Mobilisation Recovery Group (MRG5)

Note of Meeting

0900-1100 hours on Friday 28 August 2020 via WebEx

Members Present

Jeane Freeman (Cabinet Secretary)	Cabinet Secretary for Health & Sport, Scottish Government
Marion Bain	Deputy Chief Medical Officer, Scottish Government
Sandra Campbell	Convenor, Scottish Social Services Council
Iona Colvin	Chief Social Work Adviser, Scottish Government
John Connaghan	Interim CEO, NHS Scotland
George Crooks	Chief Executive, Digital Health & Care Institute
Cllr Stuart Currie	Health & Social Care Spokesperson, Convention of Scottish Local Authorities (COSLA)
Amy Dalrymple	Deputising for Theresa Fyffe, Director, Royal College of Nursing (Scotland)
Tom Ferris	Chief Dental Officer, Scottish Government
Joe FitzPatrick	Minister for Public Health, Sport & Wellbeing, Scottish Government
Eddie Fraser	Chief Officers' Group representative
David Garbutt	NHS Board Chairs Group representative
Cllr Kieron Green	Vice Chair of the IJB Chairs and Vice Chairs Group
Philip Grigor	Scotland Director, British Dental Association
Annie Gunner Logan	Coalition of Care and Support Providers
Clare Haughey	Minister for Mental Health, Scottish Government
Alison Keir	Deputising for Andrea Wilson, Convener, Federation of Allied Health Professionals
Jason Leitch	National Clinical Director, Scottish Government
Dr Carey Lunan	Chair, Royal College of General Practitioners
Donald MacAskill	Chief Executive, Scottish Care
Joanna MacDonald	Chair, Adult Social Care Standing Committee - Social Work Scotland
Miles Mack	Chair, Academy of Medical Royal Colleges and Faculties
Edith Macintosh	Deputising for Peter Macleod, Care Inspectorate
Richard McCallum	Interim Director of Health Finance and Governance, Scottish Government
Harry McQuillan	Chief Executive, Community Pharmacy Scotland
Elinor Mitchell	Interim DG, Health & Social Care, Scottish Government
Dr Lewis Morrison	Chair of Scottish Council, British Medical Association
Dr Patricia Moultrie	Deputising for Dr Andrew Buist, Chair, British Medical Association GP Committee
Peter Murray	Chair IJB, Chairs & Vice Chairs Group;
James O'Connell	National Staff Side representative - UNITE
David Quigley	Chair, Optometry Scotland
Sir Lewis Ritchie	Mackenzie Professor of General Practice
Ralph Roberts	Deputising for Pauline Howie, NHS National Boards
Claire Ronald	National Staff Side representative - Chartered Society of Physiotherapy
Claire Thomas	COSLA (deputising for Nicola Dickie)
John Thomson	Deputising for Dr David Chung, Chair, Royal College of Emergency Medicine
Linda Walker	National Staff Side representative – GMB
Ian Welsh	Chief Executive, Healthcare & Social Care, Alliance Scotland
Carole Wilkinson	Chair, Healthcare Improvement Scotland

Apologies

Andrew Buist	Chair, British Medical Association GP Committee (substituted)
Dr David Chung	Chair, Royal College of Emergency Medicine (substituted)
Nicola Dickie	COSLA (substituted)
Theresa Fyffe	Director, Royal College of Nursing (Scotland) (substituted)
Richard Foggo	Director of Population Health, Scottish Government
Pauline Howie	NHS National Boards Representative (substituted)
Angela Leitch	Chief Executive, Public Health Scotland
Peter Macleod	Chief Executive, Care Inspectorate (substituted)
Andrea Wilson	Convener, Federation of Allied Health Professionals (substituted)

In attendance

Heather Campbell	Interim Deputy Director, Primary Care
Fiona Duff	Senior Advisor - Primary Care, Scottish Government
Aidan Grisewood	Interim Director for Primary Care, Scottish Government
Neil Harrison	Senior Marketing Manager, Scottish Government
Michael Kellet	Head of Health & Social Care, Scottish Government
Helen Maitland	Unscheduled Care Director
Carolyn McDonald	Chief Allied Health Professional, Scottish Government
Christine McLaughlin	Director of Planning, Scottish Government
Rose Marie Parr	Chief Pharmaceutical Officer, Scottish Government
Gillian Russell	Director of Health Workforce, Leadership, and Service Reform

Official Support

Andrew Fleming	Official Support, Scottish Government
Angela Gibson	Official Support, Scottish Government
Helen MacDonald	Official Support, Scottish Government
Marty Shevlin	Official Support, Scottish Government

Note of Meeting

Item 1: Welcome & Introductions

1 The Cabinet Secretary welcomed attendees to the meeting, particularly those attending for the first time as a deputy. Apologies were received as noted above.

2 The Cabinet Secretary reminded Group members that from this point, meetings are moving to a three week cycle. This will allow more time between meetings for more detailed work to take place.

3 Ms Freeman reflected on the good discussions which took place at the last meeting around mobilisation planning, mental health care and support. She again reiterated the challenge faced by the health and social care system which had recently been described by Jason Leitch as “walking a tightrope”, between simultaneously retaining capacity to respond the pandemic, re-mobilisation of services where there are significant backlogs, along with a need to be systematic in our approach. With that in mind, it was important that today’s meeting should focus on the patient with substantive agenda items on securing a wider person-centred user focus and public health messaging.

Item 2. Note of meeting held on 14 August, 2020

4 No comments on the draft minutes of meeting were received and as a result **the Cabinet Secretary sought agreement that they be ratified and published on the Scottish Government website as soon as practicable**. The Cabinet Secretary thanked the secretariat for the production of the minutes, which she recognised was not an easy role for a Group of this size.

Item 3: Matters Arising and Future Meetings

5 Claire Ronald raised 2 issues under Matters Arising – one relating to the approval process for board mobilisation plans and the other on clarity around restarting services in non-health settings, notably paediatric therapists in schools.

6. On the former issue, Claire stated that she had been informed that some activities could not restart until plans were signed off by the Scottish Government. She sought clarification on this and any timings. Christine McLaughlin explained the process in place for reviewing mobilising plans. She advised that meetings were now scheduled with boards through to 18 September through which plans would be reviewed. She noted that this process should not interfere with the safe restart of services but that there might be some occasions, eg where some boards are seeking additional investment, which may require additional consideration, but if this is the case this will be done at pace. Christine invited **Claire to email with more information on the questions being raised so she could offer a more specific answer**.

7 Claire's second issue related to paediatric therapists who were finding difficulty gaining access to schools for treatment of children. Jason Leitch and Marion Bain noted, via webchat, that any restrictions would be about reducing unnecessary visits, not essential therapies. They undertook to raise with education colleagues but also **invited Claire to email with the specific examples**.

8 In terms of future agenda items, the Cabinet Secretary welcomed proposals received to date and invited further suggestions to be sent to the secretariat. **Miles Mack made a suggestion for a substantive discussion on ICT in health and social care at a future meeting. This was endorsed by other members and it was agreed that this should be scheduled for discussion at Meeting 7**.

9 In setting the agenda for the next meeting, the Cabinet Secretary acknowledged the importance of a discussion of **Public Health**. She also noted that the **Primary Care and Community Sub Group** would be reporting its proposed priorities for re-mobilisation and recovery - the sub group having been established following the second MRG meeting. The Cabinet Secretary was also mindful that the **Programme for Government** would be published on 1 September, 2020 and that there would be matters which might be worth flagging to the Group.

10 The Cabinet Secretary noted that there was an **outstanding action to send out more detailed information on the establishment of a portfolio board and 4 supportive care programmes so that members could feed into their formation**. This would be done as soon as possible.

Item 4: Securing a wider person-centred user focus

11 Ian Welsh, Chief Executive of the Health and Social Care Alliance Scotland, thanked the Cabinet Secretary for the opportunity to present today on the work he is leading on securing a wider person-centred user focus. He explained that the ALLIANCE works in collaboration with the Person Centred Unit within Scottish Government and through this engagement an initial paper had been generated which had been circulated to the Group for consideration a number of weeks earlier. In response, a number of very helpful suggestions, comments and conversations had been secured, including from health board chief executives and the Royal College of General Practitioners Patient Group. From this engagement he had been able to frame a follow up proposal to the Person Centred Unit which formed the basis of the presentation today. It was hoped that the group would be comfortable with these plans so that the process could begin from next week.

12 Ian explained that the ALLIANCE are a third sector strategic intermediary body for social care organisations working under a rolling Strategic Partnership Agreement with the Scottish Government. It has in the region of 3000 members, including integrated joint boards (IJBs), health boards and libraries along with a range of other groups. The Alliance also manages the Self-Management Fund for Scotland, which he chairs. Throughout the past 12 years ALLIANCE have worked in close partnership in a range of areas, across a range of programmes in government, leading on Scottish House of Care, Digital Health etc.. They also work with academic partners. In all cases, the “person” is at the centre of all that they do.

13 He reflected on the Framework for NHS Scotland and the role he sees this specific piece of work playing in representing the interests of people and patients. He described the principles around a pan sector approach to the work which had been developed and discussed in conjunction with the team at Scottish Government. He highlighted some of the key groups specifically affected by COVID-19. He noted the publication by the Scottish Government of a Rehabilitation Framework aligning with work relating to unpaid carers, chronic pain, cancer, respiratory, diabetes, rehabilitation, older people and mental health, dementia and post COVID-19 respiratory conditions - this list was not exhaustive. Feedback had also been received throughout the course of the exercise in respect of additional areas, including mental health in all age groups, cognitive impairment and children and young people in transition situations and those with long term conditions and this feedback is represented in the proposed approach. Ian would discuss later in his presentation how the work had embedded equalities and human rights approaches into the work.

14 Slide four set out a series of connected and collaborative work streams which provided a conduit for a plethora of activity to take place. A total of eight work streams have been developed into which work on lived experience would feed. The Group were advised that while the approach is ALLIANCE led, it is partnership driven and collaborative in nature. The initial paper had been prepared at speed and had been shared with the Group. Subsequent discussions have taken place with a wider range of individuals and groups and good feedback had been received. These included HIS on a citizen panel (work stream 2) and Inclusion Scotland on how to best engage with people with disabilities, building where possible on existing infrastructure (work stream 3). Ian also advised that further discussion will be undertaken with as many IJBs as possible, following feedback from the NHS Chief Executives, noting that recovery work was already underway in some areas which should be built and reported around. In relation to work stream five, Ian noted the good discussion he had had with Angela Leitch and Clare Sweeney of Public Health Scotland and he is looking forward to working with them further to input into their strategy and scope out person centred engagement over the next few weeks. Fundamentally, Ian is keen to ensure that activity is not duplicated and that there are local links to all sectors, to ensure flexibility in the programme moving forward.

15 Slide six illustrated the collaboration nature of the work with key partners. A lot of major third sector organisations who work in close partnership with the NHS, particularly Covid-19, will be included as a source of information. Ian reminded colleagues of the summary paper of work by third sector organisations and representative groups on the impacts of COVID-19 which had been shared with the Group. This had been developed with ALLIANCE members and partners and is being constantly updated. He advised that it would be from this that the outputs of the work would be demonstrated to this Group.

16 Slide seven outlined the implementation plan for the work which highlighted the phased nature of the programme, corresponding to 4-5 months of work and culminating in a report to the Cabinet Secretary in January 2021. Although fluid, feedback received was helpful in confirming the view that this is an appropriate development and implementation plan behind which there are a series of timelines and work in progress. **Ian was hopeful that the overarching framework paper would be signed off today so that he could share it with Group as a collaborative planning document**.

17 In his last slide, Ian highlighted a few further key areas for the work. These included the importance of effective dissemination of lived experience through an appropriate communication plan. There was also a requirement to ensure that the significant data protection issues are managed effectively. Finally, there was also a need to ensure that groups disproportionately impacted by Covid-19 are appropriately represented in this work, eg those affected by health inequalities, poverty and minority ethnic communities. An equalities impact assessment (EQIA) had been conducted for this work to consider how people from protected characteristic groups and others may be disproportionally affected and how they can be enabled to engage in this activity. The work also seeks to recognise and mitigate against service gaps and aid the remobilisation of services.

18 Ian concluded his presentation by reminding members of the importance around developing a community of practice around lived experience which should be cross sector, including academia. This is a separate piece of work which is currently being pursued with colleagues.

Discussion Points:

19 The Cabinet Secretary thanked Ian Welsh for his comprehensive presentation on such an important topic. She reiterated to the Group that Ian is open to comments and for members to please not hesitate to contact him if they wish to get involved or provide any feedback.

20 Noting the project timeline for reporting, the Cabinet Secretary enquired whether it would be possible for the Group to receive regular updates as the work progressed rather than waiting until the project formally reported. **Ian thought this would be possible and he undertook to put in place a pipeline of easy to read updates, giving a flavour for the work and some learning points/input.** He proposed to start this by drawing upon the earlier referenced summary paper on the impacts of COVID-19. He thought it would be difficult to provide specific input for the four care sub-programmes but he would consider how best to do that once the project was fully underway.

21 Miles Mack endorsed the importance of the patients' voice, particularly in the current fast moving environment, to ensure that developments were tailored around the needs of the patient not just the NHS. He sought clarification as to the intended message on the first principle in his presentation. Ian welcomed this feedback and asked that Miles Mack liaise with him out with the meeting to order to improve the drafting.

22 James O'Connell welcomed this work but asked how input trade unions should feed in. He went on to mention the networks within trade union organisations which could help open up opportunities for engagement, i.e. his organisation has Equalities, Disabled and Communities Officers, who could provide an access point. Ian appreciated the comment, acknowledging that often staff are forgotten and may, themselves, be living with long term conditions and are almost certain to have caring responsibilities themselves. **He asked James to get in touch to develop links.**

23 Carey Lunan thanked Ian for all his work and the presentation today. She noted that the work was so important. She asked whether the EQIA he had undertaken only considered the eight protected characteristics and asked how consideration of socio-economic issues would be considered given that it is generally accepted that COVID-19 has a disproportionate impact on more deprived communities.

24 Donald MacAskill, touching on Dr Lunan's point, enquired if anyone was looking at demographic issues e.g. age – as he felt that there were real concerns from residents and families on this issue.

25 Carole Wilkinson spoke of the role of Health Improvement Scotland (HIS) and the helpful discussions HIS Community Engagement colleagues have had with his team. She noted that there was a lot of work to do but also a need to utilise resources effectively when engaging with the public, e.g. it was vital to avoid repeating the same questions as this simply annoys people. Reflecting on HIS's Community Engagement work, she also noted that the current challenge of having to consider different approaches to engage people due to COVID-19. She reminded the Group that, although service design is taking place at pace, it did not alter the need for effective community engagement.

26 **Ian responded to the various queries, advising that he would share the EQIA with group members, once it was finalised.**

27 The Cabinet Secretary was pleased to see the offers of help from various organisation representatives and advised that **the secretariat would ensure that this whole part of the chat was made available to Ian in order that he could pick up on all the points made, especially on EQIAs**. She advised that this was an area of learning for most of us. She thanked Ian once more, advising that she was really looking forward to having regular sight of the products of this work and was happy to support this. In addition the Cabinet Secretary was supportive, in principle, of the proposed work on a community of practice around lived experience.

Item 5. Public Health Messaging

28 The Cabinet Secretary invited Jason Leitch, in conjunction with his colleague, Neil Harrison, from the Scottish Government Marketing and Insight Unit, to deliver a presentation on public health messaging.

29 Jason introduced, Neil Harrison, who would be taking the Group through the presentation. Jason noted that clear messaging is imperative, particularly at present, when we were asking people to understand how the pandemic affects them and how health and social care services were changing in response.

30 Neil explained that his area of responsibility included the recent television advertising campaign connected to the pandemic which included work on the redesign of Unscheduled Care and Primary Care more generally. His presentation focused around the approach taken to date in respect of COVID-19 and work planned for October and November. Neil explained that the overall objective was to encourage citizens to access care from the right

place, first time, thus ensuring that those who need help are directed as appropriate. Qualitative research undertaken prior to the pandemic demonstrated that this was an area of challenge, highlighting a need to ensure that the individual accessed the services designed for them and their circumstances, as opposed to choosing what they believe is more convenient i.e. approaching Out of Hours services instead of accessing their GP. However, as a counterbalance to this, there remained evidence of citizens (3 in 10) not attending their GP when they should, highlighting a barrier to treatment which also required to be addressed.

31 Pre-COVID qualitative research, focused mainly on primary care, had highlighted three issues that were a source of frustration and criticism for adults. These were a) waiting time and delays have been issues, along with patient experience of being passed around, anxious waits for results and a lack of information making patients feel uncertain; b) concerns around a lack of provision for mental health issues, particularly in young people; and c) concerns about the appropriateness of questions being asked by receptionists – especially in under 35 year olds.

32 Turning to activity to date, Neil explained that over the past 5-6 months, a number of campaigns had been developed, such as “The NHS is Open” campaign, highlighting how to access care for health concerns. Data showed that presentations for care had increased since this had been launched, with the focus of the message “if it’s urgent, it’s urgent” for A&E services. There has been a campaign to promote the “Pharmacy First” initiative. There has been ongoing media relations activity as NHS services are restarted.

33 Neil advised that following lockdown, with levels of A&E attendance initially increasing, a campaign on radio and in the press was initiated highlighting the full range of services available to people (from NHS inform to A&E). He reported that the evaluation of that campaign demonstrated its objectives were either exceeded or met. He also noted that, although the campaign had used radio, press and digital, it had received a campaign recognition level of 30% which is viewed as good. He further noted that if television had been used, then the reach would have been broader and this is an area his team are keen to explore for later activity in the year. The group were advised that there is a higher rate of recognition in the 16-24 year age group.

34 Evaluation work had also been undertaken to understand where people thought they should attend depending on various conditions - urgent medical concern (not COVID-19 related), non-urgent minor ailment (again non-COVID-19), and non-life threatening but painful injury – for all 3 examples were given. For an urgent, non COVID related query, the research shows that there has been a positive shift away from A&E and 999. In the case of a non-urgent query, a positive shift was identified towards “treat myself” and use of pharmacy. In the case of a non-life threatening condition i.e. a suspected broken bone, there was a positive shift towards attending a Minor Injury Unit but an increase (3%) in A&E attendance and a similar drop in GP attendance.

35 Neil also explained the ongoing work underway with the Bauer radio network. This involved recorded advertorials and live reads reaching one million people over the week, highlighting GP, Pharmacy, Optometry and how these services have changed. In addition, content on NHS inform had been reviewed to enable the right source of care be more easily identified by patients. Finally, there had been a drive to use non-Government trusted voices, using staff directly from the service, to communicate key messages, linking in with the Life Matters Radio platform. Neil advised that he has been working with Fiona Duff from Primary Care at Scottish Government around the material to be used for primary care.

36 Turning to the work on the redesign of unscheduled care, Neil noted that planning is underway to deliver a campaign that will tie in with these changes, recognising what the

various strands of the health service are, with self-care, pharmacy and NHS inform being the three to be explored prior to visiting the GP, after which it would be NHS 24 111, Minor Injury Unit or A&E. Neil spoke to a slide which set out the broad approach to deliver the objective of the right care in the right place for redesign of unscheduled care. This would cover what services are available, which is the right service and why services are being delivered differently. He noted the approach will face a number of communication challenges and would be delivered using a range of comms routes to help bring about the required shift in behaviours.

37 Finally, Neil set out the next steps for the work, including the deliverables proposed until the end of November, from development and creative testing through to campaign production, implementation and ongoing media activity. He noted that there would be partnership messages in tandem with this, at Board and GP practice level. His team are seeking to arrange a national door drop, which had been undertaken throughout the pandemic with good outcomes achieved in terms of people reading the literature and taking action. As with all messaging campaigns, Neil advised that an evaluation would be undertaken and management information analysed to ascertain how many people are having to be redirected and how their behaviour has changed.

Discussion Points:

38 The Cabinet Secretary invited Patricia Moultrie, who was deputising for Andrew Buist, to offer her thoughts on the presentation given the BMA interest in the work. Patricia advised that she had worked closely with Fiona Duff and so was aware of some of the work. She was appreciative of the complexity of the message to the public, particularly if being launched in the midst of the flu campaign, when respiratory illnesses are present. She advised that given GPs are feeling very stretched, she was hoping that there would be messaging to help manage public expectations.

39 Carey Lunan thanked Neil and Jason for the presentation, informing that she too had been working with Fiona Duff from a primary care perspective on public messaging. She was keen to slightly unpick the message around receptionists, given that this has become an issue, particularly since the new GP contract has come in, and the key role receptionists now play in supporting the appropriate pathways. Carey felt that the role operated more effectively if supported by a message coming from the GP so that the patient is aware that the phone will be answered by a (trained) care co-ordinator who will direct their care to the right person in the right place. She also felt that there is a need for training to enable receptionists to ask these questions confidently and appropriately and engage with patient engagement groups as part of that process.

40 Harry McQuillan made a point that it was equally as important that these messages are reinforced/supported by the professionals in the health and social care and the wider network. Harry offered his support to work towards achieving this balance.

41 David Quigley reflected on how his area communicated; and, because this was done through a wide range of digital and marketing means, he felt that public relations was part of this too. Therefore, he was keen that a consistent message is landed to enable patients to take responsibility for their own care and how they position themselves in terms of accessing their first port of call was important, in relation to journey times. David was happy to place this within their own PR and also support this messaging.

42 Cllr Currie was mindful that in every local authority there were communications officers who supported messaging across a range of services who should also be involved in this work. He also advised that there are tens of thousands of people who are dependent on

the community alarm system run by local authorities. His experience was that when people are badged as “health” within the system, it is difficult to get out of this.

43 The Cabinet Secretary reflected that it was often when people presented at the pharmacy or optometrist that they ask other healthcare related questions. She thanked both Harry and David for their points and offers of assistance. She felt that the discussions was a reminder of just how many access points there are for the public to access support. She invited Ms Haughey to give her view from a mental health perspective.

44 Ms Haughey advised that mental health colleagues had been working hard to ensure that people get the care they need and that colleagues will be aware that initially Health Boards had set up mobile assessments units, so that people in mental health crisis would be redirected away from A&E to a more appropriate setting, staffed by mental health staff and colleagues from drug and alcohol services. This is a services which Ms Haughey and colleagues have asked to be extended and made permanent for patients presenting in mental health crisis to ensure parity in accessing more appropriate services quickly in crisis. Work is ongoing with Boards to create a “Once for Scotland” specification and to look at how we can expand these services. She highlighted the “Space to Breath” campaign for those over 16 years of age. This has been ongoing throughout the pandemic and we are looking to expand this so that care can be accessed on a quicker and more timely basis.

45 John Thomson, deputising for David Chung reiterated that national messaging should be mirrored locally so that patients receive a consistent message. Ultimately, patients will still chose their own access point and there is a need to ensure that however the service is accessed, the outcome is consistent.

46 Lewis Ritchie highlighted the need to ensure that messages are relevant and reflective of both urban and rural settings. More broadly, his view is there needs to be a clear and responsible public understanding around what the different services are and how to use these. This should be built on from school, so that people understand from an early age what these services are, where they are and how they can access them. He reflected that he had not heard much discussion around the use of social media and how this could be used to access services. Finally, he thought consistency of messaging and signage were required and there was still much to be done on this.

47 Before handing back to Neil and Jason for their final comments, the Cabinet Secretary thanked participants for the many offers of support via the webchat. She noted that this is undoubtedly a complex task to deliver understandable messages across primary, community and acute care. She also welcomed the suggestion that a conversation be started with Education Scotland on curriculum for excellence to see if we can start some of this work with young people so they grow up with an understanding of health services.

48 In closing, Neil thanked people for their offers of help, advising that there would be a requirement to draw upon these as national messaging could not / nor should not cover everything. He was keen that anyone who wished to be involved should get in touch and he would be delighted to share progress and seek input around how message are delivered.

49 Cabinet Secretary thanked Neil, acknowledging that this is not the only piece of work in his portfolio, which is nonetheless, appreciated.

Item 6. Updates from Established Groups:

i. Unscheduled Care Redesign

50 The Cabinet Secretary noted that a short update paper on unscheduled care redesign had been issued to the Group for their information. She invited any follow-up questions on this from members. Members noted the update.

ii. Primary & Community Care Group

51 The Cabinet Secretary invited Aidan Grisewood to provide an update from the short life group on primary and community care which had been set up at an earlier meeting of the Group. Aidan advised that there would be more to update at the next meeting of the Group when the sub-group was expected to report on its proposed priorities for re-mobilisation and recovery. Thus far there had been good participation, collaboration where whole system issues had been covered, including communication.

Item 7. Date of Next Meeting(s)

52 Friday, 18 September 2020, with subsequent meetings scheduled for 9 and 30 October, 2020, all at 0900 hours.

53 The meeting closed with the Cabinet Secretary thanking all members for their contribution and useful discussions.

54 The meeting concluded at 10:40 hours.

Scottish Government
1 September 2020