

UK COVID-19 Inquiry: Module 2B –

Response to Rule 9 Request to Ashley Gould - M2B/AG/01

1	A brief overview of your qualifications, career history, professional expertise and major publications.
	<p>Consultant in Public Health (UKPHR registration number FR0839) Member of the Faculty of Public Health (MFPH) Master of Public Health BSc Environmental Health</p> <p>Current Programme Director – Behavioural Science Unit at Public Health Wales, applying behavioural science to protect and improve health and well-being in Wales. ‘Behavioural science’ here is concerned with understanding and designing-in responses to, the influences of <i>observable actions</i> in different population segments. Alternatively – understanding why and how people behave in defined circumstances, and what policy, services and communications can do to evoke change in behaviour.</p> <p>At the start of the pandemic I was national Consultant lead for tobacco control, including (of relevance here) application of behavioural science to enable more smokers wishing to quit to do so with NHS support (evidence-based best route).</p> <p>I moved to work as a Team lead on initial contact tracing (March 2020), with the first SARS CoV2 cases in Wales; then into an Enclosed Settings Cell (nursing homes etc); alongside work in a Prevention and Behaviour Change Cell in Public Health Wales. I have been continuously on the Public Health Wales Health Protection out-of-hours rota since 2012.</p> <p>Before becoming a public health Speciality Registrar (2010) I worked across local government and NHS organisations in England and Wales, as an Environmental Health Officer, and most latterly as Health Improvement Manager at the Welsh Local Government Association.</p>
2	A list of the groups (i.e. TAG and/or any of its subgroups) in which you have been a participant, and the relevant time periods. Please also confirm if you are or have been a participant in SAGE or other relevant groups in the relevant time periods
	<p>Attended TAG meetings between December 2020 and May 2022. Attended Risk Communication and Behavioural Insights (RCBI) Sub-Group of TAG, July 2020 to May 2022, co-chair from June 2021. No participation in SAGE or linked groups.</p>
3	An overview of your involvement with those groups between January 2020 and May 2022, including:
	a. When and how you came to be a participant;
	<p>TAG - December 2020, I believe my first attendance related to a behavioural aspect to an agenda item, I attended subsequently often as an observer. RCBI - July 2020, because of my role in prevention and behaviour change activity in Public Health Wales.</p>
	b. The number of meetings you attended, and your contributions to those meetings; and

	<p>TAG - attendance recorded at 22 meetings between 18/12/2020 and 20/05/2022, with changeable frequency, my contributions were generally via the chat in MS Teams, occasionally verbal input.</p> <p>RCBI - regularly with frequencies varying from weekly to monthly. My role was one of active participation, and from June 2021 co-chairing of meetings; agenda setting (with Welsh Government policy and administrative support); co-ordinating members work on drafting guidance for TAG; occasional rapid advice into TAC.</p>
	c. Your role in providing research, information and advice.
	<p>TAG - generally ad-hoc advice around behavioural aspects, particularly in relation to adherence to personal protective behaviours, and most frequently public communications.</p> <p>RCBI - active provision of information and advice into sub-group and written outputs (noted below). The group arranged a series of webinars, with external speakers alongside RCBI members (including myself), for TAG members (and wider).</p>

4	<p>A summary of any documents to which you contributed for the purpose of advising TAG and/or its related subgroups on the Covid-19 pandemic. Please include links to those documents where publicly available.</p>
	<p>'Technical Advisory Group: behavioural insights for contact tracing systems and young people' - Technical Advisory Group: behavioural insights for contact tracing systems and young people GOV.WALES 1 October 2020</p> <p>'Technical Advisory Group: behavioural insights to support a post fire break Wales' technical-advisory-group-behavioural-insights-to-support-a-post-fire-break-wales.pdf (gov.wales) 29 October 2020</p> <p>Public Health Wales, Prevention and Behaviour Change Cell guidance <i>Using behavioural science in public communications to prevent transmission of COVID-19.</i> https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/educational-and-childcare-settings/sup-015-behavioural-science-in-public-comms-guide/ 19 November 2020</p> <p>'Technical Advisory Group: Pandemic and beyond: using behavioural science to inform policy and practice' Technical Advisory Group: using behavioural science to inform policy and practice GOV.WALES 1 February 2021</p> <p>'Technical Advisory Group: sustaining COVID-safe behaviours in Wales'. Technical Advisory Group: sustaining COVID-safe behaviours in Wales GOV.WALES 13 August 2021</p> <p>'Technical Advisory Group: advice on vaccine passports'. Technical Advisory Group: advice on vaccine passports GOV.WALES 17 September 2021</p> <p>'Technical Advisory Group: Living safely with COVID-19 in Wales: risk communication and behavioural science perspectives'. Technical Advisory Group: Living safely with COVID-19 in Wales: risk communication and behavioural science perspectives GOV.WALES 25 March 2022</p>
5	<p>A summary of any articles you have written, interviews and/or evidence you have given regarding the work of the above-mentioned groups and/or the Welsh Government's response to the Covid-19 pandemic. Please include links to those documents where publicly available.</p>
	No articles written, no evidence given

6	<p>Your views as to whether the work of the above-mentioned groups in responding to the Covid-19 pandemic (or Wales's response more generally) succeeded in its aims. This may include, but is not limited to, your views on:</p> <ul style="list-style-type: none"> a. The composition of the groups and/or their diversity of expertise; b. The way in which the groups were commissioned to work on the relevant issues; c. The resources and support that were available; d. The advice given and/or recommendations that were made; e. The extent to which the groups worked effectively together; and f. The extent to which applicable structures and policies were utilised and/or complied with and their effectiveness.
	<p>I think TAG and RCBI had a useful diversity of expertise, with space to discuss and agree advice. There was tangible united endeavour, at times of extreme stress and pressure. Commissioning to RCBI came via our TAC point of contact (Dr Chris Roberts), who was dedicated, professional and critical to developing expert advice into useable products. Secretariat and use of Objective Connect for document sharing worked well, and so did our remote modus operandi as a RCBI group. The mix of academics, public health/behavioural science practitioners and communications professionals led to effective/rapid work, in addition to the production of advice for TAG.</p>
7	<p>Your views as to any lessons that can be learned from the Welsh Government's response to the Covid-19 pandemic, in particular relating to the work of the above-mentioned groups. Please describe any changes that have already been made, and set out any recommendations for further changes that you think the Inquiry should consider making.</p>
	<ul style="list-style-type: none"> • Diversity of expertise helps – for example the inclusion of communications professionals in technical groups (like RCBI) supported the development of evidence-based public messaging. • The public were/are not panic prone, and media-reported public disorder narratives were flawed. Welsh Government helpfully emphasised that altruistic behaviours were common, reinforcing their further adoption. • The pandemic did not affect people equally, disadvantaged groups were/are disproportionately affected – effective use of data and evidence to identify and address inequity is critical – for example the self-isolation payment, and then the increase in it, reflected this learning. • Successful risk and crisis communication strategies are underpinned with treating people with respect, capable of taking decisions themselves and managing personal risk – this was reflected in the Welsh Government response. • Use of imagery reflecting desirable personal protective behaviours, such as showing correct mask wearing, or (effective) social distancing for example, became common place in the response. This approach is more effective than communications showing 'undesirable behaviour' with advice <i>not</i> to do it.
8	<p>A brief description of documentation relating to these matters that you hold (including soft copy material held electronically).</p>
	<p>In addition to documents referred to in section 4 above, also have:</p> <p>WHO guidance, including around reinvigorating the public to prevent COVID-19: policy framework for supporting pandemic prevention and management: November 2020 - https://www.who.int/europe/publications/i/item/WHO-EURO-2020-1573-41324-56242</p> <p>Slide deck from shared learning session on <i>Using behavioural science to help prevent transmission of COVID-19 in Wales</i>, for Public Health Network Cymru (21 October 2020)</p>

Slide deck from shared learning session on behaviourally-informed approaches to maintaining social distancing in young people, for cross-sector group – national/local government, LRFs, NHS organisations. (23 October 2020)

RCBI: Lesson Learnt summary for TAG wash-up session (6 May 2022)