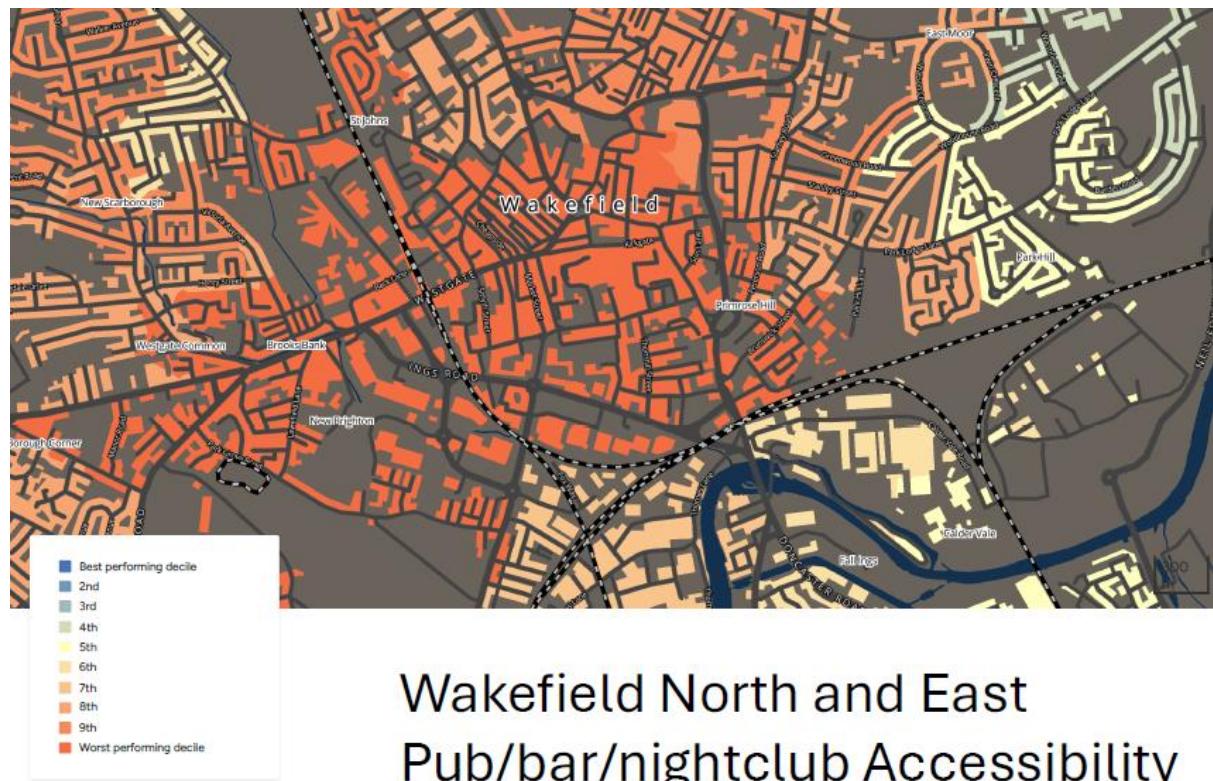


Figure 2: Alcohol outlet density in Wakefield

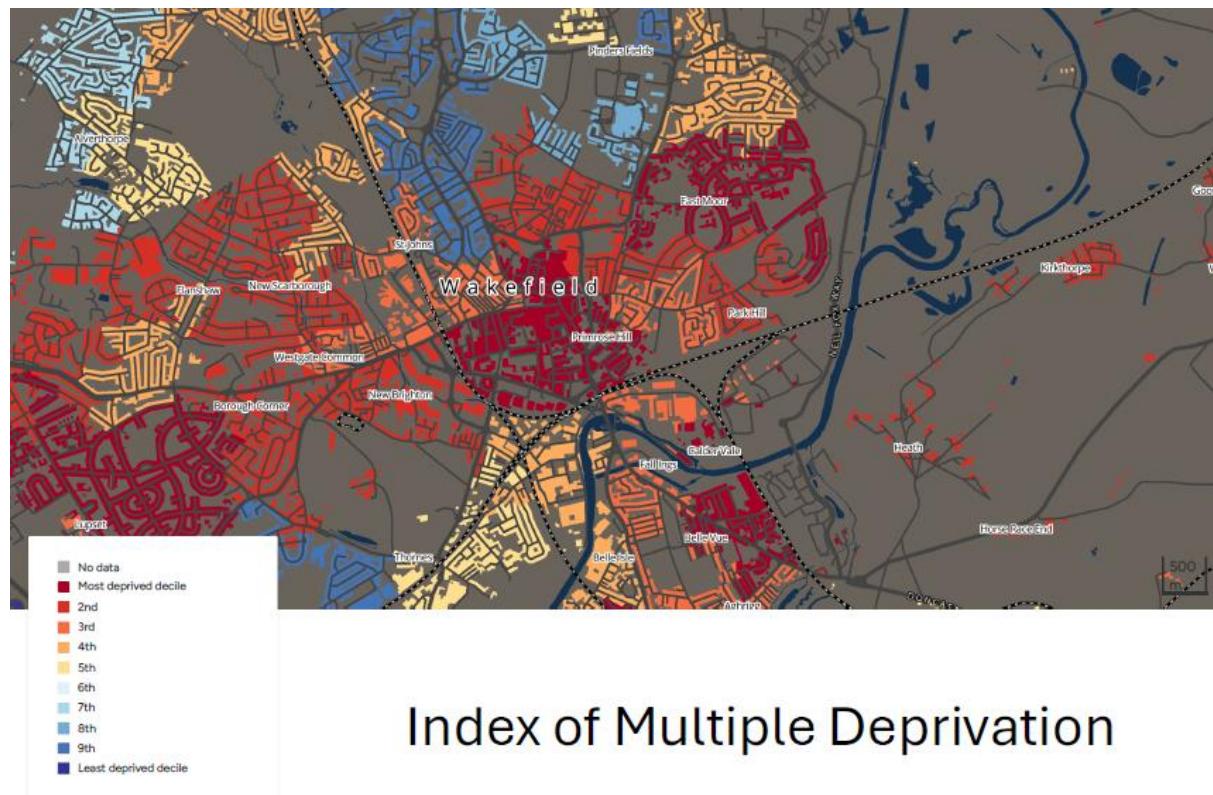
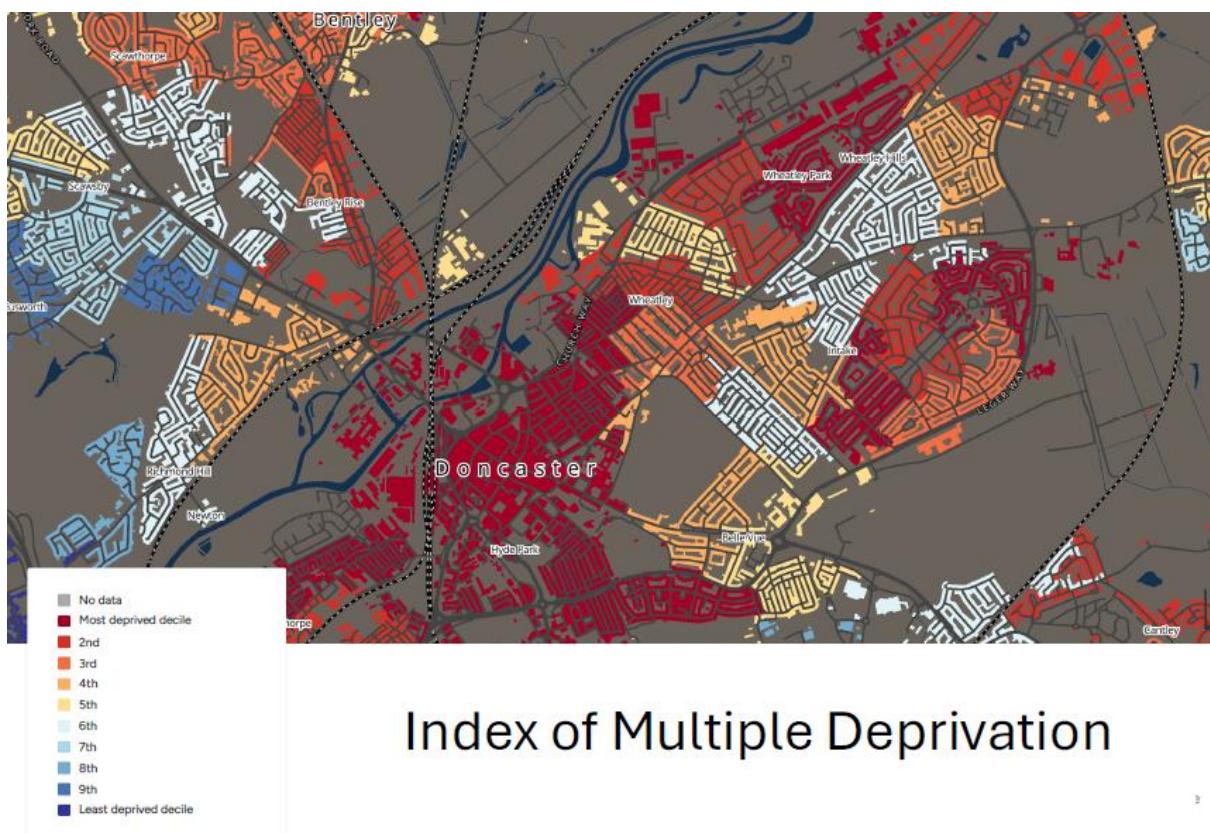


Figure 3: Socio-economic deprivation map of Wakefield



Doncaster: Town and Wheatley Hills & Intake wards Pub/bar/nightclub Accessibility

Figure 4: Alcohol outlet density in Doncaster



Index of Multiple Deprivation

Figure 5: Socio-economic deprivation map of Doncaster

B. The selection of specific issues on which to focus was led by the Jury

The Citizens' Jury in Glasgow was co-designed by HvM and SPECTRUM and adapted for the Yorkshire and Humber context in collaboration with Y&H ADPH and the two HDRCs in Wakefield and Doncaster. The focus of discussions was determined by the jurors themselves. Jury members completed a baseline questionnaire on arrival at workshop one and for a second time at the end of workshop two. We discuss the results of the questionnaire in Section 3.2 of this report. We also used Wooclap.com (an online polling tool) during the workshops to gain a snapshot of Juror views, particularly at the beginning and end of workshops. Towards the end of workshop one we asked jurors what they would like to discuss in workshop two, and at the end of workshop two we explored what they would like to deliberate on with politicians, officials and advocates during the final workshop (see Section 3.3). There was also a 'parking space' during all workshops for remaining questions and ideas, and an evaluation tool⁴ for feedback on each workshop. The co-design team reflected on Jury responses to all these elements, which had significant influence on the shape of the workshop design and stimulus materials.

In addition, the discussions in small groups also influenced where the focus should be in workshop two. It was clear from these deliberations and data sources that many jurors were most interested in prioritising discussions on the harmful effects of alcohol and unhealthy foods, and in trying to find policy actions which would address these challenges. Jury members commonly raised vaping products as an issue, rather than tobacco products, though overall their deliberations focused more on alcohol and unhealthy food.

2.2 Workshop one process

Jurors began workshop one by reflecting in small groups on the images each of them had brought to the workshop, showing the sale and advertising of alcohol, tobacco and unhealthy food. Live presentations were then given on health inequalities and the challenges of health in England and Yorkshire and Humber (Anna Brook, Public Health Consultant and University of Bath); and on the role and significance of commercial determinants in poor health and inequalities in England (Professor Jeff Collin, the University of Edinburgh). These topics were chosen because so that the Jury members could consider the commercial determinants of health alongside broader drivers of health inequalities.

Having discussed the presentations with the speakers, jurors then discussed the issues that they consider most important when thinking about harmful products in relation to place. Each group drew up a list of key issues they believe are important for policy makers

⁴ www.hisengage.scot/engaging-communities/participation-toolkit/head-heart-bag-and-bin

to tackle. The workshop one vote took place in late morning using this long-list of issues. Jurors were asked to review the full set of points made, and to use three votes to identify which issues that they found both important and urgent for more pressing action. They then had a second set of three votes to identify the issues they believed that society should take action on in the longer term.

After the vote jurors were shown three filmed presentations created by the SPECTRUM consortium outlining the relationships between health inequalities and alcohol, tobacco and unhealthy foods. Having asked questions about these films, the Jury then spent time at the end of the workshop reflecting on: the key issues as they understood them at this point; actions that they would like to be taken to tackle the issues; and reflections on their priorities. The process flow is set out in Figure 6.

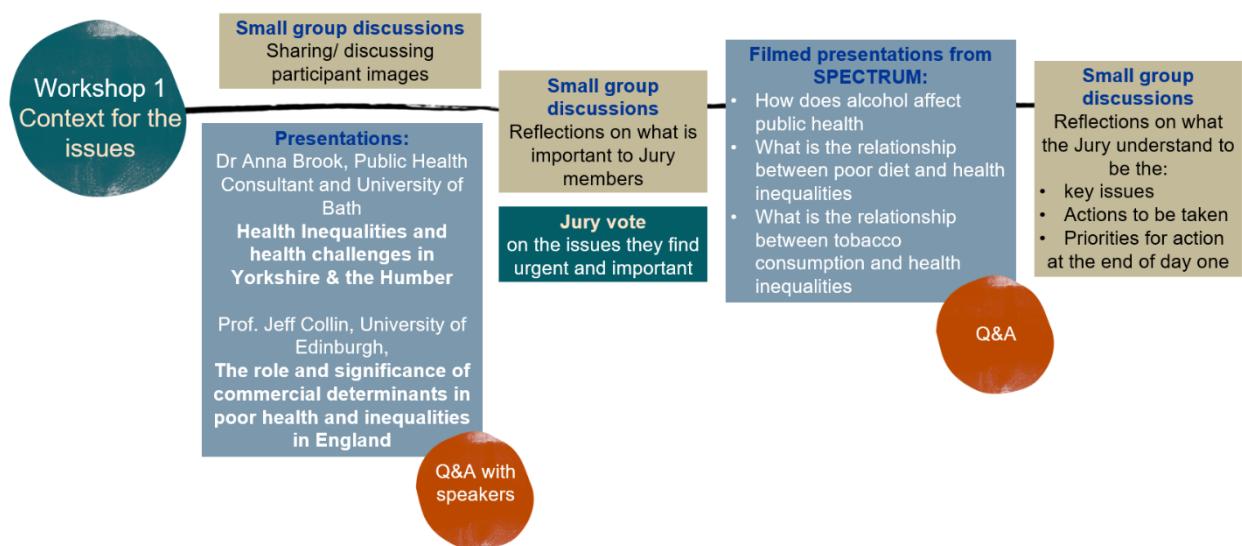


Figure 6: Workshop one Jury process

2.3 Workshop two process

When the Citizens' Jury met again for workshop two, they were reminded of their discussions at workshop one with a presentation from SPECTRUM on the challenges and policy actions they had discussed. This was followed by a further presentation on how workshop one discussions had shaped workshop two. Jurors were told about how these issues appeared on current policy agendas, including in including the current government's 10-Year Health Plan for England⁵, manifestos from other political parties, and actions being taken by some local governments. Jury members then saw a SPECTRUM film on the commercial determinants of health.

⁵ www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future

Following this, the outlet density maps (Appendix 2) were introduced to the group via a filmed presentation from Professor Niamh Shortt, University of Edinburgh. These were then discussed in small groups and Jury questions on them were answered.

Jurors were then provided with further stimulus materials: Jury Friends Professor Jeff Collin and Dr Stefanie Gissing (Public Health Registrar, Y&H ADPH) described several policy action cards they had written, and the cases for and against them. Decisions on what to include in these policy action cards were informed by actions advocated for by organisations working in the commercial determinants of health space, and by what the jurors themselves wished to focus on. They covered ten policy areas themed around price, marketing, availability, and policy making which are listed in Box 1. Each policy action was printed onto cards for the jurors to work with in small groups. These are given in full in Appendix 3. In addition, jurors were given blank cards on which they could write their own policy proposals based on their small group deliberations.

Policy actions

Price

1. Minimum Unit Pricing on alcohol
2. Tobacco Industry Levy
3. Measures to reduce the price of healthy food

Marketing

4. Restrict advertising of alcohol, unhealthy food and vaping products
5. Improved labelling on alcoholic drinks
6. Introduction of a Healthy Food Standard

Availability

7. Smokefree Generation Legislation
8. Strengthen public health protections in alcohol licensing
9. Limits on unhealthy food outlets

Policymaking

10. Restrict industry involvement in developing health policy

Box 1: Policy actions

Jurors in both locations also heard from two pre-recorded speakers: Ewan MacDonald-Russell, Deputy Head, Scottish Retail Consortium (with perspectives added from the British Retail Consortium), and Caroline Cerny, Deputy Chief Executive at Action on Smoking and Health who was also speaking on behalf of the Alcohol Health Alliance and the Obesity Health Alliance. Both speakers were sharing their perspectives on policy actions and proposals. It was important to a process which focused on both the social and commercial determinants of health that the Jury heard views from both a health advocacy and a retail perspective to inform their deliberations.

Following these presentations, and a Q&A session with the Jury Friends, jurors moved into small groups to prioritise the policy proposals and also generate additional policies

if desired. Jurors then voted as individuals on the list of policy actions that the three groups had prioritised in their discussions, plus new policies which they proposed. The votes could be placed on the proposals they felt had the most power to make change, and used to express opposition to the policies or policies they thought would not work. This allowed jurors to view and vote on different policy proposals from across the three groups. Following discussions reflecting the voting, jurors, in their small groups, created their 'Manifestos for change' in which they outlined the policy actions they are calling for and explained why the actions are important to them and their communities.

A second vote was then held, again prioritising the policy actions that they felt had the most power to enact change, and those they opposed or thought would not work. The workshop ended with a whole group discussion on the outcomes of the day, focused on Jurors' reflections on:

- Where their priorities lie
- The extent to which the end voting feels like a fair reflection of their views
- Where there is agreement
- Where there is disagreement
- Why they think the agreement/disagreement exists

A summary of the workshop two process is shown in Figure 7:

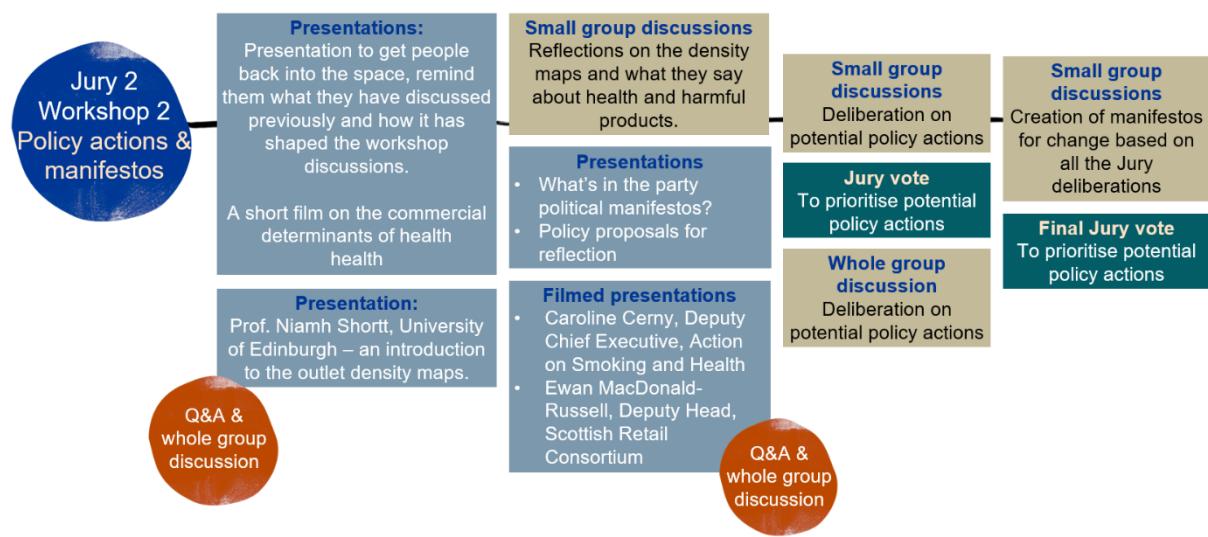


Figure 7: Workshop two Jury process

3. Perspectives and priorities: Jury-led inputs

3.1 Pre-workshop shared images

Jury members were asked to discuss images they had shared of how they and their families see tobacco, alcohol and/ or unhealthy foods as they are out and about in their communities, or when they are online.

There were many similarities, as well as some differences, in the photographs shared by jurors from Wakefield and those from Doncaster. Members of both juries shared photographs of the different **local outlets** where they could purchase alcohol, tobacco and unhealthy food and drinks. These included the shop fronts of **small convenience shops and off-licenses, sweet shops, vaping and tobacco shops, take-aways and fast food vans**. They also included **restaurants, pubs and bars** and the alcohol served here. Jurors discussed different settings and contexts in which alcohol is consumed, including **public and private spaces**. One Doncaster juror included a **vending machine** containing sweets, chocolate and fizzy drinks from their workplace. Jurors commented on the far greater number of unhealthy compared to healthy options accessible to them.



The photos of shop displays almost all contained **large, colourful images of fast foods, fizzy drinks and alcoholic beverages**. Some displays appear decorative; others are **advertisements** of products sold inside, often with **price promotions** incentivising increased consumption through discounts. Advertisements on **billboards and sandwich boards** were provided by one juror. The ads almost fully obstruct the pavement, and the juror noted how all three of the unhealthy products being considered were featured.



Jurors also provided images from inside shops. These included **display cabinets** containing rows of chips and hot-dogs and others full of large cakes. **Price promotions** again featured frequently among juror's indoor photographs, particularly those for **alcoholic drinks**. These were seen in supermarkets where chocolate bar ads accompanied self-scan equipment docks, and in alcohol aisles where jurors remarked on the **overwhelming choice and strategic placement** of alcohol and associated deals. In smaller outlets, promotions resulting in **very low prices for high strength alcohol** caused jurors' concern.



In Wakefield, **ultra-processed foods** were also highlighted as an issue of importance through juror images, particularly where these are misleadingly marketed as "healthy" or "natural", despite containing long lists of ingredients or little nutritional value.

Many photographs of **litter** were provided by both juries, often in grassed areas and green spaces. The litter included empty alcohol cans and bottles, cigarette ends, vapes and packaging of sweets, chocolate and fast food from well-known brands.



Cigarettes and smoking featured across both juries. Jurors from Wakefield and Doncaster both provided pictures of **cigarette packets** and people **smoking in a range of settings**, such as a car, a bench in the town centre and in a workplace smoking area. Two jurors from Doncaster also provided images of **cheap cigarettes purchased abroad being resold** on online community exchange forums. Jurors from both areas provided a range of photos of **vapes, vaping litter, prominent vaping advertisements and vape shops**. Discussion on these images frequently focused on their **appeal to children** through use of **bright colours, diverse flavours, and sale alongside sweets**.



Online advertisements were provided by jurors from both locations. These included targeted ads on social media, special deals on unhealthy foods and alcoholic beverages, and delivery services for vapes and fast food that emphasise the convenience and ease of purchasing online. Jurors discussed the **growing importance** of online and delivery

services, the **relationship between online and physical environments**, and the **relentless and overwhelming** nature of advertising in both contexts.



3.2 Summary of initial data from the questionnaire

Jury members were asked to complete a short survey with six questions (Appendix 4) to provide an overview of their understandings of and attitudes to: health inequalities; alcohol, tobacco and unhealthy food industries; and broad policy options for reducing their health impacts. Jury members were asked to complete this both at the beginning of workshop one, to provide initial views, and again at the end of workshop two, to enable insights into any changes in people's views across the workshops. As this is a small survey, we need to be cautious in interpreting any results, and these will be better understood alongside the full mix of data generated in the events in analyses that we will be developing in the coming months. We are sharing headline findings in this report so that they can inform discussions in the final workshop, alongside Jury votes, recommendations and manifestos.

In considering health and inequalities, Jury members were asked to identify the three biggest factors that they saw as negatively affecting their health. At the start of the first workshop, the two most frequently highlighted factors were genetics or biology and behaviours like smoking, drinking, poor diets, and lack of exercise, with each category being selected by 45% of respondents. By the end of the second workshop, behaviours were identified as most damaging to health by a majority of respondents (55%). While genetics and biology were still cited by 30%, the survey suggests increasing concern across the workshops with the impacts of social issues, such as the influences of friends and family, (39%) and of their local physical environment, including housing, neighbourhood, and access to shops (36%).

Jury members were also asked to name the three industries that most impact health and well-being in their neighbourhoods. They chose from a list of nine industries, with an option to add others. In both Wakefield and Doncaster, alcohol, unhealthy foods, and tobacco were selected most frequently, though there was a notable shift in emphasis across the two workshops. In workshop one, alcohol was the most frequently mentioned industry at 77%, with tobacco next at 68%, and unhealthy foods in third at 52%. The number of jurors selecting the alcohol industry remained consistent at the end of workshop two (at 76%), but those highlighting the unhealthy foods industry as impacting on health in their community increased to 79% while tobacco was less frequently cited at 42%.

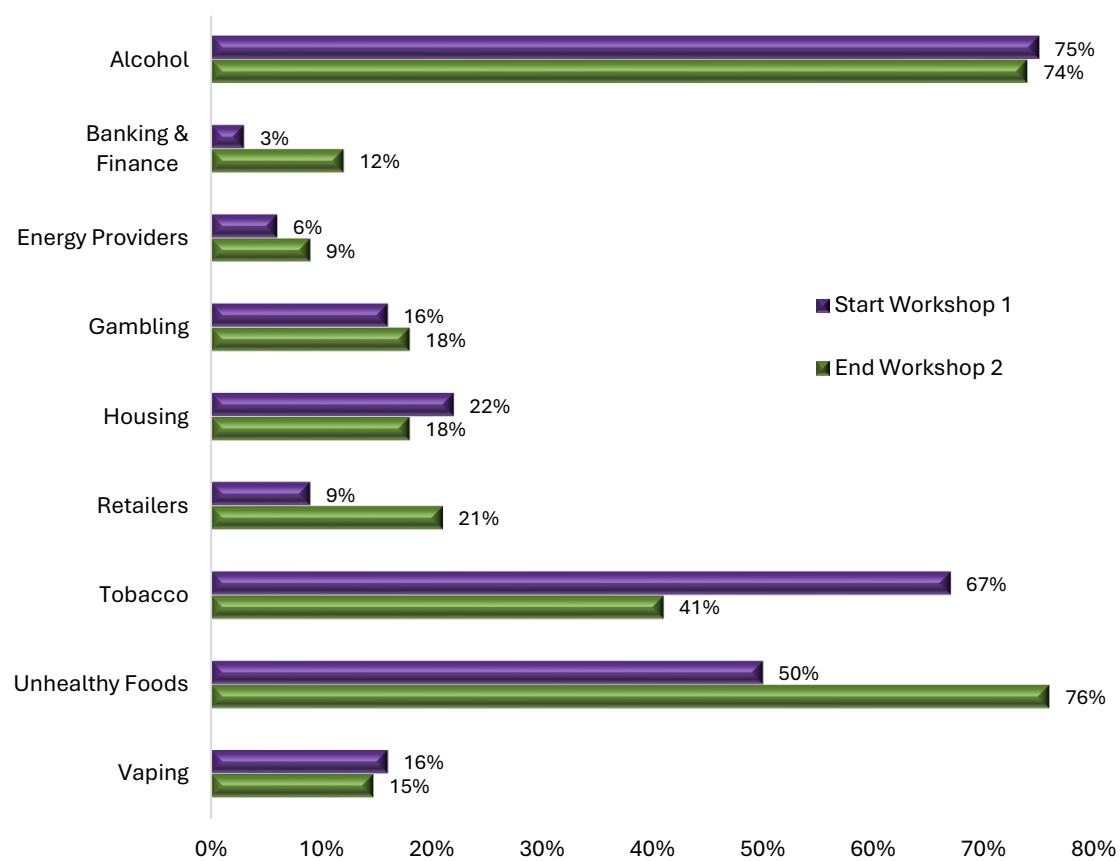


Figure 8: Jury member responses when asked to select the three industries that have the biggest impacts on health and well-being of people in their neighbourhoods.

Jury members were also asked about their support for three broad types of policies aimed at reducing harm by these industries: price, marketing, and availability. Changes in support for such policies over the course of the two workshops varied by policy type. For marketing, from the outset, clear majorities agreed that limits should be placed on advertising, promotion and sponsorship for all three products (alcohol, tobacco and unhealthy foods). In the first workshop, 84% supported limits for alcohol and for tobacco, with 81% support for restricting marketing of unhealthy foods. By the end of the second workshop, support had reached 88% for such measures across all three product

categories, with only 3% across the two juries disagreeing for alcohol and for tobacco and no disagreement for unhealthy food.

There was also broad support for actions to reduce the availability of these products, with modest changes across the two workshops. By the end of workshop two, members increasingly agreed that policies should be in place to reduce the number of outlets selling these products (70% agreed for alcohol, up from 64% at the start of the first workshop; 73% agreed for tobacco, down from 77%; and 70% for unhealthy foods, up from 64%).

The most striking changes were the increases in support for price-based interventions. At the start, 52% agreed that policies to increase prices should be adopted to reduce the health and social impacts of alcohol, 65% agreed for tobacco and only 45% for unhealthy foods. By the end of the second workshop, support for such measures had notably grown, with 82% supporting price increases for alcohol, and 79% for both tobacco and for unhealthy foods.

Finally, Jury members were asked about the role of the alcohol, tobacco and unhealthy food industries in policymaking. There was a significant drop in the number of members who believed that the government should partner with these industries to reduce health and social harms (see Box 2 below). At the start of the first workshop, jurors largely agreed with this approach (74% for each of the three industries). By the end of the second workshop, these numbers had fallen to 39% for alcohol, 42% for tobacco, and 51% for unhealthy foods.

There was strong and increasing support for the idea that government health policy should be protected from the influence of these industries. Support for protecting policy from influence by the alcohol industry grew from 78% of jurors at the start to 87% by the end of workshop two, matched by similar growth for measures on the tobacco industry (from 78% to 91%) and for unhealthy foods (from 74% to 91%). By the end of workshop two, no jurors disagreed with such action.

“Government should partner with this industry to develop collaborative approaches to reducing health and social impacts.”

	Alcohol		Tobacco		Unhealthy Foods	
	Start WS1	End WS2	Start WS1	End WS2	Start WS1	End WS2
	%	%	%	%	%	%
Strongly Agree	45	18	55	15	45	24
Agree	29	21	19	27	29	27
Neither Agree nor Disagree	16	15	19	18	13	15
Disagree	10	30	6	21	13	18
Strongly Disagree	0	15	0	18	0	15

“All government health policy should be protected from the influence of this industry.”

	Alcohol		Tobacco		Unhealthy Foods	
	Start WS1	End WS2	Start WS1	End WS2	Start WS1	End WS2
	%	%	%	%	%	%
Strongly Agree	52	54	55	64	42	58
Agree	26	33	23	27	32	33
Neither Agree nor Disagree	6	13	10	9	13	9
Disagree	6	0	3	0	6	0
Strongly Disagree	10	0	10	0	6	0

Box 2: Jury member responses to statements regarding the role of alcohol, tobacco and unhealthy food industries in developing policy responses across workshop one (WS1) and workshop two (WS2)

3.3 Summary of responses to Wooclap questions

Across both workshops, the interactive polling software Wooclap was used to stimulate discussion and to help identify issues seen by jury members as important to their communities and as priorities to be addressed.

At the start of workshop one, jury members were asked to identify factors that they felt had the biggest impact on health in their local community. As illustrated in Box 3, the responses highlighted widespread concerns relating to alcohol, tobacco and unhealthy foods, situated alongside recognition of wider economic, environmental and social determinants of health.

Wakefield:

appointments
Climate generations Finance Fast food
health different Obic physical activity differences Drugs
Ignorance Unhealthy **Alcohol** lack Vyping Smoking
education Lifestyle Social **Poverty** foods impact care
Old age Environment Addiction across walking
driving instead **Smoking and drinking**
Alcohol and drugs

Doncaster:

Low income- loneliness
Alcohol consumption Housing & drug addiction food
Poor food options safe Alcohol Drugs alcohol
Unhealthy Whether Poverty go foods
Vaping Tobacco feel Drugs Alcohol low income activity
The broken NHS system physical Gambling and Alcohol lack unhealth
healthy marketing

Box 3: What do you think has the biggest impact on the health of people living in your local community? – Responses at the start of workshop one

At the end of workshop one, Jury members were asked both to highlight which of the three product categories they were most concerned about and to identify specific issues that they would like to focus on in the next session. In both Wakefield and Doncaster, most participants highlighted concerns about the impacts of alcohol on health in their respective communities, with unhealthy foods in second and tobacco in third place in both cities.

In looking ahead to the second workshop, jury members in Wakefield wanted to know more about the environmental and health impacts of these products, options for regulation, and priorities for the government moving forward, with specific concerns also being raised regarding vaping. In Doncaster, several responses highlighted a desire to focus on increasing access to healthy food, alongside interest in exploring the effectiveness of existing policy approaches, international evidence of good practice in other countries, information on packaging and labelling, and local level data on health inequalities and on approaches to planning and availability.

The planning team drew on these responses, on initial survey data, and details of other deliberations during workshop one to direct workshop two's focus on alcohol and unhealthy foods, while retaining space to engage with tobacco and vaping issues in the context of wider approaches to tackling commercial determinants.

At the start of workshop two, Jury members were asked what comes to mind in response to hearing the phrase health inequalities. Table 1 presents Wooclap responses to this question from jurors in both Wakefield and Doncaster, illustrating the extent to which the discussion of how to tackle harms from alcohol, tobacco and unhealthy foods was situated in a recognition of wider economic and social determinants of health.

Wakefield	Doncaster
Postcode lottery and time taken to get to see what you need	Money
Economic differences	People who can afford to live healthier and people who can't
Education and systemic issues	The lack of shared knowledge within some groups on food
Money	Poverty
Class inequalities	People in deprived areas have less access to health services
Poorer families.	More difficult for deprived areas to access healthier options
Food options available to people	The impact of food, alcohol and tobacco on different communities, age, genders and locations of the country and in the world
Difference in areas	How I was brought up poverty
People with different health conditions.	Poor quality of life for people in disadvantaged demographics / Social injustice
Talking about going healthy; healthy food and equal opportunity	How healthy foods aren't accessible to everyone
Some people have better access and differing socio-economic status and health education compared to others due to various other factors like postcode	Unhealthy foods are more cheaper than healthy foods
Financial can't afford to eat healthy / Knowledge education on how to eat healthy	Genetics
	Financial status
	Access to medical services
Financial can't afford to eat healthy / Knowledge education on how to eat healthy	Accessible healthy foods - healthy foods are more expensive making it difficult for people on low incomes to access healthy foods
	People not being able to afford healthy foods / Financial status

Table 1: When I say 'health inequalities' what comes to mind? – Responses at the start of workshop two

4. Jury voting and recommendations

A full academic analysis of the Jury votes, recommendations and manifestos will be conducted after the final workshop in February 2026. In this section we summarise key points from the voting process, identifying what was seen as important by jurors and highlighting recommendations on next steps which informed the creation of ‘Manifestos for change’, described in the Section 5.

4.1 Jury votes in workshop one

As explained in the process summary (Section 2.1), in workshop one Jury members voted on the issues they felt needed long-term action or urgent action.

Wakefield results

Jury members highlighted misleading information about products, especially food, as the most urgent issue (11 votes), stressing the need for greater clarity to support better choices. Social impacts, including crime; commercial influence; and community pressures, followed closely (10 votes), while the prevalence of advertising and celebrity endorsements was also seen as a significant concern (8 votes). Advertising that targets young people and exploits vulnerability received notable attention (6 votes), alongside issues linked to energy drinks and packaging, both of which attracted 5 votes. Health impacts and the need for education about product risks were similarly rated (5 votes). Scheduling of adverts around festivities was considered less urgent (1 vote) but emerged as a long-term priority (9 votes), alongside packaging and health impacts (8 votes each). Broader life course impacts, including reduced lifespan and quality of life, were also identified as important long-term considerations (3 votes).

Doncaster results

The three issues most Jury members thought should be addressed urgently were education (13 votes), cheaper and more convenient unhealthy foods, (11 votes) and the role that social media and influencers play in advertising products (6 votes). Other points that were considered important included the ease of access and location (4 votes), general advertising of products (4 votes) and the promotion of alcohol and unhealthy foods (4 votes). Issues that Jury members thought should be addressed in the long-term by society were access and location (12 votes), packaging and associated advertising (9 votes), and online advertisements being seen by more people (6 votes).

4.2 Jury votes in workshop two

As explained in the process summary (Section 2.2), in workshop two, two rounds of voting were conducted in which Jury members prioritised policy actions. Each round of voting was separated by the Jury formulating their ‘Manifestos for change’ (see Section 5). Table 2 sets out the results of these two votes for Wakefield, and Table 3 for Doncaster. The

policies that received the highest number of votes in the ‘Power to make change’ column are listed first in both cases, followed by those which Jury members voted ‘Would not work’.

Wakefield

Policy	First vote on policy actions		Second vote on policy actions	
	Power to make change	Would not work	Power to make change	Would not work
More education about healthy eating, food system, grow your own options in schools (change the curriculum) #	11 votes	0 votes	15 votes	0 votes
Measures to reduce the price of healthy foods +	10 votes	2 votes	10 votes	0 votes
Restrict industry involvement in developing health policy +	6 votes	0 votes	6 votes	0 votes
Introduction of a health food standard +	3 votes	6 votes	4 votes	5 votes
Setting a minimum unit price for selling alcohol +	4 votes	1 vote	3 votes	1 vote
Regulation of what is in ultra processed foods, for example seed oils like rapeseed oil #	3 votes	0 votes	2 votes	1 vote
Clearer labelling of ultra processed foods #	1 vote	2 votes	2 votes	2 votes
Smokefree generation legislation +	0 votes	18 votes	0 votes	12 votes
Ban under 16s from special offers and loyalty schemes from fast food retailers #	1 vote	7 votes	0 votes	8 votes
Limits on unhealthy food outlets +	1 vote	4 votes	1 vote	6 votes
A tobacco industry levy +	0 votes	3 votes	0 votes	5 votes
Improved labelling of alcoholic drinks +	1 vote	6 votes	2 votes	3 votes
Strengthening public health protections in alcohol licencing +	4 votes	1 vote	1 vote	2 votes
Restrict advertising of alcohol, unhealthy food and vaping products +	5 votes	1 vote	0 votes	0 votes
+ = Policy actions presented for consideration by Jury members # = Policy actions formulated by Jury members				

Table 2: Wakefield, workshop two voting results

In Wakefield, Jury members prioritised a policy action which they had formulated during discussions, ‘More education about healthy eating, food system, grow your own options in schools (change the curriculum)’. This broad measure was most widely supported in both rounds of voting as having the power to create change. ‘Measures to reduce the price of healthy foods’ also received significant support from jurors.

In the first round of voting, the proposal to ‘Restrict advertising of alcohol, unhealthy food and vaping products’ received some support, but this fell away in the second vote following deliberations. Conversely, ‘Restrict industry involvement in developing healthy

policy' received 6 votes in both the first and second vote. In both votes, Wakefield Jury members saw 'Smokefree generation legislation' as less likely to work. This policy did not attract any votes to prioritise it in either round.

Doncaster

Policy	First vote on policy actions		Second vote on policy actions	
	Power to make change	Would not work	Power to make change	Would not work
Restrict industry involvement in developing health policy ⁺	8 votes	1 vote	13 votes	0 votes
Restrict advertising of alcohol, unhealthy food and vaping products ⁺	1 vote	2 votes	9 votes	1 vote
Measures to reduce the price of healthy foods ⁺	12 votes	2 votes	7 votes	1 vote
Stronger local planning to reduce availability [#]	5 votes	0 votes	6 votes	0 votes
Introduction of a Healthy food standard ⁺	1 vote	0 votes	6 votes	0 votes
Smokefree generation legislation ⁺	5 votes	7 votes	3 votes	11 votes
Health promotion campaigns [#]	6 votes	1 vote	2 votes	0 votes
Tobacco industry levy ⁺	2 votes	2 votes	2 votes	1 vote
Improved labelling on alcoholic drinks ⁺	3 votes	5 votes	1 vote	10 votes
Setting a minimum unit price for selling alcohol ⁺	1 vote	3 votes	0 votes	9 votes
Limiting in-store display / separation [#]	2 votes	10 votes	0 votes	7 votes
Limits on unhealthy food outlets ⁺	2 votes	7 votes	0 votes	3 votes
Strengthening Public Health protections in alcohol licencing ⁺	0 votes	4 votes	0 votes	0 votes
+ = Policy actions presented for consideration by Jury members # = Policy actions formulated by Jury members				

Table 3: Doncaster, workshop two, first and second vote results

In the first round of voting in Doncaster, the policies most widely considered to have the power to make change were 'Measures to reduce the price of healthy foods', 'Restrict industry involvement in developing health policy' and 'Health promotion campaigns'. The policies that most Jury members felt would not work were 'Limiting in store display/separation', 'Limits on unhealthy food outlets' and 'Smokefree generation legislation'.

Votes in favour of limiting industry involvement in health policy and of restricting advertising both increased notably in the second round, while votes cast in favour of 'Health promotion campaigns' and 'Measures to reduce the price of healthy foods' decreased. There was relatively consistent support across the two rounds for a Jury generated policy action, 'Stronger local planning to reduce availability'. There was an increase in the number of Jury members who voted that 'Smokefree generation

legislation', 'Improved labelling on alcoholic drinks' and 'Setting a minimum unit prices for selling alcohol' would not work.

There was some broad consistency in voting across the Wakefield and Doncaster juries. Both felt that 'Measures to reduce the price of healthy foods' and 'Restrict industry involvement in developing health policy' would have the power to make change, though support for the latter was more widespread in Doncaster. Smokefree generation legislation received the most votes for 'Would not work' in both juries. However, there were also some differences in voting across the two juries. Restricting advertising received strong support in Doncaster, whereas Jury members in Wakefield prioritised education. In terms of policies deemed not to work, the Wakefield jury focused more on those targeted at unhealthy food outlets, whereas votes in Doncaster were more concentrated on alcohol policies.

4.3 Values and principles underpinning the recommendations and votes

In both cities, Jury members prioritised action to tackle harms from alcohol and unhealthy food over tobacco. In Wakefield, a broad concern with food issues was reflected in increasing support for the self-generated policy action 'More education about healthy eating, food system, grow your own options in schools (change the curriculum)'. Jury members in Doncaster also viewed education as an important tool in enabling consumers to make informed decisions. Jury members in both areas heard from a Jury Friend how education as a policy action is not generally well supported by the evidence. However, jurors felt that education is important in influencing generational change, and particularly in helping young people understand how to eat healthily.

Another significant issue was the convenience, affordability, and accessibility of unhealthy food products. Jurors were concerned that the least healthy option is often the easiest and cheapest option available to most households, seen as potentially encouraging people to consume more of these products. Another issue of interest in Doncaster was the role that social media and influencers play in promoting harmful products. As this type of advertising takes place online, it was felt that there is increased exposure of these products, particularly to younger people, which may have a more significant influence on purchasing behaviour.

Discussion of the smokefree generation legislation in both areas focused on the perceived impracticality of implementing and regulating a ban. Similarly, in Doncaster, there was initially limited support for advertising restrictions because of concerns about implementation. Discussions following the first round of voting suggested that this had been interpreted as a solely local policy action, but jurors felt that national-level restrictions, including online, were necessary to support any local restrictions. When considered as a joint national and local proposal in the second vote, the votes in support

of advertising restrictions increased. Jury members, particularly in Doncaster, also felt that restricting industry involvement in policymaking was necessary as an overarching principle to facilitate the other policies that had been suggested.

5. Jury manifestos

At the end of workshop two Jury members worked in small groups to develop their 'Manifestos for change', in which they built on the policy actions they felt most strongly would create change in the system. Across these manifestos, Jury members are calling for ambitious changes in the price, availability and marketing of alcohol, tobacco and unhealthy food. They believe change is important to improve health at individual, local and national levels. Jury members want to see a pivot in policy making away from industry involvement and a perceived prioritisation of profit over health, towards policies which empower and enable healthier communities.

5.1 Jury manifestos (Wakefield)

In Wakefield, Jury members included the following policy actions in their 'Manifestos for change'. These are set out using Jury members' own words in Box 4.

1. Price

- A minimum unit price for alcohol
- Reduce the price of healthy food

2. Marketing, labelling and commercial influence

- Clearer labels on alcohol showing units, harms and images (similar to tobacco)
- Introduce a healthy food standard
- Restrict industry involvement in policy
- Restrict advertising of alcohol, unhealthy food and vapes – consider banning advertising online and restrict on TV

3. Education

- An education programme from age 11 including more emphasis on growing, cooking and eating

4. Availability

- A reduction in hours alcohol can be sold and greater controls over who can sell it

Box 4: Summary of 'Manifestos for change' developed by the Wakefield Jury

In their own words, the reasons Jury members in Wakefield gave for believing these policy actions are important are:

Prioritise health over profit

- To put public health before profit
- Make healthier choices more of an option for people – food and alcohol
- Keep financial interests out of policy – health above profit
- To make healthy food more affordable and available
- To make alcohol less affordable and appealing

Education and reinforcement of messages to influence change

- Education is overarching but needs other measures to remind consumers of what they learnt, education will allow people to make an informed decision
- Get children excited about healthy food
- Restrictions can influence behaviour

5.2 Jury manifestos (Doncaster)

Jury members in Doncaster included the following policy actions in their 'Manifestos for change'. These are set out using Jury members' own words in Box 5.

1. Price

- Measures to reduce the price of healthy foods
- A Tobacco Industry Levy

2. Marketing

- Introduction of a Healthy Food Standard
- Restrict advertising of alcohol, unhealthy food and vaping products (local and national)
- Health promotion campaigns

3. Availability

- Smokefree Generation legislation
- Stronger local planning to reduce availability

4. Policy making

- Restrict industry involvement in developing health policy
- Take the above policies at a national level

Box 5: Summary of 'Manifestos for change' developed by the Doncaster jury

The reasons juror members gave for why it is important to implement these changes can be grouped under three main areas: to create choices and give people control; to improve health locally and nationally; and to reduce the burden on the NHS. More details are given below, again using the Jurors' own words:

Create choices and give people control

- It will empower local communities to take control of their health
- Empower the people rather than the industry
- People will have the opportunity to ‘start from the same place’, access healthy food regardless of where they are

Improve health locally and nationally

- It will make our local communities healthier, now and in the future
- These could improve the health of the nation
- They can reduce child obesity which is a big problem
- They will make the unhealthy products less of a social norm

Burden on the NHS

- Prevent (future) strain and burden on the NHS
- More resources in the NHS become available to make it better for all

6. Reflection on the process

Following each workshop, Jury members were invited to reflect on what they had learned from the process, including the key insights and experiences they took away. They were also asked to share how the process of being involved in the two workshops made them feel and what aspects they would prefer to forget.

A high-level review of the responses shows that Jury members felt they learned:

- A lot of helpful information, including health statistics and about public health policies and policy making
- That unhealthy eating is a major issue
- About the importance and power of advertising to influence people and that there is too much advertising
- That change is slow but change is possible
- That people think differently
- About the limitations of education as a policy intervention

Jurors described how their participation in the Citizens’ Jury made them feel, especially:

- They valued meeting new people, working as a group and taking part in something important
- The opportunity to hear other people’s views
- Coming away feeling enthusiastic and encouraged

A few jurors noted elements of the process they would rather forget, including feeling that they had shared too much and the depiction of the areas in which they live as “worst

“performing” in the density maps. Some jurors also shared things that they would like to see forgotten more generally, like:

- The idea of involving industry in policy making
- The negative effects of alcohol and unhealthy food
- Profit

Overall, jurors in both areas shared a sense of having learned a lot from the process. They expressed how much they valued being able to work as a group, hear other people’s views, and being part of something important. They shared a sense of community and that change is possible. As one Jury member put it:

“Others do care and change can happen”.

Appendix 1: Selection of jurors

Members of the Citizens' Juries were recruited using a stratified sampling method which creates a mini-public broadly representative of the regional population of Yorkshire and Humber. This is a civic lottery method called sortition. The process was delivered by the Sortition Foundation⁶ working to a recruitment specification co-designed by SPECTRUM. To ensure place-based reflections on the issues, the sortition process focused on two neighbouring wards within each of Wakefield and Doncaster, and issued invitations to addresses in particular parts of those wards (called 'Lower Super Output Areas') to take part in the Jury. These are set out in Table 4 and Table 5 below.

Wakefield	
Ward	Lower Super Output Areas
Town	Doncaster 019G Doncaster 019H Doncaster 022A Doncaster 022E Doncaster 022G Doncaster 022H Doncaster 023B
Wheatley Hills & Intake	Doncaster 018A Doncaster 018C Doncaster 018D Doncaster 018E Doncaster 018F Doncaster 019A Doncaster 019E

Table 4: Wakefield wards and Lower Super Output Areas from which jurors were recruited

Doncaster	
Ward	Lower Super Output Areas
Wakefield North	Wakefield 017E Wakefield 017F Wakefield 019A Wakefield 022E
Wakefield East	Wakefield 007B Wakefield 020A Wakefield 020C Wakefield 020D Wakefield 030B Wakefield 030C

Table 5: Doncaster wards and Lower Super Output Areas from which jurors were recruited

⁶ www.sortitionfoundation.org

The sortition process had three stages:

Stage 1

The Sortition Foundation randomly selected 3,150 addresses from each of the two wards in each of Wakefield and Doncaster (300 addresses per participant). Each of these addresses received a letter in the post inviting members of the household aged 16 and above to register their interest in taking part in the Citizens' Jury.

Stage 2

As part of the sign-up procedure, all potential participants were required to share some basic demographic information including address, date of birth, gender, ethnicity and information about their educational attainment. We also asked if they describe themselves as having a disability, if the household contains children, and how they would vote if there was a general election tomorrow.

Stage 3

This information was then used as input into a "sortition algorithm". This is a process of randomly selecting participants for each area from the pool of 512 people who expressed an interest. This is done in such a way as to create a representative sample (e.g. the age profile of participants in the Citizens' Jury is broadly similar to the age profile of the adult population of Yorkshire and Humber as a whole). In this case the Sortition Foundation did this twice - once for each area. Details of the specific algorithm used, including information its fairness, can be found on the Foundation's website.⁷ Through a data sharing agreement Sortition Foundation shared the details of 21 Jury members for each area. Hopkins Van Mil then conducted onboarding calls with each Juror, to ensure all their participation needs were taken into account and to allow for people to change their mind about their participation. In the end 17 people from Wakefield and 18 people from Doncaster attended the Jury sessions. The demographic breakdown is shown in Figure 9:

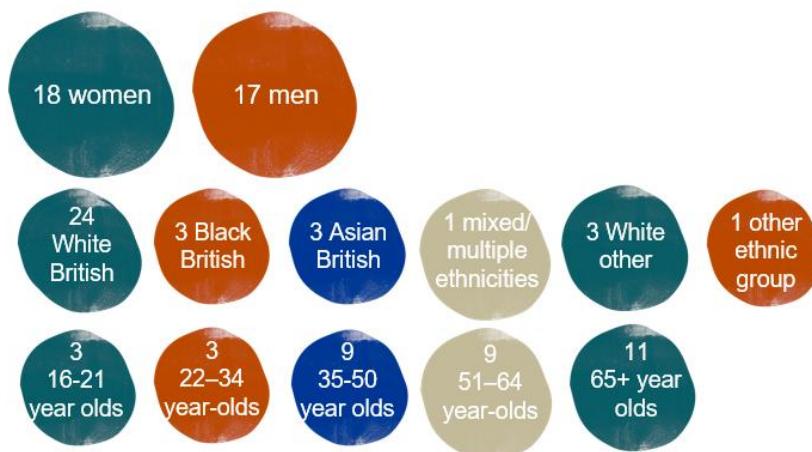


Figure 9: Summary of the key demographics of jurors

⁷ www.sortitionfoundation.org/its_official_we_use_the_fairest_selection_algorithm

Appendix 2: Density maps⁸



Doncaster: Town and Wheatley Hills & Intake wards
Pub/bar/nightclub Accessibility



Wakefield North and East
Pub/bar/nightclub Accessibility

⁸ From the Geographic Data Service (GeoDS.ac.uk), a Smart Data Research UK Investment: ES/Z504464/1. Access here: www.liverpool.ac.uk/geographic-data-science/research/geographiesofresilienceexclusionandopportunity/healthy-assets-hazards



**Doncaster: Town and Wheatley Hills & Intake wards
Fast Food Accessibility**



**Wakefield North and East
Fast Food Accessibility**



Wakefield North and East Tobacconist Accessibility



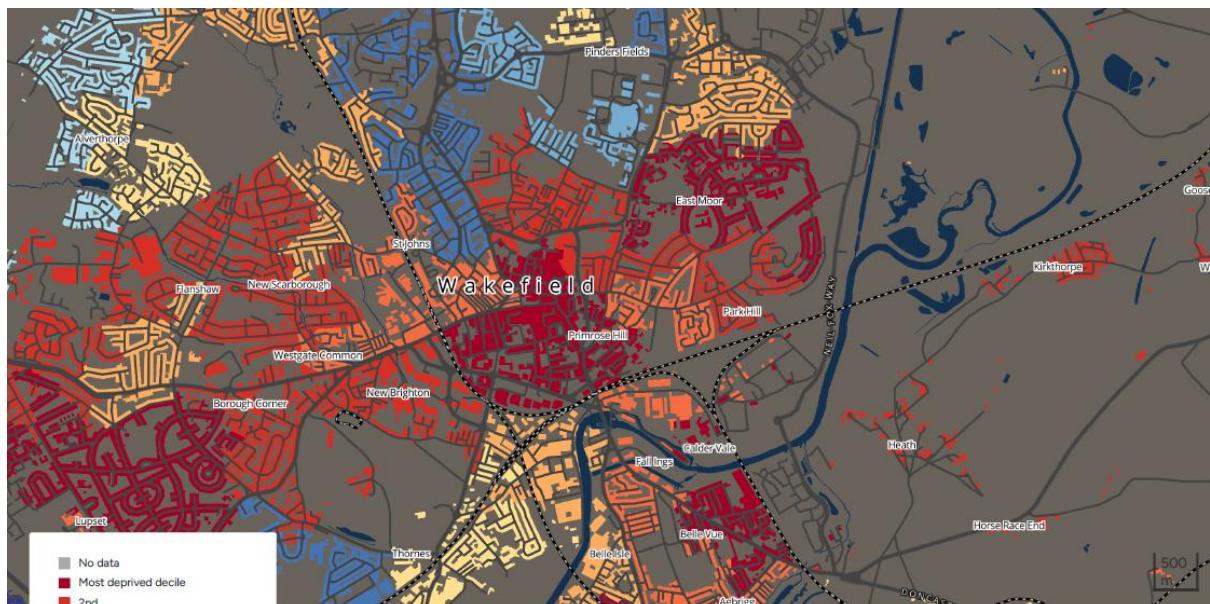
Doncaster: Town and Wheatley Hills & Intake wards Tobacconist Accessibility



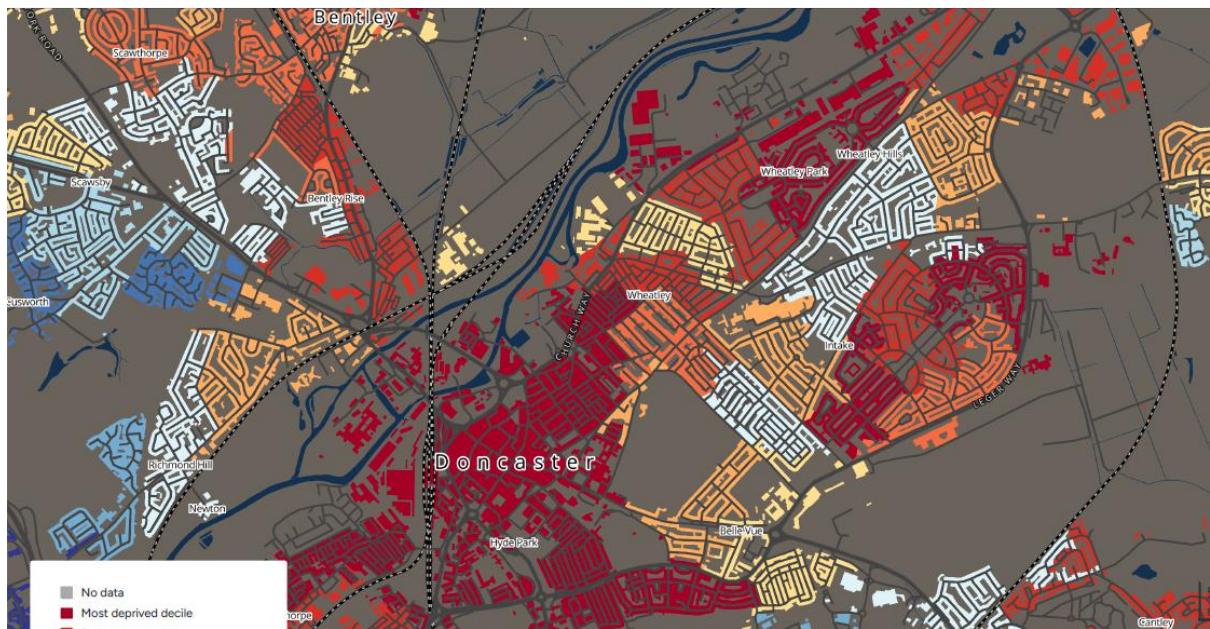
Wakefield North and East Gambling Accessibility



Doncaster: Town and Wheatley Hills & Intake wards Gambling Accessibility



Index of Multiple Deprivation



Index of Multiple Deprivation

Appendix 3: Policy action cards

Policy Proposal 1: Setting a Minimum Unit Price for selling alcohol

What is the policy?

This sets a minimum price at which a unit of alcohol can be sold, meaning the higher the alcohol content of a drink, the higher the price. Minimum Unit Pricing ("MUP") was implemented by the Scottish Government in 2018 and the Welsh Government in 2020.

What type of action is it?



Price



What's the evidence for doing this?

- Since MUP was introduced in Scotland, MUP alcohol consumption has reduced by 3%, alcohol-related deaths by 13%, and alcohol-related hospital admissions by 4%.
- MUP in Scotland has had a higher impact on people living in areas experiencing greatest challenges, and on drinks that cause the most harm to people (such as large bottles of very cheap cider)

What's the case against doing this?

- Retailers (especially large supermarkets) can make extra profit through higher prices
- The government does not generate additional revenue
- Some people may spend more on alcohol and less on essentials

Proposed by: Alcohol Health Alliance



Level: National (England)

Policy Proposal 2: A Tobacco Industry Levy

What is the policy?

This sets a target amount of revenue that tobacco companies can make, depending on their market share (the higher the market share, the more of the Levy that company pays). The extra revenue over and above this cap would go to the Treasury.

What type of action is it?



Price



What's the evidence for doing this?

- It could raise an estimated £700m in the first year. This could be used to fund more activities to improve health and prevent illness, including helping people to quit smoking.
- Tobacco companies make significantly higher profits than other manufacturers. The UK's leading tobacco company (Imperial Tobacco) had a net profit margin of 66.5% in 2023, and the UK manufacturing average is less than 10%.

What's the case against doing this?

- It would place an administrative burden on the tobacco industry, who could pass this extra cost on to consumers by raising the prices of tobacco products
- Reduced consumption of tobacco and people switching to lower-priced products would reduce the revenue that the government gets from existing tobacco duties (taxes)
- Tobacco manufacturers argue it would increase sales of smuggled tobacco

Proposed by: Action on Smoking and Health (ASH)

Level: National

Policy Proposal 3: Measures to reduce the price of healthy foods

What is the policy?

These measures could include:

- 1) Reducing the cost of healthy food by investing revenue from taxes (e.g. sugary drinks) into policies such as removing VAT from healthy restaurant meals and healthy fast food
- 2) Better access to healthy food through Healthy Start, free school meals, and breakfast clubs
- 3) Considering the cost of healthy diets when setting benefits and the Minimum Wage.

What type of action is it?



Price

What's the evidence for doing this?

- For the fifth of the UK population with least income, a healthy diet costs an estimated 42-70% of the money they have available to spend.
- Evidence suggests high public support for reducing the cost of healthy food
- Ensuring an affordable healthy diet will improve health and reduce pressure on the NHS

What's the case against doing this?

- Removing VAT from healthy food removes money from government finances
- Puts a financial burden on manufacturers (e.g. farmers) to ensure healthy food is cheaper
- Manufacturers and retailers may not pass tax reductions onto consumers through lower prices

Proposed by: The Food Foundation



Level: National



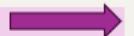
Policy Proposal 4: Restrict advertising of alcohol, unhealthy food and vaping products

What is the policy?

Local and regional government to introduce tighter restrictions on advertising unhealthy products outdoors, in public spaces and sponsoring of sports, events and festivals.



What is the focus of the action?



Marketing

What's the evidence for doing this?

- Obesity is higher in children exposed to daily unhealthy food advertising. Restrictions on TV and online advertising have been delayed.
- Vaping companies target children with flavours, packaging and sports sponsorship
- Children associate football clubs and tournaments with beer brands that sponsor them
- Several local councils in Yorkshire have already implemented these policies successfully

What's the case against doing this?

- Restrictions on businesses could have a negative impact on employment and economic growth
- Local authorities could lose money from advertising and sponsorship
- Restrictions need to be more comprehensive and UK-wide to be effective

Proposed by: Obesity Health Alliance, The Health Foundation

Level: Local, regional



Policy Proposal 5: Improved labelling on alcoholic drinks

What is the policy?

Strengthening labelling by introducing requirements for alcoholic drinks to display consistent nutritional information and health warnings.

What type of action is it?



Marketing

What's the evidence for doing this?

- Increases public awareness of the health risks to enable informed, healthier choices
- Consumers have the right to information about the products they buy and consume (such as the link between alcohol and cancer)
- In parts of Canada, highly visible enhanced alcohol labels were associated with a 6.3% reduction in alcohol consumption

What's the case against doing this?

- Most people already know alcohol is bad for their health
- Stronger labels may create anxiety, which could undermine public trust in health advice
- Puts burdens on industry and manufacturers

Proposed by: UK Government

Level: National



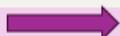
Policy Proposal 6: Introduction of a Healthy Food Standard

What is the policy?

Requires large food businesses (such as supermarkets) to sell more healthy food by setting compulsory minimum targets for healthy food sales.



What is the focus of the action?



Marketing

What's the evidence for doing this?

- Over 7 in 10 adults and over a third of 10–11-year-olds in Yorkshire and Humber are overweight or obese. A healthier food environment can make eating healthily easier.
- Setting requirements like this help ensure consistency across the industry by 'levelling the playing field'
- Businesses have the freedom to choose how to meet the targets (e.g. through promotions, loyalty schemes, store layout, and reformulation of foods).

What's the case against doing this?

- Increased operating costs for businesses, and fines if they fail to meet the targets.
- Could lead to removing restrictions on preventing attractive aisle placement and volume price promotion (e.g. buy one get one free) of unhealthy food.
- Businesses may focus on 'quick fixes' like layout, instead of discounting healthy food

Proposed by: UK Government

Level: National

Policy Proposal 7: Smokefree Generation legislation

What is the policy?

A new Bill from the UK Government aims to prevent children from legally being sold any tobacco products. The age of sale will increase each year, so that children now aged 15 or younger will never be able to legally be sold cigarettes.

What type of action is it?



Availability

What's the evidence for doing this?

- Smoking remains the number one cause of preventable death in the UK and in Yorkshire and Humber.
- This has been estimated to be able to prevent almost half a million strokes, heart attacks, cancers, and lung diseases by 2100
- Increasing of the age of sale will prevent future generations from ever taking up smoking

What's the case against doing this?

- Concerns that this law will be difficult to enforce
- Concerns that this will lead to increased smuggled and counterfeit tobacco potentially fuelling organised crime
- Some think that people should be free to make their own choice to buy tobacco products

Proposed by: UK Government

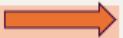
Level: National

Policy Proposal 8: Strengthening public health protections in alcohol licensing

What is the policy?

Government to strengthen alcohol licensing laws, such as by reducing hours of sale, reducing density of businesses selling alcohol, or requiring Licensing Boards to prove their decisions won't harm health

What type of action is it?



Availability

What's the evidence for doing this?

- Deaths from alcohol-related diseases are rising in Yorkshire and Humber
- The overall amount of outlets selling alcohol is increasing as premises type changes (e.g. fewer pubs, more bars and off-licences)
- Outlet density is higher in disadvantaged communities
- Evidence suggests that high numbers of alcohol outlets in a neighbourhood are associated with more crime, violence, hospital admissions and deaths

What's the case against doing this?

- Licensed outlets contribute to the local and national economy
- The Government is currently moving to ease licensing laws, prioritising 'growth and investment for business'
- Limited impacts of similar measures in Scotland

Proposed by: Alcohol Health Alliance

Level: National



Policy Proposal 9: Limits on unhealthy food outlets

What is the policy?

Local government to use updated planning legislation and guidance to reduce the clustering of takeaway outlets where children gather, in deprived areas, and where child obesity is high.

What type of action is it?



Availability

What's the evidence for doing this?

- Evidence shows fast food outlets and takeaways are clustered in disadvantaged areas
- Living near takeaways is associated with increased consumption of unhealthy food
- Planning policy has been used by local councils in England to stop new fast-food outlets opening where there are already several, and where child obesity levels are high

Proposed by: Obesity Health Alliance

What's the case against doing this?

- Concerns about impacts on competition for local businesses
- This doesn't address unhealthy foods in supermarkets and convenience stores, or online deliveries.
- It won't tackle the many fast-food outlets that already exist



Level: Local

Policy Proposal 10: Restrict industry involvement in developing health policy

What is the policy?

UK Government to extend existing measures that restrict tobacco industry influence on health policy to also limit interactions with alcohol, unhealthy food, and vaping industries

What type of action is it?



Policymaking

What's the evidence for doing this?

- Alcohol and food policies have often been developed in partnership with industry or relied on voluntary action by industry. These tend to be ineffective and avoid impacting business priorities around price, marketing, and availability
- Health campaigners say managing conflict of interest and restricting industry involvement in policymaking is necessary to effectively tackle harms from alcohol, unhealthy foods, and vaping

Proposed by: Obesity Health Alliance, Alcohol Health Alliance, Action on Smoking & Health (ASH)

What's the case against doing this?

- Voluntary or partnership approaches are quicker ways to adopt new measures
- Involving businesses in policymaking is necessary since they can be part of the solution
- Limited evidence that restricting tobacco industry involvement has been successfully implemented
- Alcohol, unhealthy foods and vaping industries are different to tobacco



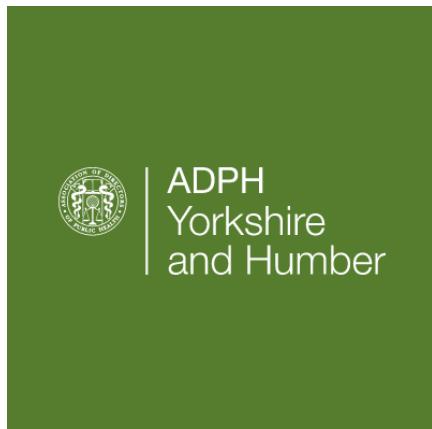
Level: Local, Regional, National

Appendix 4: Questionnaire

Questionnaire: Citizens' Jury on Health and Harmful Products

Anonymised ID

What are the first 3 letters of your month of birth?			
What are the last 3 digits of your phone number?			



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1. Impacts on health

a) Of the factors listed below, which **three** do you consider have had the greatest positive impact on your health? Use '1' to indicate the **greatest positive impact**, '2' to indicate the **second greatest positive impact**, and '3' to indicate the **third greatest positive impact**.

Factors having greatest positive impact on health?	Rank 1, 2, 3
Luck/chance/fate	
Genetics/biology	
Behaviours (for example, not smoking, drinking within limits, healthy diet, exercise etc)	
Income/wealth	
Employment/unemployment status	
Work-related issues (if employed)	
The physical environment you live in (housing, neighbourhood, access to food shops, etc)	
Social issues (friends/family, etc)	
Healthcare	
Other public services, such as public transport, dentists, GPs (please state, if willing)	
Other (please state, if willing)	

b) Of the factors listed below, which **three** do you consider have had the greatest negative impact on your health? Use '1' to indicate the **greatest negative impact**, '2' to indicate the **second greatest negative impact**, and '3' to indicate the **third greatest negative impact**.

Factors having greatest negative impact on physical health?	Rank 1, 2, 3
Luck/chance/fate	
Genetics/biology	
Behaviours (for example, smoking, drinking, unhealthy diets, limited exercise, etc)	
Income/wealth	
Employment/unemployment status	
Work-related issues (if employed)	
The physical environment you live in (housing, neighbourhood, access to food shops etc)	
Social issues (friends/family, etc)	
Healthcare	
Other public services, such as public transport, dentists, GPs (please state, if willing)	
Other (please state, if willing)	

2. Industries that impact on health and well-being

Of the industries listed below, which **three** do you consider to have the biggest impact on the health and well-being of people in your neighbourhood? Use '1' to indicate the **biggest impact**, '2' to indicate the **second biggest impact**, and '3' to indicate the **third biggest impact**.

	Rank 1, 2, 3
Alcohol	
Banking and finance	
Energy providers (gas, electricity and fuel)	
Gambling (apps/online, betting shops, lotteries)	
Housing (landlords, housing associations, developers)	
Retailers, including supermarkets	
Tobacco	
Unhealthy foods	
Vaping	
Other (please specify)	

3. Support for policies to reduce harm

Please indicate the extent to which you agree or disagree with the following statements

a) Price: Policies to increase prices should be adopted to reduce their health and social impacts:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Alcohol					
Tobacco					
Unhealthy foods					

b) Marketing: Measures should be introduced to limit advertising, promotion and sponsorship

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Alcohol					
Tobacco					
Unhealthy foods					

c) Availability: Policies should be adopted to reduce the number of outlets selling these products in my neighbourhood

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Alcohol					
Tobacco					
Unhealthy foods					

4. Comparing industries

Thinking about alcohol, tobacco and unhealthy foods, do you think governments should tackle the health and social impacts of these different products similarly or not? Please select the statement that best reflects your view

Statements	Please tick preferred option
Yes, alcohol, tobacco and unhealthy food should be treated as similar, health-harming products.	
Alcohol and tobacco should be treated similarly but unhealthy food is different.	
Alcohol and unhealthy food should be treated similarly but tobacco is different.	
Tobacco and unhealthy food should be treated similarly but alcohol is different.	
No, all three products need to be treated differently.	
Don't know.	

5. Assessment of government activity

For each of alcohol, tobacco and unhealthy foods, do you think that government is doing too much, doing about right or not doing enough to reduce health and social impacts?

	Doing too much	Doing about right	Not doing enough	Don't know
Alcohol				
Tobacco				
Unhealthy foods				

6. Should alcohol, tobacco and unhealthy food industries be involved in developing government responses to the harms caused by their products?

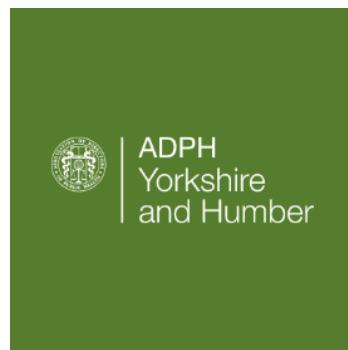
a) Please indicate the extent to which you agree or disagree with the following statements:

Government should partner with this industry to develop collaborative approaches to reducing health and social impacts.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Alcohol					
Tobacco					
Unhealthy foods					

All government health policy should be protected from the influence of this industry

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Alcohol					
Tobacco					
Unhealthy foods					



Health and Harmful Products

Citizens' Jury Summary Report

Yorkshire and Humber, January 2026

For further information:
www.yhphnetwork.co.uk



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