



Topic: Health and safety

Engagement version – June 2025

Requirements addressed in this section

Table 1 Information required by the Town and Country Planning (Scotland) Act 1997, as amended, regarding the issue addressed in this section.

Section	Requirement
Section 15(5)(b)	the principal purposes for which the land is used,
Section 15(5)(c)	the size, composition [health] and distribution of the population of the district,
Section 15(5)(cd)	the health needs of the population of the district and the likely effects of development and use of land on those health needs
Section 15(5)(d)	the infrastructure of the district (including communications, transport and drainage systems, systems for the supply of water and energy, and health care and education facilities),
Section 15(5)(e)	how that infrastructure is used,

Table 2 Information required by the Town and Country Planning (Development Planning) (Scotland) Regulations 2023, regarding the issue addressed in this section.

Section	Requirement
Regulation 9(2)(g)(i)(bb)	<p>The information and considerations are—...</p> <p>The need in the long term—...</p> <p>To maintain appropriate safety distances between residential areas, buildings and areas of public use, recreational areas and, as far as possible, major transport routes and—...</p> <p>Major accident hazard pipelines,</p>



Links to evidence

- Town and Country Planning (Scotland) Act 1997
<https://www.legislation.gov.uk/ukpga/1997/8/contents>
- Town and Country Planning (Development Planning) (Scotland) Regulations 2023
<https://www.legislation.gov.uk/ssi/2023/101/made>
- National Park (Scotland) Act 2000
<https://www.legislation.gov.uk/asp/2000/10/contents>
- Health and Care (Staffing) (Scotland) Act 2019
<https://www.gov.scot/publications/health-and-care-staffing-scotland-act-2019-overview/>
- Scotland's public health priorities
<https://www.gov.scot/publications/scotlands-public-health-priorities/>
- ScotPHO
<https://www.scotpho.org.uk/>
- Place and wellbeing: integrating land use planning and public health in Scotland
https://www.improvementservice.org.uk/__data/assets/pdf_file/0029/26876/place-and-wellbeing-integrating-land-use-planning-v3-apr2024.pdf
- Place and Wellbeing Outcomes
<https://www.improvementservice.org.uk/products-and-services/planning-and-place-based-approaches/planning-for-place-programme/place-and-wellbeing-outcomes>
- A Healthier Future: Scotland's diet and healthy weight delivery plan
<https://www.gov.scot/publications/healthier-future-scotlands-diet-healthy-weight-delivery-plan/>
- Diet and healthy Weight: Out of Home Action Plan
<https://www.gov.scot/publications/diet-and-healthy-weight-out-of-home-action-plan/>



- New dementia strategy for Scotland: Everyone's Story
<https://www.gov.scot/publications/new-dementia-strategy-scotland-everyones-story/>
- Enabling, Connecting and Empowering: Care in the Digital Age. Scotland's Digital health and care strategy
<https://www.gov.scot/publications/scotlands-digital-health-care-strategy/documents/>
- Care in the Digital Age: delivery plan 2024 to 2025
<https://www.gov.scot/publications/care-digital-age-delivery-plan-2024-25/documents/>
- Mental Health Strategy 2017 – 2027
<https://www.gov.scot/publications/mental-health-strategy-2017-2027/>
- Suicide prevention action plan: every life matters
<https://www.gov.scot/publications/scotlands-suicide-prevention-action-plan-life-matters/>
- National guidance on action to address suicides at locations of concern
<https://publichealthscotland.scot/publications/national-guidance-on-action-to-address-suicides-at-locations-of-concern/national-guidance-on-action-to-address-suicides-at-locations-of-concern/#section-1>
- Cleaner Air for Scotland 2 – Towards a Better Place for Everyone
<https://www.gov.scot/publications/cleaner-air-scotland-2-towards-better-place-everyone/>
- Food and Drink Policy: Good Food Nation
<https://www.gov.scot/policies/food-and-drink/good-food-nation/>
- National Good Food Nation Plan
<https://www.gov.scot/publications/national-good-food-nation-plan/>
- Good Food Nation (Scotland) Act 2022
<https://www.legislation.gov.uk/asp/2022/5/enacted/data.html>



- General Practitioner Premises Direction Guidance Note Annexe 1
<https://www.dpea.scotland.gov.uk/Document.aspx?id=1011558>
- Premises Direction 2004: General Practitioner Unit Sizes
<https://www.dpea.scotland.gov.uk/Document.aspx?id=1011559>
- 2018 General Medical Services Contract in Scotland
<https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2017/11/2018-gms-contract-scotland/documents/00527530-pdf/00527530-pdf/govscot%3Adocument/00527530.pdf>
- Scottish Health Planning Notes 36 Part 1 General Medical Practice Premises
<https://www.nss.nhs.scot/media/1765/shpn-36-part-1-v10-jul-2006.pdf>
- Scottish Health Planning Notes 36 Part 2 National Health Service Dental Premises
<https://www.nss.nhs.scot/media/1563/shpn-36-part-2-v10-jul-2006.pdf>
- Scottish Health Planning Notes 36 Part 3 Community Pharmacies`
<https://www.nss.nhs.scot/media/1983/shpn-36-part-3-v10-aug-2007.pdf>
- NHS Scotland Operational Improvement Plan
<https://www.gov.scot/publications/nhs-scotland-operational-improvement-plan/documents/>
- North Regional Asset Management Plan 2019 to 2029
<https://www.nhsgrampian.org/globalassets/foidocument/foi-public-documents1---all-documents/2019-North-Regional-Asset-Management-Plan.pdf>
- NHS Grampian Strategic Plan A Plan for the Future
<https://www.nhsgrampian.org/about-us/planforthefuture/>
- NHS Grampian Strategic Plan A Plan for the Future Delivery Plan 2024 – 2027
<https://www.nhsgrampian.org/globalassets/planforthefuture/nhs-grampian-delivery-plan-april-2024--march-2027.pdf>
- NHS Grampian Asset Management Update 2020 – 2030
<https://www.nhsgrampian.org/globalassets/foidocument/foi-public-documents1---all-documents/Appendix-1-Grampian-Summary.pdf>



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- Living life well: A lifelong approach to mental health in Tayside
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- National Park (Scotland) Act 2000
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<https://cairngorms.co.uk/wp-content/uploads/2022/09/Cairngorms-National-Park-Partnership-Plan-full-version-FINAL.pdf>
- Cairngorms National Park Local Development Plan Delivery Programme 2025
<https://cairngorms.co.uk/wp-content/uploads/2025/03/Delivery-Programme-2025-final.pdf>
- Aberdeenshire Health and Social Care Partnership Strategic Plan 2020-2025
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<http://publications.aberdeenshire.gov.uk/dataset/d3846e4a-b873-4f85-990b-b95dcb8606a2/resource/976d24f7-b046-4d88-a68b-ade91a9d5f70/download/ahscpmmentalhealthandwellbeingstrategy2019-2024.pdf>
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https://www.highland.gov.uk/downloads/download/179/service_plans
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<https://www.nhshighland.scot.nhs.uk/media/qjkd4bvr/highland-hscp-strategic-plan-adult-services-2024-27.pdf>
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- Highland Council Allotments Annual Report 2024
https://www.highland.gov.uk/downloads/file/28018/allotments_report_2024
- Perth and Kinross Community Mental Health and Wellbeing Strategy 2022-2025
<https://perth-and-kinross.cmis.uk.com/perth-and-kinross/Document.ashx?czJKcaeAi5tUFL1DTL2UE4zNRBcoShgo=itSHys9BIE9CTrvUdN3ktbyiY3XCbcYtqxIVGE1KQG%2byfZgzgrKSAA%3d%3d&rUzwRPf%2bZ3zd4E7Ikn8Lyw%3d%3d=pwRE6AGJFLDNlh225F5QMaQWCtPHwdhUfCZ%2fLUQzgA2uL5jNRG4jdQ%3d>
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Summary of evidence

Policy context

National Park (Scotland) Act 2000

The National Park has four distinct aims as set out in The National Parks (Scotland) Act 2000). The fourth aim is 'to promote sustainable economic and social development of the area's communities'. The aims are all to be pursued collectively. However, if there is conflict between the first aim and any of the others, greater weight is given to the first aim (as set out in Section 9(6) of the 2000 Act).

National Planning Framework 4

National Planning Framework 4 sets out the national spatial strategy for Scotland, replacing both National Planning Framework 3 and Scottish Planning Policy. Its focus on the three main policy themes of sustainable, liveable and productive places aligns with Scotland's aim of delivering on the United Nations Sustainable Goals. National Planning Framework 4 aims to deliver an infrastructure first approach to land use planning.

Policy 18 specifically addresses the infrastructure first approach intended to ensure healthcare infrastructure considerations are addressed at the earliest stage of the development plan process. According to the policy, local development plans need to ensure existing infrastructure assets are being used sustainably and make provision for prioritising low-carbon solutions in development. Proposed infrastructure interventions need to ensure they meet the needs of the community they are intended to serve.

According to the policy, local development plans must:

- Reflect evidence-based decisions about the current infrastructure's capacity, condition, needs and deliverability within the Plan area.
- Consider the need for additional cross boundary infrastructure where a need is identified.
- Put forward a spatial strategy that reflects the infrastructure priorities, and where, how and by whom they will be delivered.
- Put forward a method of calculation for the type, level and location of the financial or in-kind contributions required, specifying which development (sites) these will be required for.

Policy 23 addresses Health and Safety, which requires the spatial strategies of local development plans to:

- Reflect the potential need for additional health and social care provision.
- Allocate sites for further development to meet these current or future predicted need.



Spatial strategies should also seek to tackle health inequalities particularly in places which are experiencing the most disadvantage. They should identify the health and social care services, and infrastructure needed in the area, including potential for co-location of complementary services, in partnership with Health Boards and Health and Social Care Partnerships. Local development plans should create healthier places, for example through opportunities for exercise, healthier lifestyles, land for community food growing and allotments, and awareness of locations of concern for suicide.

Spatial strategies should maintain appropriate distances between sites with hazardous substances and areas where the public are likely to be present and areas of particular natural sensitivity or interest.

This evidence paper primarily aims to provide information leading to the identification of gaps in provision of facilities, services or amenities will be important during the Local Development Plan period. The Evidence Report will be informed by, but not publish, information that may identify locations of concern for suicide.

Health and Care (Staffing) (Scotland) Act 2019.

The Health and Care (Staffing) (Scotland) Act 2019 gained Royal Assent in June 2019. The Act is a landmark piece of legislation that aims to enable safe, high-quality care and improved health and care outcomes through the provision of appropriate staffing. It is the first legislation of its kind in the United Kingdom that applies in both health and social care settings. The requirements of the Act came into force on 1 April 2024.

The Act introduces into legislation guiding principles for those who commission and deliver health and care, which explicitly state that staffing is to provide safe and high-quality services and to ensure the best health care or care outcomes for service users. While this is the main purpose, health and care services should promote an efficient, effective and multidisciplinary approach which is open with and supportive of staff. The 2019 Act places a duty on Health Boards to ensure appropriate numbers of suitably qualified and competent staff are in place for the health, wellbeing and safety of patients. It enables rigorous, consistent assessment of workload, based on assessment of acuity, patient need and the delivery of patient outcomes.

The Act also requires that Health Boards ensure clinical team leaders have adequate time to fulfil their leadership role. In some areas this may require additional clinical or administrative staff. For care service providers, the 2019 Act places a statutory duty to always ensure that suitably qualified and competent individuals are working in such numbers as are appropriate for the health, wellbeing and safety of service users, and



the provision of high-quality care. Providers are also required by the Act to ensure staff are appropriately trained for the work they perform. Implementation of the legislation will generate a significant amount of data on the staffing needed across services based on the needs of people who use services and will therefore inform workforce planning at local and national level.

Public Health Scotland

Public Health Scotland was established in April 2020, bringing together a number of organisations previously responsible for public health. Public Health Scotland is Scotland's lead national agency for improving and protecting the health and wellbeing of all of Scotland's people. Its focus is on increasing healthy life expectancy and reducing premature mortality using data, intelligence and a place-based approach to lead and deliver Scotland's public health priorities. Public Health Scotland has three main functions that can support planning activity:

- The data and intelligence function supports evidence-based policy making at a national and local level across the breadth of the social determinants of health (housing, education, employment, social support, family income, communities, childhood experience, and access to health services). For example, it provides data on geographical variation in health outcomes and intelligence to support the commissioning and delivery of support and services that meet peoples' long-term social and healthcare needs.
- The health improvement function involves working closely with a range of partners in the public, private and third sectors to progress action to improve the population's health, including in areas such as place, planning, housing and communities.
- The health protection function of Public Health Scotland provides effective and specialist national services to protect the people of Scotland from infectious and environmental hazards.

Public Health Scotland's vision is for a Scotland where everybody thrives. Focusing on prevention and early intervention, the organisation aims to increase healthy life expectancy and reduce premature mortality by responding to the wider determinants that impact on people's health and wellbeing. To do this, they use data, intelligence and a place-based approach to lead and deliver Scotland's public health priorities.

Scotland's public health priorities

The Scottish Government and the convention of Scottish local authorities (COSLA) agreed six Public Health Priorities in June 2018. These are intended to support all national and local partners across Scotland, not just public health professionals, to work



together to improve healthy life expectancy and reduce health inequalities in Scotland's communities.

There are 6 priorities set out in the document:

- A Scotland where everyone lives in vibrant, healthy and safe places and communities. Planning changes to places where people live which support people to be healthy will contribute to achieving this priority. This includes measures to increase access to greenspace, reduce the dominance of motor traffic and co-designing changes with communities so they feel empowered to make decisions that directly affect them.
- A Scotland where everyone flourishes in our early years. Measures that facilitate children's independent mobility can contribute to achieving this priority as will creating safe, accessible outdoor spaces for play in streets and parks.
- A Scotland where everyone has good mental wellbeing. Enabling active travel and improving access to greenspace can contribute to improved mental wellbeing.
- A Scotland where everyone has a sustainable, inclusive economy with equality of outcomes for all. Plans to reduce transport poverty through enabling uptake of active travel options, particularly in areas of socio-economic disadvantage, will support this.
- A Scotland where everyone eats well, has a healthy weight and are physically active.
- Measures to enable people to work active travel into their daily routines will contribute to achieving this priority, in particular focusing on the least active in order to reduce health inequalities.

These priorities also support the Cleaner Air for Scotland 2 Policy where a shift from private car to active travel will reduce transport-related emissions that are responsible for poor air quality. The positive impact of modal shift from private car to active travel on air quality can be emphasised when carrying out engagement for active travel interventions in relation to places with poor air quality. Detail on transport related emissions is included in the Sustainable transport evidence paper, which is available here:

- <https://cairngorms.co.uk/wp-content/uploads/2024/11/Topic-Paper-Sustainable-transport-Engagement-version.pdf>

Scottish Public Health Observatory

The Scottish Public Health Observatory (ScotPHO) collaboration is led by Public Health Scotland. It also includes the Glasgow Centre for Population Health, the Medical Planning and Wellbeing: Integrating Land Use Planning and Public Health in Scotland Research Council / Chief Scientist's Office Social and Public Health Sciences Unit, National Records of Scotland and the Scottish Learning Disabilities Observatory.



Scottish Public Health Observatory aims to provide a clear picture of the health of the Scottish population and the factors that affect it through collection and use of routine data on health, risk factors, behaviours and wider health determinants. Scottish Public Health Observatory publishes a variety of reports and data, including the Scottish Public Health Observatory Profiles, an online tool which presents a range of indicators to give an overview of health and its wider determinants at a local level. The profiles give a snapshot of health for each area and highlight variation through a variety of different visualisations.

Place and wellbeing: Integrating land use planning and public health in Scotland

The briefing was prompted by the introduction of the Planning (Scotland) Act 2019, the fourth National Planning Framework, and the adoption of Scotland's six public health priorities. It has been developed by the Place and Wellbeing Collaborative. Its members are representatives from Directors of Public Health, Public Health Scotland, the Improvement Service, the Convention of Scottish Local Authorities (COSLA), Heads of Planning Scotland, the Health improvement managers network and Edinburgh University. It raises awareness of the impact that the places where people live, work, and play have on health and wellbeing. It provides practical guidance for land use planners, public health practitioners and policymakers to work together, using a whole systems approach to improve health and wellbeing and reduce health inequalities.

It introduces land use planners to the public health system and public health professionals to the planning system and outlines several key opportunities for more integrated working to realise shared ambitions. The document supports collaboration with health care professionals during the creation of the local development plan.

The document also sets out that it is best practice to carry out a Health Impact Assessment (HIA) when developing the local development plan, in parallel with Strategic Environmental Assessments, but this is not a statutory requirement. The National Park Authority will consider the potential impact of the local development plan on health through the statutory Strategic Environmental Assessment process (see page 219 for further information).

Place and wellbeing outcomes

The place and wellbeing outcomes provide a consistent and comprehensive focus for where place impacts on the wellbeing of people and planet. The outcomes fall into five overarching themes of movement, spaces, resources, civic and stewardship (Figure 1).

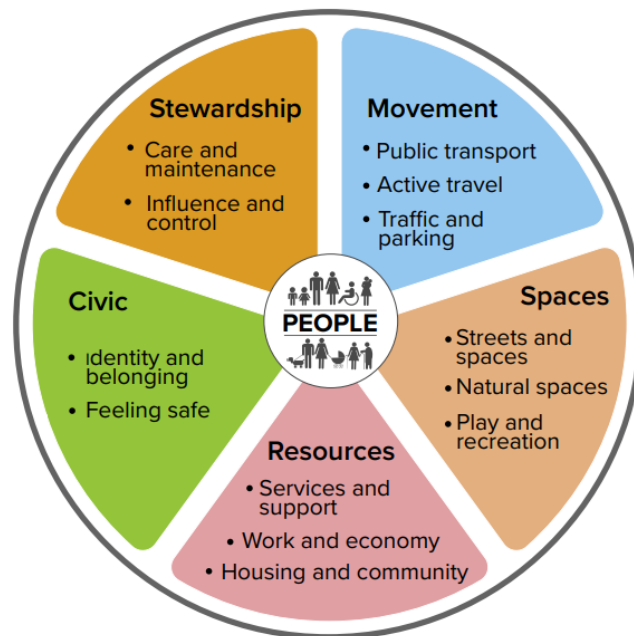


Figure 1 Place and wellbeing outcomes. Improvement Service 2024¹

The outcomes are interlinked; interventions in one outcome will have a knock-on impact on achieving other outcomes, and therefore a place-based, collaborative approach is driven to enable their delivery. They support all sectors to focus decision making and implementation on a common set of evidenced features that make every place. The outcomes are underpinned by three principles:

- Equitable outcomes for all
- Achieving net zero, sustainability and biodiversity
- Supporting the system.

They are also key features for delivering Scotland's local living and 20-minute neighbourhood ambition. Their development has been supported by the organisations that sit on the Place and Wellbeing Collaborative. It is made up of representatives from the Improvement Service, Public Health Scotland, Directors of Public Health, Heads of Planning Scotland, the Convention of Scottish Local Authorities (COSLA) and health improvement managers.

¹ https://www.improvementservice.org.uk/__data/assets/pdf_file/0020/30719/PWO-briefing-paper-v2-jan-2024.pdf



To improve future health and wellbeing and reduce future demand, decisions in all policy areas of the Local Development Plan should be designed to support good health and wellbeing.

NHS Scotland Operational Improvement Plan

Scottish Government have determined that the NHS requires significant renewal and reform to ensure that Scotland has a sustainable health service, given the scale of growing demand it faces.

The Operational Improvement Plan builds on health boards' own delivery planning for 2025 to 2026. It describes a number of commitments and actions across NHS Scotland that are needed to improve the experience of patients. The Plan brings focus to four critical areas that the Government is committed to delivering, to help protect the quality and safety of care, supported by the increased investment for health and social care in the 2025-26 Scottish Budget:

- Improving access to treatment.
- Shifting the balance of care.
- Improving access to health and social care services through digital and technological innovation.
- Prevention – ensuring we work with people to prevent illness and more proactively meet their needs.

The National Park Authority will continue to maintain dialogue with the NHS Trusts and the Proposed Plan will reflect any updates or progress on this Plan affecting the National Park area.

A healthier future: Scotland's diet and healthy weight delivery plan

The Plan sets out the vision 'to create a Scotland where everyone eats well, and we all have a healthy weight.' This Plan sets out the following outcomes to achieve its vision:

- Children have the best start in life - they eat well and have a healthy weight.
- The food environment supports healthier choices.
- People have access to effective weight management services.
- Leaders across all sectors promote healthy weight and diet.
- Diet-related health inequalities are reduced.



Obesity Action Scotland published a review of the Plan in 2023, five years after it was published² in 2018. It reflected a need for action to address the high and growing levels of overweight and obesity in Scotland, and concern of the short and long-term impact on public health. At the time of the Delivery Plan's publication, 65% of adults in Scotland had overweight and obesity, and 27% of children were at risk of overweight and obesity, as recorded in the Scottish Health Survey. This has now risen to 67% for adults and 28% for children in the most recent data. Significantly, the 2021 survey reported 30% of adults living with obesity, and 18% of children at risk of obesity - both figures are the highest ever recorded by the survey.

Obesity Action Scotland recommended that policy action by Scottish Government needs to be undertaken to deliver bold and urgent policy action to deliver on the commitments within the Diet and Healthy Weight Delivery Plan, in particular to improve child health and weight outcomes.

Scottish Government's Public Health Priorities set out the desire for places and spaces where people live to support them to lead healthy lives. The area around schools is an environment where it may be possible to make a positive change in the habits of young people at lunchtimes and on the way to and from school. One possible lever, mentioned in the Plan is planning policy. See page 166 for information on the food environment within the Cairngorms National Park.

Diet and healthy weight: out of home action plan

Published in 2021, the Plan provides a framework to help outlets provide healthier foods, including industry and local authorities. The document sets out Public Health Scotland and Food Standards Scotland ambition to develop a new Eating Out, Eating Well Framework, engaging with stakeholders, including industry and local authorities. The proposed framework for Out of Home (OoH) food outlets will:

- Help outlets provide healthier foods to support achievement of Scottish Dietary Goals.
- Include, among other things, calorie labelling and a Code of Practice for Children's Menus.

The Plan commits to support the delivery of Scottish Government's Good Food Nation ambition and vision and wider food policies, including by incorporating good practice on matters such as food waste, local sourcing and climate change.

² <https://www.obesityactionsotland.org/blogs/scotland-s-diet-healthy-weight-delivery-plan-5-years-on-what-has-it-achieved-and-what-is-the-current-direction-of-travel/>



New dementia strategy for Scotland: Everyone's Story

This is a ten-year strategy that sets out a vision for how life with dementia might be experienced and the policy, service and societal changes that are needed to support this. Scottish Governments vision is of a Scotland where people living with dementia have their strengths recognised, their rights upheld, and where they, their families and care partners / unpaid carers are supported to live an independent life, free from stigma and with person-centred treatment and care, when and where they need it.

Enabling, Connecting and Empowering: Care in the Digital Age.

Scotland's Digital health and care strategy

This refreshed strategy sets out how Scotland will work together to improve the care and wellbeing of its people by making best use of digital technologies in the design and delivery of services, in a way, place and time that works best for them. The Strategy supports the NHS Recovery Plan and outlines the health and care contribution to the overarching Digital Strategy (A changing nation: how Scotland will thrive in a digital world). The Digital Health and Care Strategy is accompanied by a rolling three-year delivery plan, updated each year from April 2022. Scottish Government are focussed on reducing the problems that come from digital exclusion. More information on the digital infrastructure in the National Park can be found in the Digital Infrastructure paper which is available here:

- <https://cairngorms.co.uk/wp-content/uploads/2024/11/Topic-paper-Digital-Infrastructure-Engagement-version.pdf>

Care in the Digital Age: Delivery Plan 2024 to 2025

This update sets out activities that support NHS Health Boards, Health and Social Care Partnerships, local authorities, primary care, social work, and housing and care providers to offer new or improved services, with better systems, infrastructure and improved access.

Mental Health Strategy 2017 – 2027

The vision of the Mental Health Strategy (derived from the Scottish Mental Health Partnership) is of a Scotland where people can get the right help at the right time, expect recovery, and fully enjoy their rights, free from discrimination and stigma. Over the lifetime (ten years) of the Strategy, Scottish Government aim to work toward parity between mental and physical health.



The Strategy sets out the proposal to measure progress toward parity. Scottish Government will introduce a measurement framework similar to those used in physical health. This will draw on a range of information to understand the differences that are being made to, for example, premature mortality, what money is being spent, how long people wait to access services, rates of employment, and poverty levels. The following actions are recommended in the Strategy:

- Accelerate prevention and early intervention.
- Provide accessible services.
- Tackle mental health stigma and discrimination.
- Improve physical wellbeing of people with mental health problems.
- Promote and protect rights.
- Make better use of information and use planning data and measurement for improvement.

Suicide Prevention Action Plan: Every life matters

The new Action Plan has been designed to continue the work from the 2013 – 2016 Suicide Prevention Strategy support the strong downward trend in suicide rates in Scotland. The vision set out by the Plan is supported by Scottish Governments key strategic aims of a Scotland where:

- People at risk of suicide feel able to ask for help and have access to skilled staff and well-coordinated support.
- People affected by suicide are not alone.
- Suicide is no longer stigmatised.
- We provide better support to those bereaved by suicide.
- Through learning and improvement, we minimise the risk of suicide by delivering better services and building stronger, more connected communities.

National guidance on action to address suicides at locations of concern

Produced by Public Health Scotland, this resource has been developed to:

- Support Community Planning Partnerships and local multi-agency steering groups to develop strategies to prevent suicides at identified locations of concern.
- Aid these, and other relevant agencies, to prevent the emergence of further locations of concern by incorporating suicide prevention measures into infrastructure development and maintenance.
- Support multi-agency collaboration, recognising that suicide prevention is a whole-community responsibility.



A location of concern can be broadly defined as a specific, usually public, site that is used as a location for suicide and that provides either means or opportunity for suicide. One or more incidents of suicidal behaviour at a particular location suggests that action should be considered to address the site in question. The following places have become locations of concern:

- Tall buildings, bridges, cliffs and other manufactured or natural structures that provide an opportunity for jumping from a height.
- Rural or secluded locations such as car parks, roadside lay-bys and woodlands. Methods of suicide at these locations commonly involve poisoning or hanging.
- Sections of railway lines and roads where bridges span the tracks. Sections of railway lines that allow for jumping or lying in front of a train can become locations of concern for several reasons. These include ease of access to the train lines, the proximity of mental health facilities and imitation or copycat acts.
- A particular stretch of railway track or road, even though incidents occurred at different points along the stretch of railway tracks or roads. Relevant authorities will need to draw on their own knowledge of local geography, as well as available data, to decide the boundaries of each site.
- Locations that provide access to water for drowning or submersion (for example open water, lakes, rivers and canals).

Actions at locations of concern aim to interrupt the suicidal process. This is achieved primarily by restricting access to locations of concern. In relation to the local development plan, this can be by increasing the difficulty of obtaining the opportunity for suicide in the physical built or natural environment.

Figure 2 shows Public Health Scotland's five-step process for addressing an identified location of concern.



Figure 2 Process for managing a location of concern. Public Health Scotland. 2022

Depending on the nature of the site there are several considerations to consider at a site level, these can include physical barriers, sign and telephone helplines and restricting pedestrian and vehicular access to potentially problematic locations.

Overall, compared to ten years ago there has been a decrease in the rate of suicide both locally and nationally. Nationally, just under three-quarters (71.4%) of people who died by suicide in 2020 were male (575 males, 230 females). The highest crude rate of suicide for males occurs in the 35 – 44 age group and for females in the 45 – 54 age group (Public Health Scotland, 2020). There is a known link between deprivation and suicide. The probable suicide rate (both crude and age-sex standardised) in the period 2016 – 2020 was three and a half times higher in the most deprived areas compared to the least deprived areas.

National Planning Framework 4 Policy 23(f) requires that development proposals be designed to take into account suicide risk. Under Policy 23, Scottish Government's (2023) Local development planning guidance suggests that an awareness of locations of concern for suicide should be addressed in the Evidence Report. See page 86 for



further information on the Park Authority's approach taken to addressing this requirement.

Cleaner Air for Scotland 2 - Towards a Better Place for Everyone

The Cleaner Air for Scotland 2 is a new Air Quality Strategy to replace Cleaner Air for Scotland (1) - The Road to a Healthier Future sets out the Scottish Government's air quality policy framework for the next five years (2021 – 2026) and a series of actions to deliver further air quality improvements. The Strategy aims to work in tandem with other key Scottish Government strategies in order to achieve the vision for Scotland to have the best air quality in Europe. Clear synergies exist between these strategies (Figure 3).

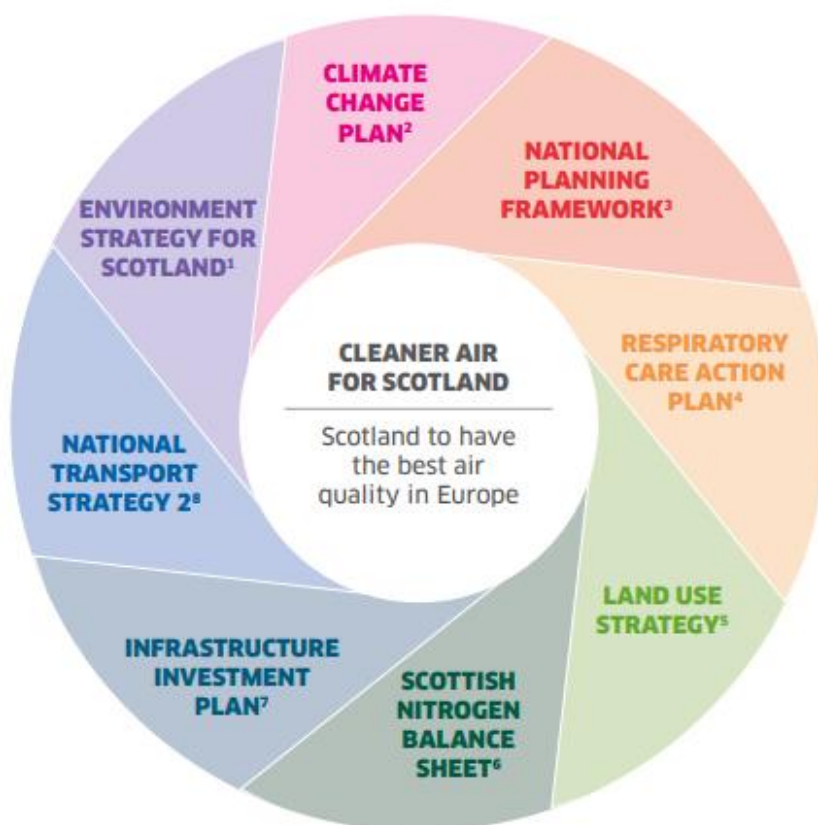


Figure 3 Relationship between the Cleaner Air for Scotland Strategy and other key Scottish Government strategies. Scottish Government, 2021.

The Strategy highlights the important role well delivered placemaking can play in improving air quality. Development approaches to place should have an emphasis on mixed use neighbourhoods with:

- The population density to sustain local services, planned and in locations that reduces.



- The need to travel unsustainably.
- Makes best use of existing transport infrastructure. builds in walking and wheeling as the most natural choice to get around.

The Strategy highlights that the need to reduce travel will be significant in dealing with air quality in urban areas but is not the only action needed to improve air quality. 20-minute neighbourhoods, giving people the ability to meet most of their daily needs within a 20-minute walk from home, with safe walking, cycling, and public transport options will allow people to 'live local' and reduce car dependency.

Nature based solutions are another mechanism to improving air quality through Placemaking. They involve actions which are inspired by, supported by or copied from nature. Some involve using and enhancing existing natural solutions to challenges, while others are exploring more novel solutions, for example mimicking how non-human organisms and communities cope with environmental extremes. Nature-based solutions can use the features and complex system processes of nature, such as its ability to store carbon and regulate water flow, in order to achieve desired outcomes, such as reduced hazard risk, improved human wellbeing and socially inclusive green growth. Maintaining and enhancing natural capital, therefore, is of crucial importance, as it forms the basis for implementing solutions. These nature-based solutions ideally are energy and resource-efficient, and resilient to change, but to be successful they must be adapted to local conditions.

Matters relating to nature-based solutions are / will be covered under a number policy areas within the evidence report, namely:

- Landscape³
- Natural Heritage⁴
- Green and blue infrastructure
- Open space and play sufficiency⁵.

Air quality impacts may be considered where required in Environmental Impact Assessment (EIA) of development proposals and in Strategic Environmental Assessment (SEA) of plans, programmes and strategies. Air quality is scoped into the proposed

³ See <https://cairngorms.co.uk/wp-content/uploads/2024/07/Topic-paper-Landscape-Engagement-version.pdf>

⁴ See <https://cairngormsldp.commonplace.is/en-GB/proposals/natural-heritage-survey>

⁵ Evidence papers on green and blue infrastructure and open space and play sufficiency will be engaged on later in 2025.



assessment framework for the Cairngorms National Park local development plan's strategic environment assessment.

Further information on air quality is covered by the Sustainable transport evidence paper, which is available here:

- <https://cairngorms.co.uk/wp-content/uploads/2024/11/Topic-Paper-Sustainable-transport-Engagement-version.pdf>

Food and Drink Policy: Good Food Nation

Scottish Government have set out a vision for Scotland to be 'a Good Food Nation, where people from every walk of life take pride and pleasure in, and benefit from, the food they produce, buy, cook, serve, and eat each day.' The Good Food Nation (Scotland) Act 2022 provides the legislative framework that enables Scottish Government to take steps towards realising its vision. The Act places duties on Scottish Ministers, local authorities and health boards to produce Good Food Nation Plans.

There is no requirement for national parks to produce good food nation plans, so where available, plans from local authorities and national plans have been referenced in this report and will be taken into account in the preparation of the Proposed Plan.

National Good Food Nation Plan

The Good Food Nation Plan represents how the Scottish Government intends to work collectively together with the supply chain and with all parts of society in meeting its Good Food Nation ambitions. The National Good Food Nation Plan contains six overarching Good Food Nation Outcomes⁶ which are:

1. Everyone in Scotland eats well with reliable access to safe, nutritious, affordable, sustainable, and age and culturally appropriate food.
2. Scotland's food system is sustainable and contributes to a flourishing natural environment. It supports the net zero ambitions and plays an important role in maintaining and improving animal welfare and in restoring and regenerating biodiversity.
3. Scotland's food system encourages a physically and mentally healthy population, leading to a reduction in diet-related conditions.
4. Our food and drink sector is prosperous, diverse, innovative, and vital to national and local economic and social wellbeing. It is key to making Scotland food secure and

⁶ The Scottish Parliament set out its priorities for the Good Food Nation in the Act. The six Outcomes have been informed in particular by the sections of the Act relating to food-related issues (Section 1 (6)) and principles (Section 2).



food resilient and creates and sustains jobs and businesses underpinned by fair work standards.

5. Scotland has a thriving food culture with a population who are interested in and educated about good and sustainable food.
6. Scotland has a global reputation for high-quality food that Scottish Government wants to continue to grow. Decisions made in Scotland contribute positively to local and global food systems transformation. Best practice from abroad will be taken on board to inform improvements.

The Plan supports the 2018 Diet and Healthy Weight Plan. In relation to Planning, the Spatial Plan aims to support making more land available for community growing in all its forms and enable more people to access allotments and growing sites. It highlights that National Planning Framework 4 is clear that local development plans should create healthier places, including opportunities for food growing and allotments. In particular, reinforcing that development proposals that will have positive effects on health will be supported: for example, where they incorporate opportunities for community food growing or allotments.

Scottish Health Planning Note 36 Parts 1, 2 and 3

Scottish Health Planning Note 36 Parts 1, 2 and 3: provides advice on the design and specification requirements for Primary Healthcare Premises. The guidance provides design teams with a set of minimum standards and can also be used by NHS Healthcare Bodies and Boards commissioning new or groups of premises for general medical practices, dental practices or community pharmacies.

- Part 1: general medical practices
- Part 2: dental premises
- Part 3: community pharmacy premises

Care needs be taken when referring to general NHS Scotland and NHS Estates design guidance (for example Scottish Planning Health Notes and Healthcare Building Notes) and technical guidance (for example Scottish Health Technical Memorandums) other than this Scottish Planning Health Note 36 series, as generally these have been developed for use in the design of large healthcare buildings with inpatient facilities.

It is unlikely that during the Plan period there will be the need for an additional large Community Hospital with inpatient facilities in the National Park, given existing provision. See page 107 for information on healthcare infrastructure within the Cairngorms National Park.



North Regional Asset Management Plan 2019 to 2029

This is the second edition of the Plan, which considers the NHS investment needs of the North region. The North region is defined by the boundaries of the following six health boards; Highland, Grampian, Tayside, Orkney, Shetland and the Western Isles, the first three of which partially cover the National Park. The North Regional Asset Management Plan covers 69% of Scotland's land mass. The Plan reflects the Scottish Governments Chief Executive Letter (CEL35, 2010): setting out Scottish Government future investment priorities. It also follows the requirements of the Strategic Property and Asset Management Guidance for NHS Scotland.

The report summarises that there is an increasing demand for care and treatment impacting local authorities, general practices, community services, secondary and tertiary services, arising from the growing elderly population in conjunction with the dispersed nature of the population in the North. In addition to this 60% of the properties in the North region are over 30 years old, with 36% of them being over 50 years old, meaning significant investment will be needed to maintain the current levels of NHS building stock in the region.

There are no projects identified in the Plan for funding / investment in the Cairngorms National Park.

NHS Grampian Strategic Plan A Plan for the Future 2022 – 2028

NHS Grampian is one of 14 regional health boards in Scotland and is responsible for the planning and delivery of health care and services to the population of the North East. The settlements of Braemar, Ballater and Strathdon in the National Park are covered by the Grampian Health Board. The Plan for the Future is NHS Grampian's strategy for 2022 – 2028.

In the three-year delivery Plan, set out in the Strategy, under the actions for employment, procurement and physical assets the Strategy sets the following action:

- Develop our Anchor Strategic Workplan and a core dataset, working in partnership with other agencies.

The Strategy sets out the following actions in relation to infrastructure:

- Finalise construction and commission new mortuary building.
- Ongoing construction of the Baird Family Hospital and Anchor Centre.
- Address high priority backlog maintenance and essential equipment replacement.
- Develop a Whole System Infrastructure Plan in line with Scottish Government guidance.



- Implement the Facilities and Estates healthcare associated infection (HAI) workplan.

There are no specific actions set out in the Delivery Plan relating to physical assets in the Cairngorms National Park.

NHS Grampian Asset Management Update 2020 - 2030

There are no key investment plans for the areas within the National Park covered by the Grampian Health Board in relation to Hospitals are contained in the NHS Grampian five-year Investment Plan, and as such are not featured in this Asset Management Update. There are no delivered or planned improvements to primary care in the National Park covered by this Health Board.

NHS Grampians Service transformation through digital strategy 2020 – 2025 is applicable to the whole of the NHS Grampian area which includes part of the National Park. This strategy is primarily aimed at improving health and care services through increased use of digital technology.

NHS Tayside's Digital Health and Social Care Strategy 2022 – 2027

The Strategy identifies areas where digital technology can have biggest impact to services, reducing pressure on resources and improving outcomes for patients. It sets out the vision and aims behind the strategy: 'We have a vision of people being able to take control of their care, making informed decisions and interacting with practitioners in the way that works for them'. It also explains that it wants to better support staff with the information they need to deliver better care, which will in turn free up more time for staff to spend with patients. The Strategy lays out plans for the next five years that will 'help put the population in control of their own health and social care journeys'. It will also consider accessibility issues when designing the digital solutions, accommodating different levels of digital literacy, disabilities, and device ownership.

To help with the implementation of digital tools and solutions, the strategy lays out principles that inform the NHS Tayside digital charter, which 'is about putting people at the centre of decisions we make about digital technology.' These principles are:

1. 'We won't leave anyone behind' as the health board moves towards more digital-centred solutions, it will repeatedly address access or experience with digital technology.
2. They will provide staff with proper training and support so that they can continue to use the new digital technology to provide a higher quality of care.



3. The health board will also look at and address different healthcare needs and will continue to work in partnerships and collaborations to address them properly with the attention and details they need.
4. When designing the new digital technology and solutions, the strategy says the health board 'will put security, privacy and patient safety first.'
5. The health board will 'take responsibility as a whole organisation for digital technology, helping our colleagues and patients make the best use of it.'
6. It will also make sure that existing technology and resources are being used more effectively.
7. The strategy recognises the value of data and evidence-based decision-making; the health board has committed to its use when making policies and decisions.
8. The guide also recognises the importance of working with regional and national groups. It acknowledges that it needs to 'take the lead when we need to.'
9. Alongside this, it also recognises the importance of collaboration with public and private sector partners when developing and creating solutions and using digital technology.
10. The final principle is to 'design digital technology alongside the people that will actually use it.'

These ten principles will influence NHS Tayside as it works over the next five years to implement its digital strategy. The strategy has also recognised the five key areas in which digital technology will have the biggest and most positive impact:

- Improving decision making
- Helping Staff to do their jobs
- Empowering patients
- Connecting services
- Building closer partnerships.

Living life well: A lifelong approach to mental health in Tayside

This Living Life Well strategy 2020 – 2025 is focused on prevention, early intervention, access to joined up and co-ordinated services and using new technology to support staff to deliver better person-centred services. It sets out NHS Tayside's plans and aims for services for those requiring mental health support. It reflects the needs of the region's patients, service users, their families, and carers and the needs of our staff who plan, provide and deliver mental health services. This inclusive strategy describes the blueprint for the organisations future work to change delivery of mental health services in Tayside. The Tayside strategy covers our change programme projects for the lifespan (pre-birth to old age) of the strategy. These are:



- Good mental health for all.
- Primary and community mental health.
- Specialist Adult Mental Health.
- Children and Young People's Mental Health.
- Learning Disabilities and Mental Health.
- Older People's Mental Health.

In Tayside there is a designated suicide prevention lead for each of the three local authority areas and their role is to drive forward their local suicide prevention strategies and priorities to address local need. These are informed by the National Action Plan and supported through local strategic groups in each area.

The Tayside Multi-Agency Suicide Review Group (TASRG) was set up in 2016 and is jointly funded by NHS Tayside together with Angus, Dundee and Perth & Kinross health and social care partnerships. The purpose of the Tayside Multi-agency Suicide Review Group is to review all completed suicides in Tayside to determine common demographic, social, health, service use and other factors that have contributed to each suicide. This information is used to determine recurring themes which can be used to develop priorities for local suicide prevention activity and is detailed in an annual report.

NHS Tayside Delivery Plan 2024 – 2027

A draft plan has been submitted to Scottish Government which outlines a three-year plan which has a primary focus for 2024 – 2025 on bridging the financial gap. A document produced in collaboration and full engagement from the Integration Joint Board Chief Officers across Tayside colleagues across the system and executive leads across NHS Tayside. The draft document outlines the actions needed to achieve the savings target set by the Scottish Government of £58m. The published version of this document will be taken into account in the preparation of the Proposed Plan.

Together we care: NHS Highland's five-year Strategy 2022 – 2027

The Highland Health and Social Care Partnership covers the Highland Council area. The population is broadly equally divided across urban areas, small towns, rural areas and very rural areas. Outside Inverness and the Inner Moray Firth, there are a number of key settlements around the area, which in the Cairngorms National Park includes Aviemore. These areas act as local service centres for the extensive rural areas which make up the majority of the region. NHS Highland is the Lead Agency for Integrated Health and Social care for Adults, while the Highland Council is the lead agency for Integrated Health and Social care for Children. There are four coterminous managerial areas for



NHS Highland and The Highland Council children's services. There are also nine local Community Planning Partnerships. The governance of the partnership is managed by the Joint Monitoring Committee which consists of the two lead agencies, representatives from the Third Sector, Independent partners, service users and carers. These partners are represented in strategic planning and governance processes.

The Strategy covers the following services in the National Park:

- Badenoch and Strathspey Community Hospital in Aviemore.
- General Practices in Aviemore, Grantown-on-Spey, Kingussie and Newtonmore.
- NHS Care homes (which currently include the Wade Centre in Kingussie, Grant House in Grantown-on-Spey, and Mains House in Newtonmore).
- One independent sector care home, Lynemore (Parklands Care Homes) in Grantown-on-Spey.

NHS Highland Pharmaceutical Care Services Plan 2023 / 2024

The publication of NHS Highland (Pharmaceutical Services) (Scotland) Amendment regulations 2011 requires NHS Boards to publish an annual Pharmaceutical Care Service Plan (PCSP). The document gives a brief overview of the population of NHS Highland and provides a diagrammatic description of the current pharmaceutical services existing within NHS Highland. Data from a range of sources are utilised to establish any unmet need for each of the core Community Pharmacy Contract services.

There are 81 community pharmacies and 39 dispensing general practice locations within NHS Highland. The location and drive times extents from these are shown on page 3 of the Plan. The majority of people in the Highland area of the National Park live within 15 minutes' drive from a pharmacy.

The closest community pharmacies that provide injection equipment provision for residents in the Highland area of the National Park are in Inverness or Nairn.

Within NHS Highland all community pharmacies participate to provide additional palliative care support to patients.

Cairngorms National Park Partnership Plan 2022 – 2027

The long-term vision of the National Park 'An outstanding National Park, enjoyed and valued by everyone, where nature and people thrive together' centres communities and people at the heart of a thriving and prosperous area. The significant focus on developing and maintaining sustainable and resilient communities from National



Planning Framework 4 translates clearly into one of the four aims of the National Park being, 'To promote sustainable economic and social development of the area's communities.'

While the National Park Partnership Plan must be considered as a whole, the following objectives are of particular relevance to this topic:

B9. Mental and physical health, which needs to be considered in terms of delivering the infrastructure to encourage and support self-led and GP prescribed green health activities in the National Park. The Local Development Plan's spatial strategy should identify opportunities for new and improvements to deliver high-quality active travel routes (Policy B3).

The National Park Partnership Plan also supports the delivery of the Heritage horizons work. Heritage Horizons is a partnership of over 45 organisations, funded by the National Lottery Heritage Fund and managed by the Park Authority.

One key focus of the Heritage horizons work is to develop an economy that benefits people and nature, providing green solutions to public health priorities including the Covid-19 recover, social isolation and dementia. Two of the 24 projects stand out in terms of their alignment with the topic of Health in the National Park (other projects relating to improvements in active travel, although clearly beneficial for health, are covered in the sustainable transport topic paper⁷).

To deliver the country's first outdoor dementia activity resource centre to support people living with dementia, their families and carers, while also enabling enjoyment and exploration of the outdoor environment. This project is related to the Partnership Plan objective: A1, B2, B3 and B9.

Working with NHS Highland (and other partners) the National Park Authority aims to deliver a unique public health programme focussed on improving health and wellbeing through access to nature and the outdoors. This project is related to the Partnership Plan objective: A1, B2, B9 and B10.

⁷ See <https://cairngorms.co.uk/wp-content/uploads/2024/11/Topic-Paper-Sustainable-transport-Engagement-version.pdf>



The two projects addressing woodland expansion and peatland restoration both also have positive impacts in relation to improving air quality in the National Park and beyond.

Cairngorms 2030

Across 20 long-term projects, Cairngorms 2030 will bring about transformational change in the Cairngorms, benefitting people's health and wellbeing, delivering on climate change and enhancing nature across the National Park. Cairngorms 2030 is a partnership of over 70 organisations supported by the National Lottery Heritage Fund. A key focus of Cairngorms 2030 include a number projects aimed at Fostering healthier, happier communities. The aim is to develop an economy that benefits people and nature, and provide green solutions to public health issues by:

- Working with local businesses to create an economic model based on wellbeing not GDP.
- Developing a National Health Service green health referral programme.
- Creating a unique outdoor Dementia Activity Resource Centre.
- Encouraging people to walk and cycle more in the National Park.

Dementia activity resource centre

This project will develop the country's first outdoor resource centre specifically designed to support people living with dementia, their families and carers, enabling enjoyment and exploration of the outdoor environment. Based at Badaguish Outdoor Centre, the project will offer a programme of outdoor-based therapeutic activities. A dedicated team will run the therapeutic programme, centred in and inspired by the natural environment.

The project will be delivered by the Cairngorms National Park Authority and Alzheimer Scotland, with a project timeline consisting of the delivery stage from January 2024 to December 2028.

Public health and the outdoors

The long-term health and wellbeing benefits of connecting with nature are well documented, and this project aims to support people to make lasting connections to nature and the outdoors. This covers a wide spectrum of activities, from viewing nature through your window and bringing the outdoors in, to stepping out into nature and taking part in facilitated activities. Fundamentally, the project aims to put people at the centre of tackling the climate, health and ecological crises and ensure that nature engagement is at the heart of improved wellbeing.



Wellbeing economy

The National Park Partnership Plan identifies that the Wellbeing Economy Action Plan will support the delivery of the economic strategy set out in the Partnership Plan. The concept of a wellbeing economy is a holistic one that reflects the entirety of work encompassed by the National Park Partnership Plan, but the Wellbeing Economy Action Plan is intended to provide a focus for partners work and collaboration.

A wellbeing economy is designed with the purpose of serving the wellbeing of people and planet first and foremost, as opposed to more traditional measures like GDP. In doing so, wellbeing economies deliver social justice on a healthy planet. Working with WEAll Scotland, this project will explore and design the foundations of what a wellbeing economy might look for communities, businesses and visitors in the National Park. It aims to provoke discussion and generate ideas and solutions that address long-term health, wealth and sustainability challenges, to help people and nature thrive together.

More information on the content of the Wellbeing Economy Action Plan is available in the Economic Development topic paper.

Nature recovery

This project will work with specific communities of land managers and landowners, to co-develop strategies for land management that increases the biodiversity and ecological health of their land while also considering Highland cultural heritage, traditions, and employment.

Deer larder project

The project led by the Park Authority and two farming families aims to address damage to farms and fragile habitats caused by high deer densities. The project benefits food banks and schools through regular donations of prepared protein-rich wild venison. The project also creates training opportunities and rural job.

The two farms involved, Glenkilrie near Blairgowrie and Knockbarry near Pitlochry, were awarded a grant to purchase and manage the deer larders, from which deer culled in and around the National Park will be butchered. A significant proportion of the venison processed – including lean and easy to cook mince, meatballs, burgers, and sausages – will be donated to foodbanks, local schools, and community kitchens. Importantly, to ensure the project becomes financially self-sustaining, venison from the larders will be sold to local retail outlets, hotels, and restaurants through already established routes to market forged by the farming businesses involved.



Cairngorms National Park Local Development Plan Delivery Programme 2025

The Delivery Programme sets out how the Cairngorms National Park Authority proposes to deliver the Cairngorms National Park Local Development Plan 2021. It updates and replaces the Cairngorms National Park Local Development Plan 2021 Action Programme 2022.

Badenoch and Strathspey Healthcare facilities

As part of the NHS Highland review of healthcare facilities provision in Badenoch & Strathspey, there was a proposal to replace the existing hospital facilities in Grantown-on-Spey and Kingussie with the new community hospital facility in Aviemore. The Hospital was completed in 2021 and is now operating and open to the public.

Aviemore Allotment Association has set up a charitable trust with the aim to develop a plot at the southern end of the hospital site for at least 20 allotments initially.

Development of 'Active Aviemore' Project

Following Scottish Governments funding of the new £15m hospital in Aviemore, The National Park Authority has identified this investment as a catalyst to deliver other strategic developments including the Active Aviemore project. The project aims to improve Aviemore's walking and cycling infrastructure, promote active travel and enhance the integration of social and health care facilities.

Healthcare developer contributions

The delivery programme sets out an updated position on potential financial contributions for health infrastructure that may be required arising from development on existing allocated sites within the Local Development Plan.

At present there is no National Health Service (NHS) dental capacity for new patients anywhere across Badenoch and Strathspey. Any new housing development in Badenoch and Strathspey should be aware that they may need to contribute to dental health care provision and NHS Highland will be consulted to consider if dental healthcare developer contributions are necessary.

NHS Grampian are currently working towards doing a review of its assets, including its hospitals. Any applications for housing in the Aberdeenshire area of the National Park should consult the health board on whether developer contributions toward health care provision will be sought.



The Local Development Plan 2021 stated that developer contributions would be required to the Ballater, Braemar and Aboyne medical practices from relevant development in their catchment areas. NHS Grampian advises that this remains the case, as detailed below.

Ballater medical practice	The Ballater Medical Practice is currently over capacity with further planned housing that would be served by the practice. Ballater Medical Practice have requested alterations to increase capacity. The premises are currently under review by NHS Grampian and the Aberdeenshire Health and Social Care Partnership. Any applications for housing in Ballater, should consult the health board on whether developer contributions toward the medical practice should be sought.
Braemar medical practice	The Braemar Health Centre has recently had work undertaken and been completed to create additional capacity. There is still a small space shortfall. Any applications for housing in Braemar, should consult the health board on whether developer contributions toward the medical practice should be sought.
Aboyne medical practice	At the Aboyne Medical Practice -Tarland Surgery there is a shortfall in accommodation. However, the practice is part of the wider Aboyne Medical Practice where additional capacity could be created. Any applications for housing in Dinnet, should consult the health board on whether developer contributions toward the medical practice should be sought.

In accordance with Policy 11 of the Local Development Plan, contributions will therefore be sought towards increasing healthcare capacity from new housing developments within the catchment areas of Ballater, Braemar and Aboyne medical centres. The relevant authorities will be consulted on the need for developer contributions when considering planning applications for new housing development across Badenoch and Strathspey in relation to dental care capacity and within the Aberdeenshire Council part of the Cairngorms National Park in relation to hospital capacity.

This updated information on school and health centre capacity should be read in place of the information on anticipated developer contributions for relevant settlements in the Community Information section of the Local Development plan.



Aberdeenshire Health and Social Care Partnership Strategic Plan 2020 – 2025

The Aberdeenshire Health and Social Care Partnership and the Integration Joint Board's (IJB) Strategic Plan for 2020 – 2025 focuses on improving outcomes for people through the design and delivery of an integrated health and social care service. Aberdeenshire Health and Social Care Partnership was established in April 2016 following Scottish Government legislation to integrate health and social care services. The work of the Partnership is governed by the Integration Joint Board (IJB) which is comprised of members from both Aberdeenshire Council and NHS Grampian, as well as those representing the interests of the Third Sector, staff, service users and carers. The Aberdeenshire Health and Social Care Partnership is one of three in the Grampian area, alongside Aberdeen City and Moray. The Strategic priorities set out in the Plan are:

- Prevention and Early Intervention
- Reshaping care
- Engagement
- Tackling inequalities and public protection
- Effective use of resources

Aberdeenshire Health and Social Care Partnership Adult Mental Health & Wellbeing Strategy

The Aberdeenshire Health and Social Care Partnership's Adult Mental Health and Wellbeing Strategy 2019 – 2024 sets out the local authority's mental health and wellbeing priorities.

The strategic priorities set out in the document include:

- Prevention and Self-Management: People are supported to maintain and improve their mental health.
- Access: People have access to the right treatment, care and support at the right time.
- Person Centred: We deliver person-centred, recovery focussed services, that promote choice and control.
- Mental Health Inequalities: We reduce the negative effects of mental health
- Inequalities.

Under person centred priority is the need to 'Enhance accommodation options for people who require supported living and supported accommodation'. Under the mental health inequalities priority, there is the action to 'Work with (our) partners to identify, implement and promote a range of community opportunities that support wellbeing and



recovery'. Both of these actions / outcomes may require additional physical infrastructure, which if identified, will be taken into account in the preparation of the Local Development Plan's spatial strategy.

Aberdeenshire Council's Strategic Needs Assessment 2023 / 2024

The main purpose of the strategic assessment is to give policy makers an accurate picture of the situation in Aberdeenshire, provide evidence as to how that picture is changing and how it may change in future.

In summary, Aberdeenshire fares better than most other areas of Scotland, with a good standard of living, strong economy, low crime rates and generally high levels of income. However, this positive overview can mask issues of inequality and poverty experienced across our communities.

The demographics of Aberdeenshire provide clear evidence for how the Council needs to adapt and prepare for future challenges. Aberdeenshire's population has risen from approximately 189,000 residents in 1981, to 263,000 in 2021 – an increase of 39%, exceeding the national average increase of 6%. Since 1981 there's been a noticeable reduction in the percentage of children and young adults in the population, whilst the working age population is in decline. The ageing population (aged 65 and over) is growing and this has significant implications for healthcare, social services and the economy.

Aberdeenshire Council Healthy Eating Active Living Report

Following a review of the Aberdeenshire Local Outcome Improvement Plan (LOIP) priorities in 2020 the Aberdeenshire Community Planning Partnership identified Health and Wellbeing as one of its Improvement Plan priorities until 2027. One of the two strands of this work is Healthy Eating Active Living (HEAL) with Mental Wellbeing as the other strand.

In April 2021 the Healthy Eating Active Living (HEAL) multi-agency Strategic Partnership Group (SPG) was formed. The group included representatives from Aberdeenshire Council; NHS; Police; Fire & Rescue; Aberdeenshire Voluntary Action; Cairngorm National Park. It adopted a 'Whole System Approach' evidence-based method to identify and focus on actions that will make healthy eating and active living possible and achievable for Aberdeenshire communities. Update reports on the engagement are regularly made to the group to review and make recommendations for future work.



Marr Community Food Plan 2024 – 2026

The Marr Community Food Plan 2024-2026 has been developed by the partners of the Marr Community Planning Partnership in consultation with a variety of organisations and representatives from local communities, community-based food groups and charitable organisations working across the Marr Area. The Plan aligns with the strategic ambitions developed by the Scottish Governments Good Food Nation Bill.

The Marr Community Food Plan 2024 - 2026 seeks to implement practical activities to address the food related challenges being experienced across the Marr area. These challenges have been identified for the Marr area as follows:

- Food Distribution and Access – across rural areas and in low-income households.
- Food Growing - increase participation in food growing in local communities.
- Food & Health – support understanding of the connection between food and health
- Food Culture – opportunities to promote and enhance cooking skills.
- Food & the Environment - reduce food waste.

The Marr area is highly rural in nature representing 47% of the Aberdeenshire landmass. Marr communities vary in size including Braemar, Ballater, Strathdon and Ballater. Easy access and availability of good and affordable food across Marr communities varies depending on geographical and economic factors.

Based on research undertaken by the Marr Area Partnership 'CAFÉ' Project (Creative Access to Food for Everyone) published in 2023, the local 'food-shed' was determined.

The Café Project identified 'food deserts' in corridors across the Marr area. These are geographical areas with no or very few significant food outlets. For example, the area in the west of Marr that forms a 50-mile corridor area alongside the A97 road, (from Donside to Deeside and on into the Cairngorms National Park). In this area, at the time of the study, local food access was limited to only two garage shops and two small corner shops. There were no supermarkets, regular cafes, or artisan food shops of any kind along the corridor.

The Café Project's findings also indicated that in Marr limited public transport options between small rural communities and local towns can result in residents having to make 'trade-offs' between paying higher local costs for food or spending extra money on transport and additional time to get food from towns further afield.



The Marr area contributes to the nation's food production by way of large-scale agricultural farms concentrating on cereals, beef, and lamb. Little of this production however directly enters local food micro-supply chains.

There is however a significant range and diversity of small food producers across Marr whose food does enter the local micro food supply chains. Examples being local market gardens – fruit and vegetables, local estates – game, fish and venison, and other local small holding producers of eggs, poultry, and honey.

In terms of increasing participation in food growing in local communities the Plan aims to encourage communities to identify potential land plots for asset transfer to communities from the council or otherwise.

Aberdeenshire Council Allotment Strategy 2020 – 2030

This Strategy forms part of Aberdeenshire Council's Open Space Strategy and is linked to the Aberdeenshire Council Food Strategy. This Strategy delivers the requirements of the Community Empowerment (Scotland) Act 2015. In Aberdeenshire, the majority of allotment plots are provided by committee-run allotment associations – 193 plots across 6 sites. Aberdeenshire Council provides a further 83 plots across 6 sites. Within the Strategy the Framers Market in Ballater is listed as a key 'growing space' in Aberdeenshire, and in the National Park. Local residents' surveys put the level of interest in Ballater at approximately 5% – 9%.

Community Empowerment (Scotland) Act 2015

The Community Empowerment (Scotland) Act 2015 aims to empower communities and those wanting to grow-your-own. The Act requires local authorities to manage allotment waiting lists increasing allotment provision where waiting lists exceed trigger points, and to identify land within communities which may be suitable for community food growing and allotment provision. The local development plan should reflect any need arising from the local authorities in relation to allotment provision as well as identify and allocate land for community food growing and allotment provision.

Highland Council Health and Social Care Plan 2023 / 2024

The Health and Social Care Plan sets out the service's improvement priorities for the year including how this contributes to delivery of the Corporate Plan. The Service Plan is an active document which will be reviewed and updated annually. Any review will take account of internal and external influences and actions arising from monitoring activity



throughout the year. This will also take account of any future amendments to the Corporate Plan. The overarching principles of the Plan are:

- Tackling Inequalities.
- Love & Support for our Care Experienced Children and Young People.
- Promoting Children's Rights and Participation.
- Good Health and Mental Wellbeing for all.
- To Protect and Support all those living in our communities.
- Working in Partnership.

Adult Services Strategic Plan 2024 – 2027: Highland Health and Social Care Partnership

The Adult Services Strategic Plan sets out Highland's vision and ambitions for how it will work with partners to improve the health and wellbeing of adults in Highland over the next three years. Since its inception, Highland Health and Social Care Partnership has been developing more integrated health and social care services across Highland. The central objective of the Partnership is to contribute to the achievement of the Scottish Government's National Health and Wellbeing Outcomes. The strategic aims are to improve the wellbeing and outcomes of people living in Highland, to focus on consistency and quality and to build resilience with a more preventative and anticipatory approach. The Plan includes the need ensure residential and nursing care provision is met in the Highland area.

Highland Council Allotment Policy 2024

The Policy sets out the Council's approach to the provision and operation of allotments across Highland. In line with the authority's duties under the Community Empowerment (Scotland) Act 2015 the Council is committed to providing and protecting allotments.

The Highland Community Food Growing strategy objectives that this policy supports are:

- Communities are empowered to start growing or expand their growing.
- Identify potential allotment and growing spaces.
- Support communities to become more resilient through community food growing.

The Policy aims to increase the provision of allotments in the Highland area. To do this the Council will support allotment development in Highland the Council will:

- Identify and review levels of demand for allotments annually.
- Respond to demand on a strategic level and enable sites to establish where there is known high demand for allotments.



The Council will allocate sites for allotments within its local development plans, where sufficient demand is identified through the plan preparation process and will take planning decisions in line with the National Planning Framework 4 policies which places greater emphasis on food growing and allotments. The Council will also identify suitable Council owned land that could be used for community food growing including allotments and make this information available to the public.

Growing our Future: Highland Council Community Food Growing Strategy

‘Growing our Future’ is Highland’s first community food growing strategy. It is part of the Highland Council’s approach to supporting community empowerment and it’s Health and Prosperity Strategy, achieving our net zero targets and improving the health and wellbeing of our communities.

The strategy seeks to improve the support, connectedness and access to information for growers across Highland. It will improve access to land for community food growing and increase support to community groups to set up projects on Council land. It recognises the valuable role that community food growing projects play in tackling inequalities and improving inclusion in our communities, learning from the pandemic, and in responding to the climate emergency, and seeks to build on the current momentum towards community growing and local food resilience.

One existing project featured in the Strategy as an exemplar project is the Badenoch and Strathspey Therapeutic gardens project in the National Park. This is a small charity which provides social and therapeutic horticultural activities at growing spaces and at tabletop gardening sessions at three care homes / day centres across the area. Elderly people, many of whom have dementia relate to the gardening and associated craft work that is completed at the sessions. People who may have various disabilities attend the Growing Spaces and Hospital Therapy Garden, where they enjoy the time together. The Aviemore garden is located at the Badenoch and Strathspey Community Hospital. There is another garden located adjacent to the Am Fasgadh allotments in Kingussie, down beside the site of the former Highland Folk Museum.

The delivery of the strategy is supported by a working action plan with partnership support, which details how the council will achieve its vision that by 2027 Highland communities are resilient, empowered and supported to grow their own food.



Objective 4 of the Action Plan sets out the need to identify potential allotment and growing spaces across the Highland area. This includes carrying out a green space audit and safeguard valued greenspace (including where there is potential for community food growing) with each Local Plan review and developing a Green Space Map to include land that has been identified as suitable for community food growing. The Action Plan also sets out the Council's commitment to explore the development of guidance on planning requirements for Community Food Growing.

The Community Food Growing Strategy Guidance document can be accessed here:

- https://www.highland.gov.uk/downloads/file/22890/community_food_growing_strategy_guidance_document

Perth and Kinross Community Mental Health and Wellbeing Strategy 2022 – 2025

The Strategy provides an overview of the work currently underway throughout Perth and Kinross and also identifies overarching commitments and associated actions to enhance community mental health and wellbeing services locally. The Strategy will be delivered by the Perth and Kinross Health and Social Care Partnership through the five mental health and wellbeing strategic themes:

- Good mental health for all – prevention and early intervention.
- Access to mental health services and support.
- Coordinated working and person-centred support.
- Participation and engagement
- Review of workforce requirements.

The Perth and Kinross Community Mental Health and Wellbeing Strategy reflects the recommendations of the Scottish Government's National Mental Health Strategy (2017 – 2027) and also builds upon the Living Life Well – Tayside Mental Health and Wellbeing Strategy.

Perth and Kinross Health and Social Care Partnership Annual Performance Report for 2021 / 2022

The annual performance report for 2021 / 2022 is the most recent report available on the Perth and Kinross Council website. A link to this report has been included in the links to evidence section of this report but will be updated should a more recent report become publicly available.



Perth and Kinross Food Growing Strategy 2021: Growing together

The strategy was produced by Perth and Kinross Council in response to the Government's vision to increase the health and wellbeing of Scotland's communities by encouraging more people to grow and eat fruit and vegetables.

The following initiatives within Perth and Kinross tie in with the Food Growing Strategy and play a part in delivering the Good Food Nation vision:

- Food Share Network initiative by Zero Waste Perth addressing food waste, food poverty.
- Climate Change Action Plan by Perth and Kinross Council relating to land use, procurement.
- Community Cookit by NHS Tayside supporting skills development, healthy food.
- Westbank Nursery, Perth supporting education, skills development, innovation.
- Community, third and private sector initiatives such as Neighbourfood, Broke not Broken and Giraffe promoting local produce, food poverty, distribution, training.

The Strategy sets out the following vision that: 'people across Perth and Kinross will have more opportunities and will be better skilled at growing their own food, thereby leading healthier, more sociable and sustainable lives'. To achieve this vision four key objects are set out:

1. Continue to develop our understanding of the existing community growing provision in Perth and Kinross, including the demand for, and the barriers to food growing.
2. Identify potentially suitable land for additional community growing spaces in order to improve the current provision, especially in communities experiencing socio-economic disadvantage.
3. Deliver new growing spaces and support activities such as training, knowledge and skills sharing.
4. Work with partners across Perth and Kinross to help overcome identified barriers.
5. Raise awareness of the benefits of food growing, encourage more people to become involved and support the establishment of new growing groups

Information on existing community food growing projects in Perth and Kinross are accessible on the Perth and Kinross Food Growing Storymap, which is accessible here:

- <https://perth-kinross.maps.arcgis.com/apps/MapJournal/index.html?appid=9a51b9533a2d42bdb330e95c1add4d45>



There are no projects on the story map in Perth and Kinross and within the Cairngorms National Park boundary.

Angus Health and Social Care Partnership: Strategic Commissioning Plan 2023 – 2026

The Angus Health and Social Care Partnership Strategic Commissioning Plan 2023 – 2026 sets out four priorities for services across Angus:

- Priority 1: Prevention and Proactive Care. Promote ways to keep people healthy. Build stronger and more resilient communities. This requires early action to anticipate needs.
- Priority 2: Care Closer to Home. Provide care closer to home wherever possible. Continue to work with partners to provide the right care, in the right place, at the right time. This also includes supporting carers to sustain their caring role and enable them to have a fulfilling life alongside caring.
- Priority 3: Mental Health and Wellbeing and Substance Use Recovery deliver the ambitions of the Angus Living Life Well Improvement Plan. This includes supporting people to recover or manage their condition and provide consistent delivery of safe, accessible, high-quality drug and alcohol treatment across Angus.
- Priority 4: Equity of Access and Public Protection. Remove barriers to accessing services. Reduce homelessness and keeping vulnerable people safe.

The Delivery Plan includes (but not limited to) the following actions (2025 / 2026):

- Ensure people's homes meet their needs especially in relation to equipment, adaptations and use of telecare.
- Continue to develop specialist mental health multi-disciplinary teams providing mental health care in communities rather than in hospitals, developing new roles for staff and pathways of care in the community.

Angus Suicide Prevention Local Action Plan 2023 – 2026

The Angus Health and Social Care Partnership Annual Performance Report 2023 – 2024 reported that the Angus Suicide Prevention Local Action Plan 2023 – 2026 was approved in October 2023. The overall aim of the Plan is to reduce the number of suicide deaths in Angus by tackling inequalities and reduce stigma around suicide; increasing knowledge and skills in suicide prevention and interventions; providing support to any individual who has thoughts of taking their own life and those affected by suicide; working in partnership – prevention, early intervention and postvention across all life stages; supporting communities to become safe, compassionate and inclusive.



A three-year Delivery Plan supported the Suicide Prevention Local Action Plan with responsibility of the delivery of these actions being the responsibility of the Angus Suicide Prevention Workstream.

Work to develop an 'Are you OK?' campaign commenced the in Forfar area in 2023 / 2024 with the aim to launch an Angus-wide campaign in 2024.

Angus Council Locality Improvement Plans: North West and North East

There are two Locality Improvement Plans (Figure 4) in the Angus Council area that fall within the boundary of the Cairngorms National Park. The Locality Improvement Plans are two of four Local Improvement Plans (one for each locality) for Angus Health and Social Care Partnership (AHSCP). They support the delivery of the vision, strategic ambitions and strategic priorities as set out in the Angus Health and Social Care Partnership Strategic Commissioning Plan 2023 – 2026. Both the North West and North East locality areas cover part of the Cairngorms National Park covered by the boundary of the Angus local authority.

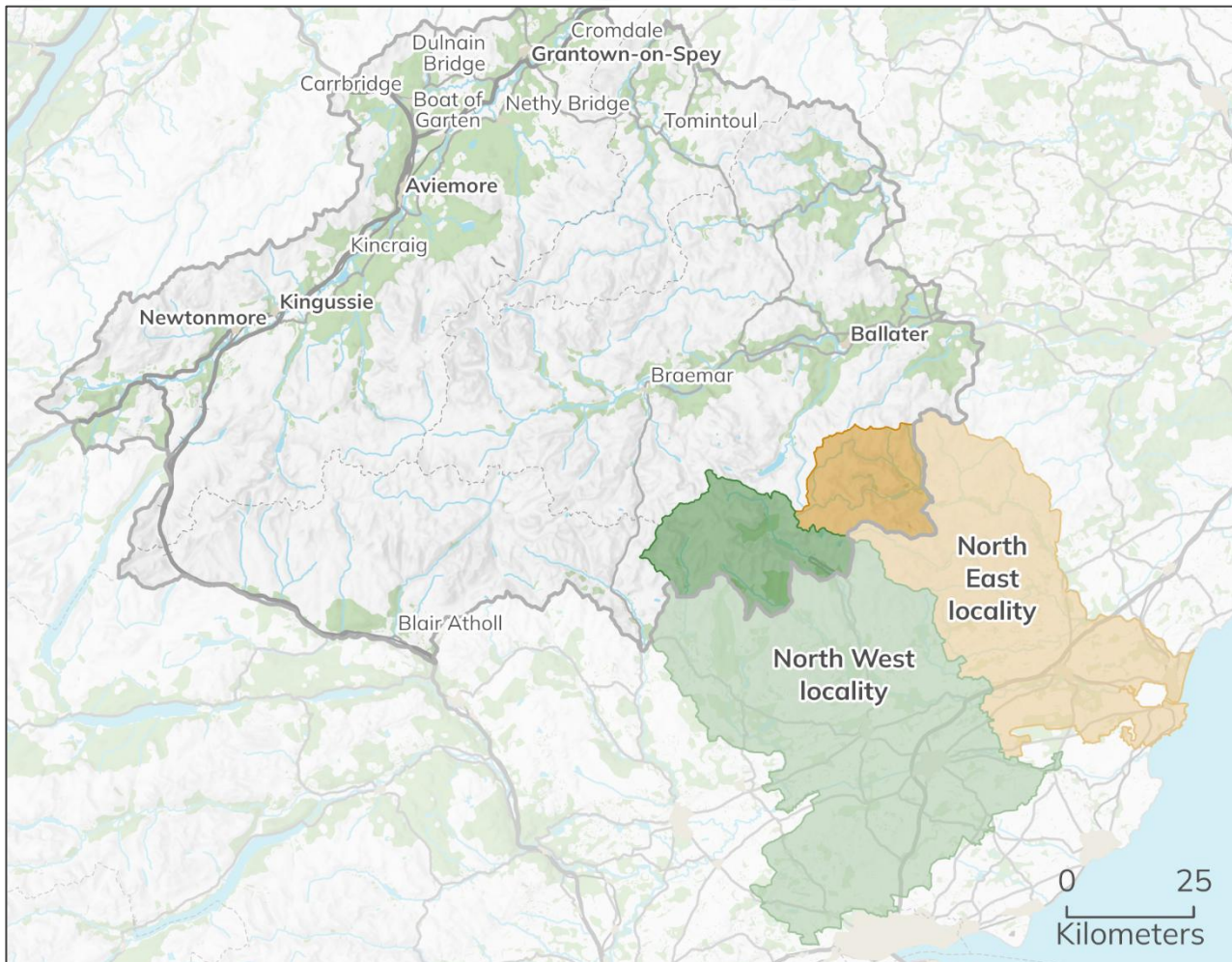


Figure 4 Map showing the Locality Plans in the Angus Health and Social Care Partnership (AHSCP) that cover areas in the Cairngorms National Park. Reproduced by permission of Ordnance Survey on behalf of His Majesty's Stationery Office. © Crown copyright and database right 2025. All rights reserved. Ordnance Survey Licence number AC0000821810, Cairngorms National Park Authority.

The totality of the North West locality covers an area of 1143 square kilometres; it consists of the distinct areas of Forfar, Kirriemuir, Sidlaws, Birkhill and Muirhead. The North West locality in Angus is the least densely populated locality with 35,642 people and a density of 32 people per square kilometre. The North East locality covers an area of 722 square kilometres; it consists of the distinct areas of Montrose, Brechin and Edzell. The North East is the second least densely populated locality with 25,928 people and a density of 36 people per square kilometre.

Due to the low levels of people living in the Cairngorms National Park in these two localities, there is no statistically significant data available that can be used to analyse the demographic characteristics, including their health and wellbeing, of the residents in these areas.



Angus Food Growing Strategy 2020 – 2025

The Angus Food Growing Strategy is five-year plan designed to encourage and deliver local community food growing. The strategy supports the work of the Angus Community Planning Partnership and is part of an exciting movement encouraging a healthy relationship to local food which is accessible to all and which is good for both people, businesses and the environment.

This Strategy outlines how Angus Council and its partners will meet the requirements of section 119 of the Food Growing Act. This includes:

- Identifying land in Angus that may be used as allotment sites (as defined by the Act).
- Identifying other areas of land that could be used by a community for the cultivation of vegetables, fruit, herbs or flowers.
- Describing how, we plan to take reasonable steps under section 112(1) of the Act, to increase the provision of allotments.
- Exploring how we intend to increase the provision of land in areas which experience socio-economic disadvantage.

In order to deliver on these requirements, the Angus Food Growing Strategy is split into three themes - Food Poverty, Food Growing and Food Insecurity.

The Angus Food Growing Action Plan supports the delivery of the Angus Food Growing Strategy 2020 – 2025. The Action Plan aims to 'explore appetite and development opportunities from communities to develop community orchard initiatives'. It also states it will 'Support and develop community gardens to promote social health benefits and community cohesion'. The Plan also states it will 'Investigate options for integrating food growing / open green space provision into planning guidance'.

Partners in Care: The Strategic Plan for Health and Social Care in Moray over the next 10 years (2022 – 2032)

The Moray Health and Social Care Partnership brings together a wide range of community-based health, social care and social work services in Moray. Services are provided by the Moray Health and Social Care Partnership or commissioned by us from another provider. Services delegated by Moray Council and NHS Grampian to the Moray Health and Social Care Partnership include:

- Primary care services including GPs, community dental, ophthalmic and pharmaceutical services and community nursing.
- Community hospitals, reablement, rehabilitation and palliative services.



Health and Social Care in Moray: Strategic Delivery Plan 2023 – 2025

This Strategic Delivery Plan should be read alongside the Moray Health and Social Care Partnership Strategic Plan which was agreed by the Moray Integration Board in November 2022. The Delivery Plan sets out the programme of transformational, operational and improvement work underway to enable the Health and Social Care Partnership to meet its strategic priorities. The Strategic Plan itself is also supported by the Health and Social Care Partnerships' Workforce Plan, Medium Term Financial Strategy and Commissioning and Procurement Plan. The work of the Health and Social Care Partnership also supports, in part, the delivery of Moray Council's Plan and NHS Grampian's Plan for the Future.

The key focus of the Strategy is progressing the integration agenda by increasing access to community-based health and social care services, shifting the balance of care from hospital to more homely settings, and supporting our most vulnerable citizens.

Good Mental Health for all in Moray 2016 – 2026

The Strategy sets out clear priorities for what a new mental health strategy should aim to achieve over the next decade and where mental health issues need to be considered in a range of other local policy areas. Moray's shared vision for change will be achieved through the delivery of seven key strategic priorities and a wide range of related actions.

The Strategic Priorities include:

1. Promote and sustain good mental health and wellbeing.
2. Increase financial security, maximise employment / employability opportunities and increase access to housing.
3. Reduce suicide, suicidal behaviour and self-harm.

The Strategy highlights the link between mental health and housing which are closely interlinked, stating 'good quality, affordable, safe housing is essential to all of our wellbeing'. For those with mental health problems the security of a safe and stable environment in supporting people's recovery cannot be underestimated. Without a settled place to live, access to treatment, enabling genuine recovery and encouraging social inclusion can be impeded. The Strategy further states that having secured and settled accommodation, with the right kind of support, can have a positive impact on people's recovery and mental health.'

The Moray Food Growing Strategy

In developing a food growing strategy for Moray the Council is committed to delivering the wider benefits associated with food growing including:



- Improving health and wellbeing outcomes.
- Promoting opportunities for social interaction.
- Environmental improvement and sustainability.
- Skills development and education.
- Economic development.

In delivering these benefits the food growing strategy will also assist in meeting the key objectives in the Moray Local Outcome Improvement Plan (LOIP).

The strategy aims to increase the number of food growing areas across Moray by identifying land potentially suitable for allotments, and other food growing spaces including, community orchards, community gardens, vegetable patches, raised beds, planters and edible hedges. Supporting our communities to develop the skills to grow their own food and make healthy lifestyle choices is also a key strand of the strategy that will be achieved by working together with our community planning partners and third sector organisations. The strategy is supplementary guidance supporting the Moray Local Development Plan 2020 and will become a material consideration in the determination of planning applications for growing spaces.

Moray Council currently does not own or manage any allotments. As part of the early engagement to inform the preparation of the strategy over 150 sites were identified across Moray. These sites were subject to technical consultation, audit and scored to assess suitability for food growing. One of the actions set out in the Strategy includes Promoting edible spaces in all new developments of over 10 houses. Also contained is the action to deliver allotment sites and food growing areas in large land releases through masterplans, development briefs and planning applications.

There are no existing allotments and food growing spaces listed in the Strategy in the Cairngorms National Park area of Moray outwith the primary school in Tomintoul. Within the Strategy, Tomintoul has been highlighted as having the potential to produce sites for allotments and /or food growing spaces. Map 22 in the Appendix of the Strategy sets out the proposed site in Tomintoul as the Square, where edible verges / hedgerows and raised beds could be installed, with no structures proposed on the site.

Moray Council Allotment Policy

The Policy provides the guidance and principles that will allow the Council to work with all stakeholders to identify and develop allotment sites. It also provides information on responsibilities and guidance to support partnership working between Moray Council, voluntary sector agencies, Community Management Groups, and other stakeholders in



managing allotment provision. The Policy aims to ensure the delivery of allotments which are:

- Community led through Community Management Groups.
- Valued and valuable local green spaces, which protect and enhance the environment and promote improved biodiversity.
- Providing amenity.
- Easily accessible for all.
- Well maintained.
- Well used, with a high rate of occupancy.
- Fit for purpose, with appropriate facilities.
- Managed consistently and well, in collaboration with empowered community groups.
- Economically sustainable

Community action plans

The following community action plans contain actions and priorities related to health and safety matters.

Aviemore, Rothiemurchus and Glenmore Community Action Plan 2024

The Action Plan, published in 2024, was produced by Aviemore & Vicinity Community Council together with Aviemore Community Enterprise, Aviemore & Glenmore Community Trust, Aviemore Primary School Parent Council, the Aviemore Churches and B&S Community ConnXions.

The Community Action Plan sets out the community's vision for the longer term (up to 10 years) with more detailed activity across the 4 specified themes: a socially connected community, a climate conscious community, an economically thriving community and a culturally vibrant community.

The Plan sets out priorities to improve leisure facilities for residents, which include access to a swimming pool for local people, upgrading play parks / areas and providing a bike park / pump track at the Dalfaber site. There is also a priority under the theme of a culturally vibrant community to find a new permanent site for the ice rink, which would allow an expansion of activities and facilities.

Under the climate conscious community theme there is a priority to provide local allotments for residents to rent and 'perhaps' a community orchard. A temporary site has become available for allotments (behind the new community hospital), but a permanent site is still sought. The community have expressed an interest to involve the National Park Authority to find a suitable site. The community are also planning to work



with small local sites for community orchard provision, maybe in two or three smaller locations.

Advie and Cromdale Community Action Plan 2013

The Action Plan sets a low priority for the community to look at providing allotment provision in the area.

Ballater and Crathie Community Action Plan 2023

This is the 2023 Community Action Plan for the Upper Deeside area of Ballater and Crathie. It has been developed under the lead of the Ballater and Crathie Community Council working with Marr Area Partnership and Aberdeenshire Council.

Under the survey suggestions in the 'Our local economy' focus area dentist and chiropodist provision was raised.

Within the focus area 'community support' one of the operational goals set out by the community was to open the food pantry to all the community with the aim of encouraging reduction of food waste and offers classes to create creative dishes on limited budgets. The local community will work together with local food and drink businesses including both retail and hospitality to ensure:

1. Market Food Pantry, Warm Space and Cookery Lessons.
2. The quality of provision in the food pantry promotes health and wellbeing in our diet.
3. The usage of the food pantry is known to all community to support reduction in food waste.
4. The food pantry becomes a hub for regular / guest cookery demonstrations showcasing how to create nutritious and economic meals.

Within the Plan is focus area 7: Independent & assisted living, with the strategic goal to deliver a new care home to replace a lost resource. A New Assisted Living Sub-Group has been created to address this focus area. The community plan to engage the appropriate skills and talent onto the Ballater and Crathie Community Council Independent and Assisted Living Subgroup to identify creative solutions, and work with Housing Associations, Local Authorities, Cairngorm Business Partnership, Landowners, and other appropriate bodies to deliver a programme of provision for a local care home over 5 to 10 years. Consideration will be given to the following non-exclusive list:

- Assisted Living Enterprises.
- Private Care Home Enterprises.
- Community Led Facilities.



The second goal within focus area 7: Independent and assisted living; is the goal to deliver greater provision of independent and supported living.

Blair Athol Community Action Plan: Looking to 2030

Under the theme: 'A socially connected community' is the priority to have 'access to quality health care'. The community intends to create a co-ordinated health care strategy for access to GP and nursing care involving:

- Restore closed and deteriorating buildings: Struan primary, Calvine petrol station, BA doctor's surgery.
- Providing an occasional local surgery (if permanent re-opening is not feasible) for example a weekly mobile surgery in the village or church hall.
- Providing a mobile unit for flu vaccinations and baby clinic.

Under the Appendix item 2: What changes would you like to see for the community by 2030? The following suggestions were put forward by the community:

- More fruit trees in community orchard (cherry, plum, pear).
- Bring back annual floral / veg / craft festivals, introduce Open Gardens Day.

Under the social theme there is also the action set to upgrade and maintain the play park (for toddlers), provide all weather covered sports facilities and improve existing sports facilities (tennis and football).

Boat of Garten Action Plan Review 2018

The Action Plan review included a medium priority to reduce the level of street lighting. It is unclear from the Plan whether this is due to light pollution, and further investigation is needed.

In relation to sports and leisure facilities, the Plan sets out the following high priorities:

- Provide a BMX / pump track.
- Carry out a community consultation to agree the use of curling pond site.

The Boat of Garten Community Action Plan was reviewed in February / March 2025 and an update is due to be published later in 2025.

Braemar Community Action Plan 2017

With regard to healthcare provision, the Action Plan highlights that additional services might be needed to help residents remain at home, especially for the elderly. Such services could include local care worker networks as seen in other Highland villages. The lack of a locally-based ambulance concerns many. Similarly, the distance needed to



travel for dentist or chiropodist appointments causes difficulties for some. There remains considerable support for the local GP, who provides a 24 / 7 service, and the Citizens' Advice service at the local surgery.

The Braemar community gardens development continues to be a priority for the community. Permission was granted to use the area next to the Community Orchard to create growing spaces for additional fruit and vegetables. The garden aims are to support social interaction, healthy lifestyle choices, and education.

Carrbridge Community Action Plan: Looking to 2030

The Action Plan sets out the community's ambition to develop a community garden, orchard, allotments. The following actions were identified to achieve this outcome:

- See how many people would like / use an allotment.
- Find and acquire suitable location / and for these projects (maybe sawmill site or near playing field?).
- Set up a 'growing spaces' community group to include gardeners, school, local farmers, DIY-ers.
- Produce local food to sell in local shops.
- Start a gardeners' market.
- Include shared spaces for sitting and encouraging locals to stop by.
- Generating skills in younger population and passing on knowledge via intergenerational project onsite.
- Consider buying a community-owned woodland area.

In terms of community resilience, they set out the plans to:

- Develop a community self-reliance programme including cooking easy & healthy meals.

In Cambridge residents also expressed a desire to have all-weather / covered sports pitches and more areas for wheeling play, for example skateboarding, scooting etc. There were also suggestions to improve the play equipment at Ellanwood playpark. There was another suggestion that the village would be improved with a sports and leisure hall.

Dulnain Bridge Community Action Plan: Looking to 2030

In 2025, Dulnain Bridge Community Council together with Dulnain Bridge Community Development Trust, Dulnain Bridge Village Hall and Friends of Dulnain Bridge, renewed the Community Action Plan.



In terms of the priority for young people there are a number of actions that support improving play and exercise opportunities including:

- Improving the playpark.
- Providing more cycle friendly paths.
- Exploring options and feasibility of a pump track.

Dalwhinnie Community Action Plan: Looking to 2030

In Spring 2023, Dalwhinnie Community Council, together with Dalwhinnie Community Development Trust, Dalwhinnie Village Hall and Dalwhinnie businesses (The Apiary, Dalwhinnie Service Station, Balsporran Guest House, Dalwhinnie Hostel), decided that they wished to carry out a review of the community action plan for the village, which had been previously undertaken in 2009.

The action to 'turn off streetlights to create a dark skies destination', is listed under the priority to reduce energy use, so it is unclear if this is arising from concerns around light pollution and the associated negative effects.

Under the social theme there is an action to increase the facilities at the gym.

Mount Blair Community Action Plan 2013

In the Action Plan, local residents cited the distance time from emergency services and difficulty accessing medical care is a key concern. The consultation for this Action Plan helped to highlight the need to develop access to emergency health care in the area with people showing concern for the journey time for ambulances and the lack of doctors in the area. A main priority set out in the Plan (Priority 1, Theme 5) is to 'Develop Emergency Medical Services in the area'.

The Plan also sets out the need to upgrade poor-quality play and sports provision in the area. A main priority has been set to specifically upgrade of play area and sports facilities in Kirkmichael. The local Community Development Trust have been tasked with working with the school, youth club, sports teams, village hall committees to look at ways of improving play and sports facilities.

Grantown on Spey Community Action Plan 2018

There are no other implications for the Local Development Plan arising from the Grantown on Spey Action Plan Review 2018, in relation to this topic paper. The Action Plan is currently being reviewed, and it is expected that the community will publish a new Plan later in 2025.



Kincraig and locality Community Action Plan: Looking to 2030

Under the 'socially connected communities' theme, there was a priority set to upgrade the playpark which will include the provision of a balance bike area of toddlers.

Under the 'climate conscious communities' theme, there is a priority to provide provision for community owned green spaces to improve biodiversity. This priority includes the provision of allotments, community orchard and community garden and a green gym.

There is also a recommendation to provide new lighting on the Spey Bridge, with a requirement that it is provided with low level lighting to avoid light pollution.

Kingussie Community Action Plan: Looking to 2030

Under the theme of 'a socially connected community' there is a suggestion to provide local swimming facilities for the community and High school use. Other fitness related suggestions include exploring options for Common Good land opposite the Badenoch Centre for a Padel court or outdoor volleyball court, and a climbing wall in the centre.

Under the theme of 'a climate conscious community' there is a suggestion to improve use and access to local green spaces. This includes working with local crofters and landowners to create community food growing enterprise to grow vegetables for local people promoting local supply chains.

Other suggestions for improvements in Kingussie include:

- Better play park facilities: update and increase range.
- Outlet for local produce / refill shop / market.
- Community Orchard.
- Secure Bowling Club future through site ownership.

Laggan Community Action Plan: Looking to 2030

Under the priority to provide sustainable community spaces that deliver community needs, there is an action to improve sport and exercise opportunities. There is also an action listed to work with Badenoch and Strathspey Food Hub and other community food initiatives to provide a food larder and food exchange service.

Nethy Bridge Community Action Plan: Looking to 2030

Under the theme of 'a socially connected community' there is a priority set out to upgrade play parks and facilities for Nethy Bridge's young people'. This includes the following actions:



- Provide imaginative upgrade of play park behind hall with equipment for different ages.
- Provide a bike / pump track in the woods.
- Provide a skate park that is well designed and weatherproof.
- Improve / maintain existing play facilities and engage with Abernethy trust to allow locals to make use of the ski slope / swimming facilities.

Under the theme of 'a climate conscious community' the community have set the priority to 'develop community growing spaces and (a) community garden'. The priority aims to create a / spaces for:

- The community to grow personal food produce for example fruit and vegetables
- A community orchard.
- A community enterprise: community polytunnels for year-round produce.
- Encouraging gardening events & talks and a local food market.

Expanding on this priority the suggestions from the community for what changes they wanted to see in Nethy Bridge by 2030 included:

Community growing spaces / gardens which will:

- Enable local food produce especially fruit and vegetables
- support intergenerational social projects.
- Involve the primary school
- develop a community orchard (old nursery garden / area between Riverside path and possibly Dell Road).
- Encourage local food market.
- Create a community enterprise: community polytunnels for year-round produce / local veg boxes (Dell Farm?).

Newtonmore Community Action Plan: Looking to 2030

Under the priority to 'use our natural assets to develop enterprise, business and tourism opportunities the community sets out the plan to develop allotments, community growing space, community orchard. This will be realised through the following actions:

- Considering developing a community-owned orchard.
- Seeing how many people would like / use an allotment and explore possible sites with Highland Council
- Using the existing polytunnel at Calder Bridge for community use.
- Creating a community veg garden to grow and sell produce to local people.



One suggestion that did come from the survey about what could be improved in the area, was the suggestion to provide allotments.

In terms of play and sports facilities, the Action Plan sets out the desire to develop the area behind the shinty ground for other sports / activities for example a bike park, pump track skate park. There is also the suggestion of providing an outdoor gym at the school playing fields local children and adults to use.

Strathdon Community Action Plan 2016

The Action Plan highlights the issue that there is a lack of sports facilities or play areas in the area. The Plan sets out the following actions:

- To explore the feasibility of having a playing field for community and school use, suitable for football and other sports.
- Exploring other sites for playpark expansions, in particular for older children.

There are no other implications for the Local Development Plan arising from the Strathdon Action Plan Review 2018, in relation to this topic paper.

The Strathdon Community Action Plan was reviewed in November / December 2024 and an update is due to be published later in 2025.

Baseline of health and safety matters

This section provides baseline information on the following matters:

- Population characteristics, including trends, projections and age structure.
- General health and unpaid care.
- Birth rates, death rates and life expectancy.
- Wellbeing.
- Suicide risk.
- Deprivation.
- Healthcare management and infrastructure.
- Hazards, including crime, road traffic casualties, air quality, noise pollution and major hazard sites.
- Food environment, including hot food takeaways, alcohol and tobacco retail, food security and community growing spaces.
- Physical exercise.
- Burial grounds.



There are links between this policy area and climate change, landscape⁸, natural heritage, flood risk and water management, blue and green infrastructure, open space and play sufficiency, land use, soil and resources⁹, economic development, housing¹⁰, living well locally, digital infrastructure¹¹, heating and cooling¹², sustainable transport¹³, tourism¹⁴, and zero waste¹⁵.

Population characteristics

This section provides information on the characteristics of the National Park's population, including past trends and future forecasts, age structure, general health and access to healthcare facilities. In summary, the overall characteristics of the National Park's population are:

- In 2022, the population of the Cairngorms National Park was estimated to be 17,531, with 8,623 males and 8,908 females (2022 Census, table UV102b).
- The Cairngorms National Park has (2022 Census) a working age population of approximately 10,256 people (58.5% of total population), comprising of approximately 5,087 males and 5,173 females.
- Those of pensionable age, in 2022, numbered 4,827 (27.5% of total population).
- The life expectancy, in the Cairngorms National Park, is 79.4 years for males and 82.7 years for females.
- According to the principal migration scenario (National Records of Scotland), the number of children aged under 16 years is projected to decrease by 19.7% over the projection period from 2,828 in 2018 to 2,272 in 2043. The number of people of working age is projected to decrease from 11,588 in 2018 to 10,916 in 2043, representing a 5.8% reduction. The population of pensionable age is projected to rise by 46.3% from 4,629 in 2018 to 6773 in 2043. However, the number of people aged

⁸ See <https://cairngorms.co.uk/wp-content/uploads/2024/07/Topic-paper-Landscape-Engagement-version.pdf>

⁹ See <https://cairngorms.co.uk/wp-content/uploads/2024/11/Land-use-soil-and-resources-Engagement-version.pdf>

¹⁰ Topic papers on climate change, natural heritage, flood risk and water management, open space and play sufficiency, economic development, living well locally, blue and green infrastructure and housing will be engaged on later in 2025.

¹¹ See <https://cairngorms.co.uk/wp-content/uploads/2024/11/Topic-paper-Digital-Infrastructure-Engagement-version.pdf>

¹² See <https://cairngorms.co.uk/wp-content/uploads/2024/11/Topic-Paper-Heating-and-cooling-Engagement-version.pdf>

¹³ See <https://cairngorms.co.uk/wp-content/uploads/2024/11/Topic-Paper-Sustainable-transport-Engagement-version.pdf>

¹⁴ See <https://cairngorms.co.uk/wp-content/uploads/2024/11/Topic-paper-Tourism-Engagement-version.pdf>

¹⁵ See <https://cairngorms.co.uk/wp-content/uploads/2024/11/Topic-Paper-Zero-waste-Engagement-version.pdf>

80 and over is projected to from 1,074 in 2028 to 2,393 in 2043, an increase of 122.8%. By 2043 the population is projected to be more heavily distributed at older ages.

Population estimates

In 2022 there were around 17,500 people living in the Cairngorms National Park (2022 Census data, table UV101b). This was comprised of approximately 50.8% female (8,900) and 49.2% male (8,600) (2022 Census data, table UV102b), a similar distribution to national figures for Scotland of 51.4% female and 48.6% male (2022 Census data, table UV101a).

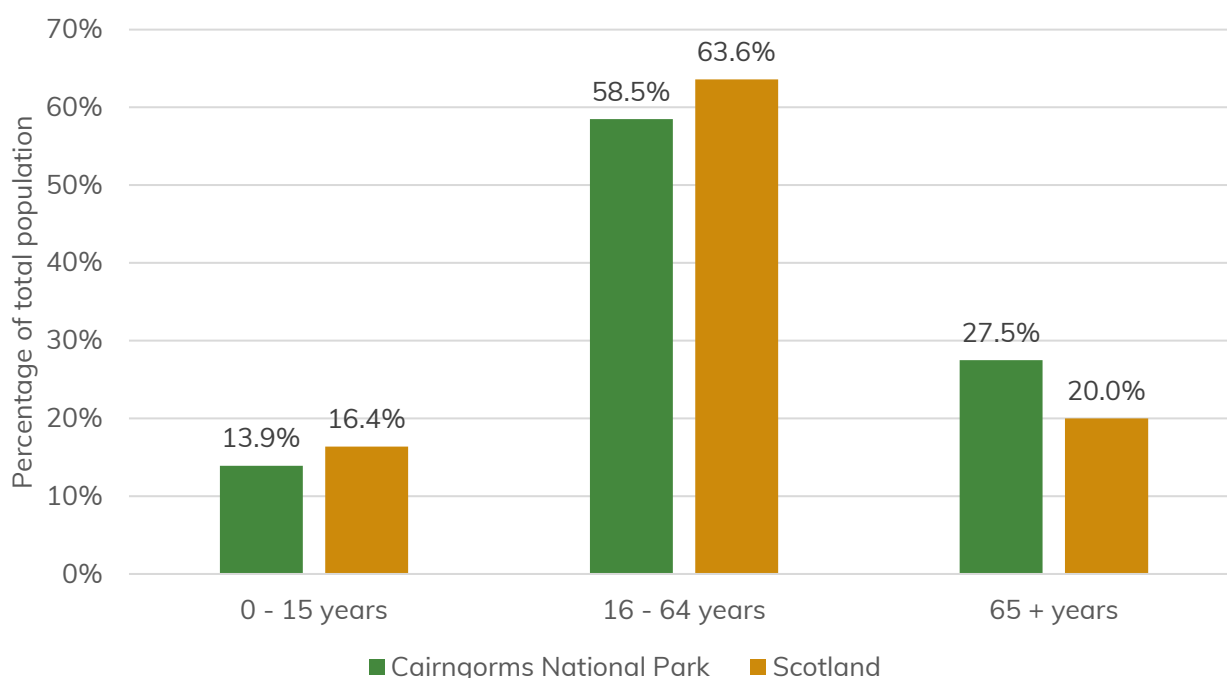


Figure 5 Proportion of the population by age group in Scotland compared to the Cairngorms National Park in 2022 (2022 Census tables UV102a and UV101b).

The proportion of people at pensionable age in 2022 in the Cairngorms National Park (over 65 years old) is higher than the national average (Figure 5). The population of working age and children under 16 make up a lower proportion of the population compared to national averages.

In 2022 the Cairngorms National Park had a working age population of approximately 10,260 people accounting for 58.5% of the total population (5,087 males and 5,173 females) which is below the national working age proportion of people which was 63.6% in Scotland. Those of pensionable age (over 65 years old) numbered 4,810 people accounting for 27% of the population (2022 Census, tables UV101a and UV101b).



2011 and 2022 census data indicates that there has been a fall in the overall (around 19,000 in 2011 to 17,500 in 2022) and working age (around 12,000 in 2011 to 10,250 in 2022) populations of the National Park over this period, as well as a growth in the 65+ population (around 4,000 in 2011 to 4,800 in 2022) (Figure 6). However, there are several important caveats to consider when comparing these datasets, namely:

- The fact that the National Park is a non-standard geography.
- Issues with communal establishment usual population estimate in the 2011 census.

Information on these issues is presented within this supporting document:

- <https://cairngorms.co.uk/wp-content/uploads/2024/07/Statistical-areas-used-in-the-analysis-of-the-Cairngorms-National-Park.pdf>

The outcome of these issues is that while we may identify changes between censuses, there is uncertainty about the exact extent of those changes. Some comparisons may not be possible at all.

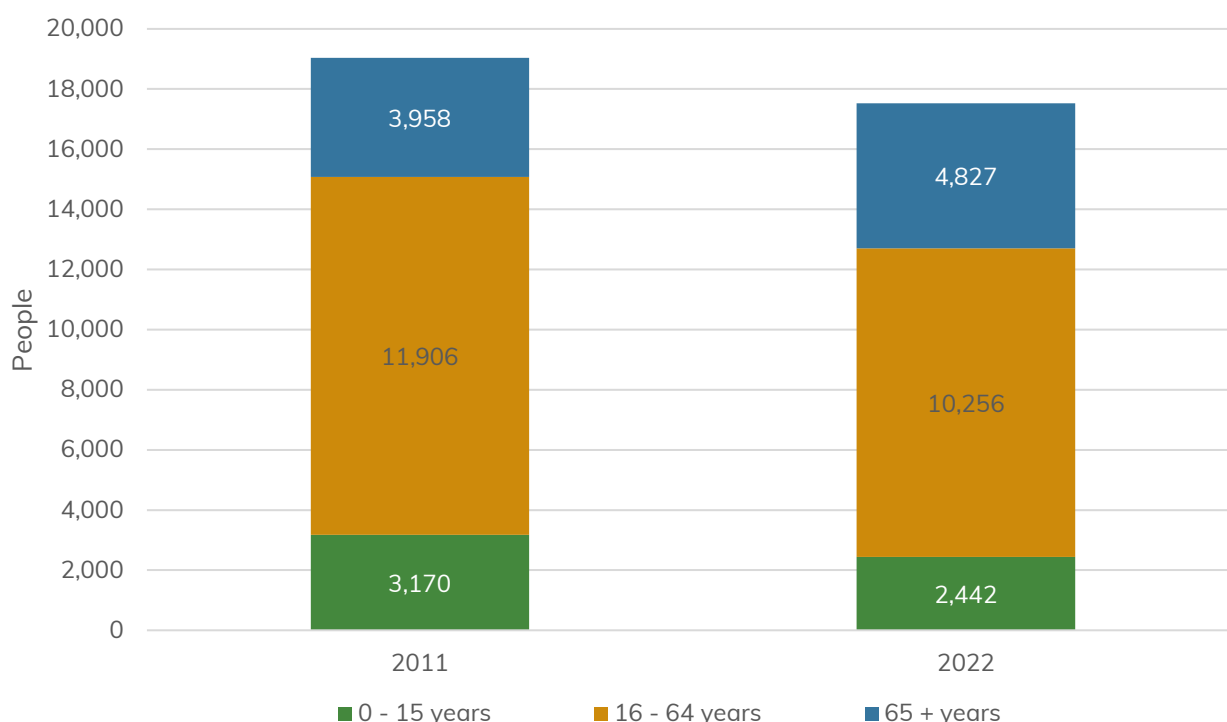


Figure 6 Comparison by age groups between 2011 and 2022 in the Cairngorms National Park (2022 Census table UV101b and 2011 Census table LC1117SC).

Population projections

Population projections for the Cairngorms National Park are produced by National Records of Scotland, with the most recent data at the National Park level available being the 2018 based projections. Population projections are calculations showing what happens under certain assumptions about future fertility, mortality and migration.



Household projections also incorporate information on trends of household formation. National Records of Scotland provide population projections for Scotland.

National Records of Scotland's (2018) principal projection is that between 2018 and 2043, the population of National Park will increase from 19,045 to 19,961 (an increase of 4.8%) (Figure 7).

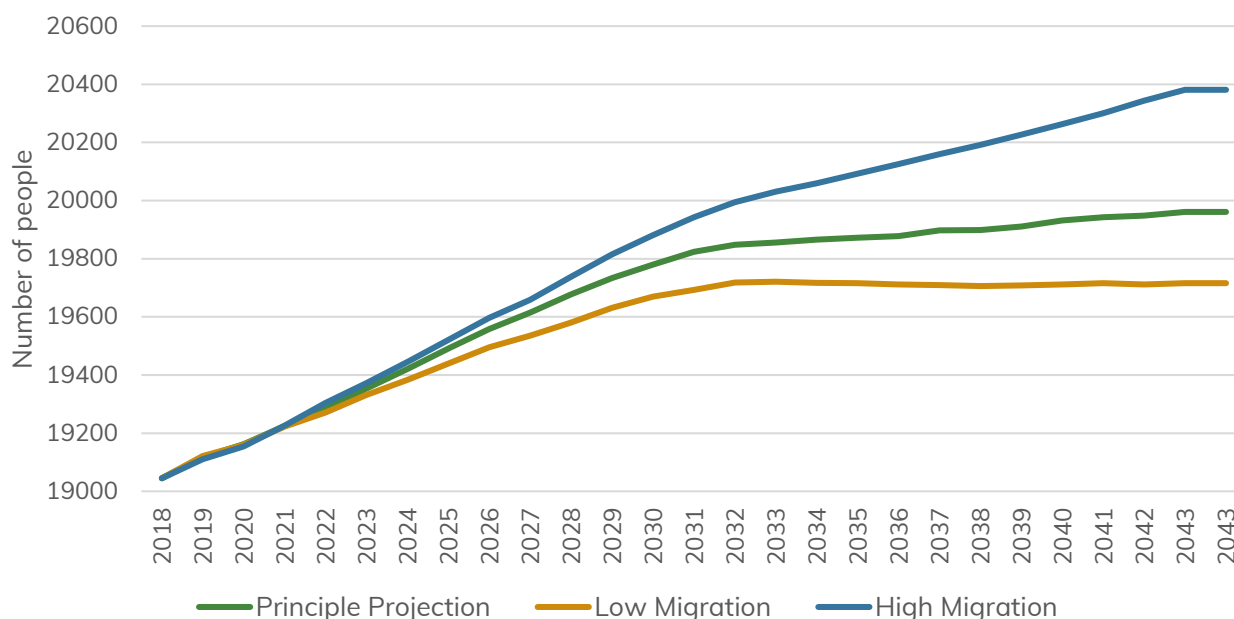


Figure 7 Estimated and projected total population of the National Park, 2018-2043 (National Records of Scotland, 2019).

Population projections are calculations showing what happens under certain assumptions about future fertility, mortality and migration. Household projections also incorporate information on trends of household formation. They do not take into account future changes that may occur as a result of policy initiatives, social or economic change. They will reflect past policy changes and trends in house building, but they do not incorporate information on planned future policy changes or house building. For example, an area may have had a high level of house building over the last few years, which is now coming to an end, but the projections would show a continuation of the past trends. These projections are not, therefore, forecasts of what the government expects to happen.

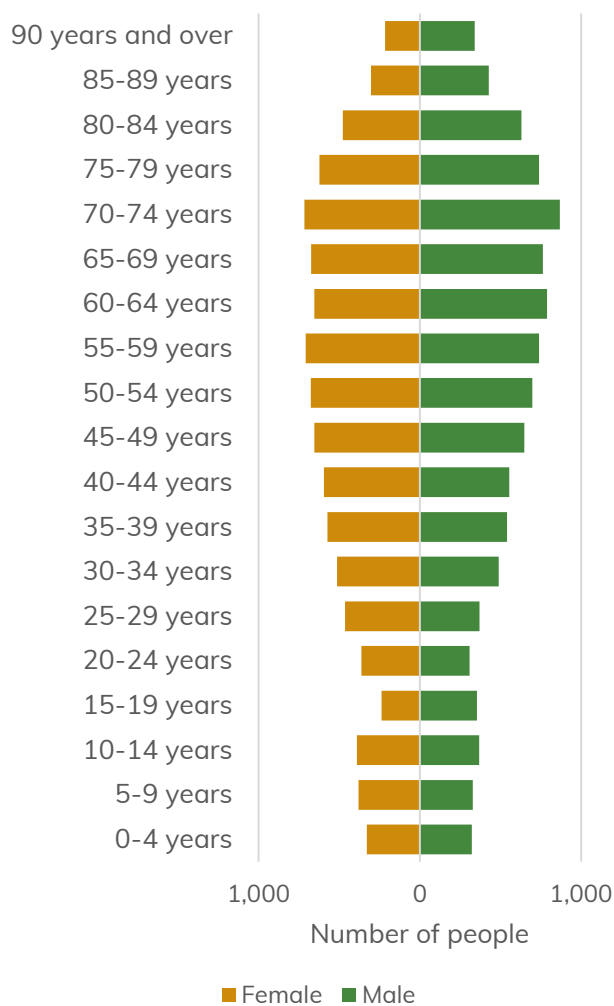


Figure 8 Estimated population profile by age and sex in the Cairngorms National Park in 2018 (National Records of Scotland, 2020).

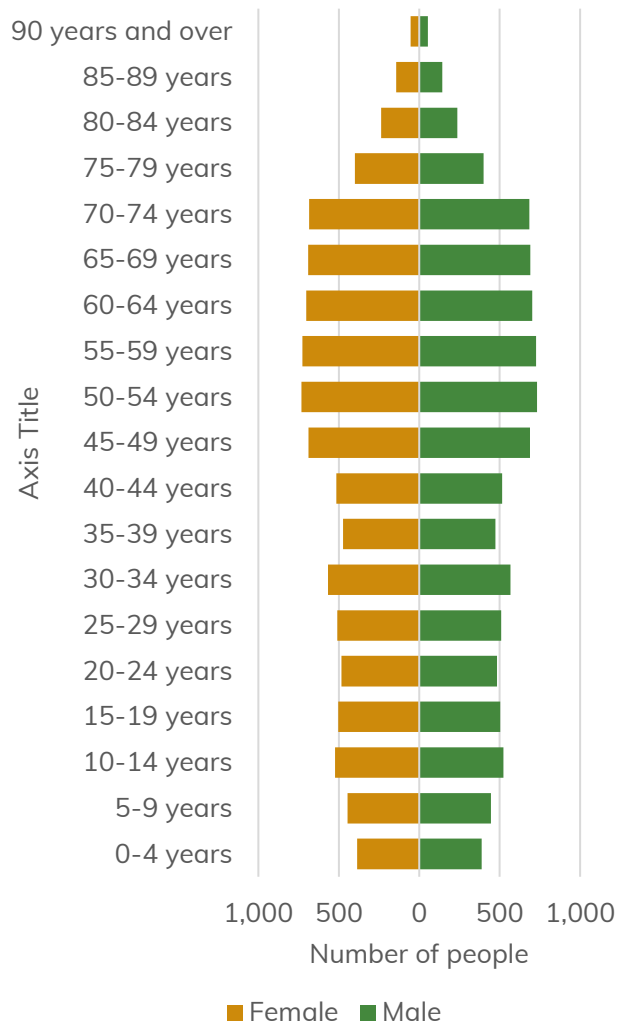


Figure 9 Projected population profile by age and sex in the Cairngorms National Park in 2043 (National Records of Scotland, 2020).



Figure 10 Principle projected change in population by age group in the Cairngorms National Park (National Records of Scotland 2018 based projections. Updated in 2020).

The most recent population projection for the National Park was based on 2018 data and was published in October 2019, updated in March 2020. National Records of Scotland's population projections (2018 based projections) give an indication of how the age structure of the population might change (Figure 8, Figure 9 and Figure 10). According to the principal migration scenario, the number of children aged under 16 years is projected to decrease by 19.7% over the projection period from 2,828 in 2018 to 2,272 in 2043. The number of people of working age is projected to decrease from 11,588 in 2018 to 10,916 in 2043, representing a 5.8% reduction. The population of pensionable age is projected to rise by 46.3% from 4,629 in 2018 to 6,773 in 2043. However, the number of people aged 80 and over is projected to rise from 1,074 in 2018 to 2,393 in 2043, an increase of 122.8%. By 2043 the population is projected to be more heavily distributed at older ages.

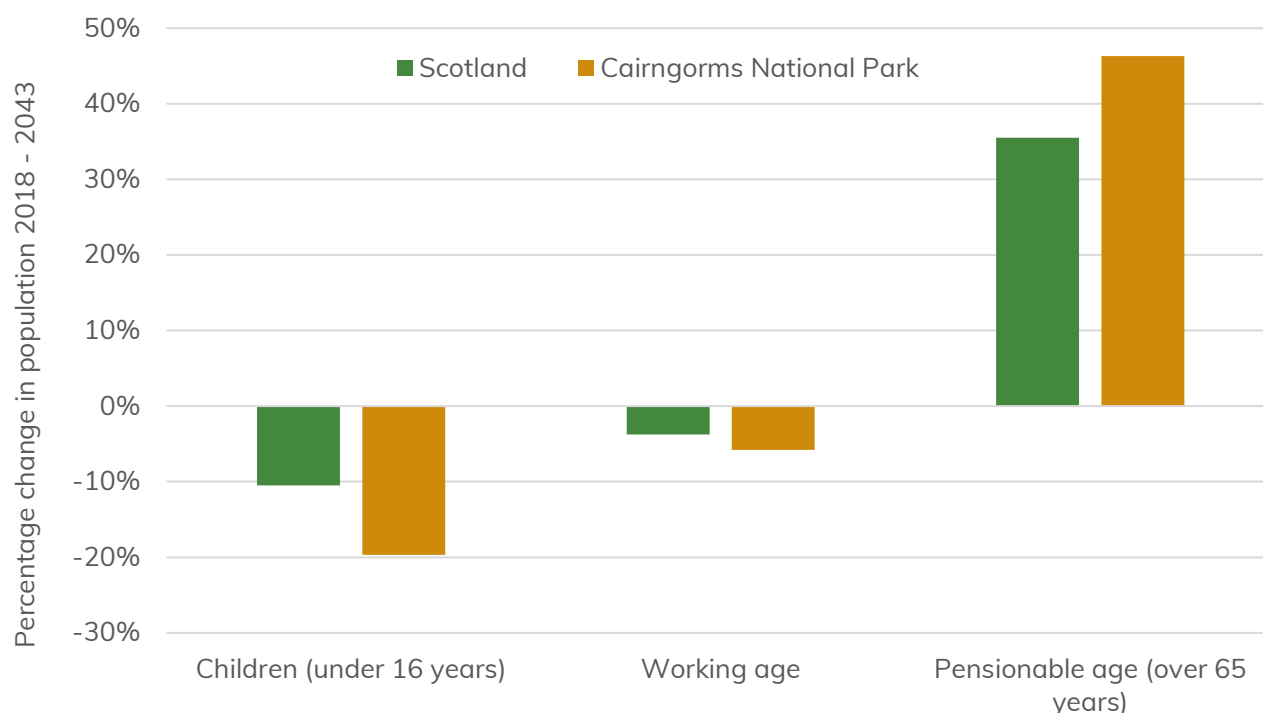


Figure 11 Principle projected population change in the Cairngorms National Park and Scotland 2018 – 2043 (based on the 2018 projections from National Records of Scotland, updated in 2020).

General health

The census collects data on the general health of the population at a national park geography. In 2022, the census reported (Census table UV302) that 82.4% of the National Parks population (14,452 people) were in good or very good health which is above the national average of 78.8% (Figure 12 **Error! Reference source not found.**). The proportion of the National Parks population in bad or very bad health in 2022 was 4.5% (795 people) lower than the national average of 6.9%.

Looking at the comparison between the 2011 and 2022 Census data for the health of the population in the National Park (Figure 13) the percentage of people in good or very good health has decreased from 87% to 82%. It is worth noting that the biggest change between the two years has been in those with 'very good health' which in 2011 was recorded as 56% compared to 50.0% in 2022. In terms of 'bad' or 'very bad health' there has been little change between 2011 and 2022, a fall of 0.5% across the period. Those in 'fair health' in the National Park rose from 10% in 2011 to 13.3% in 2022.

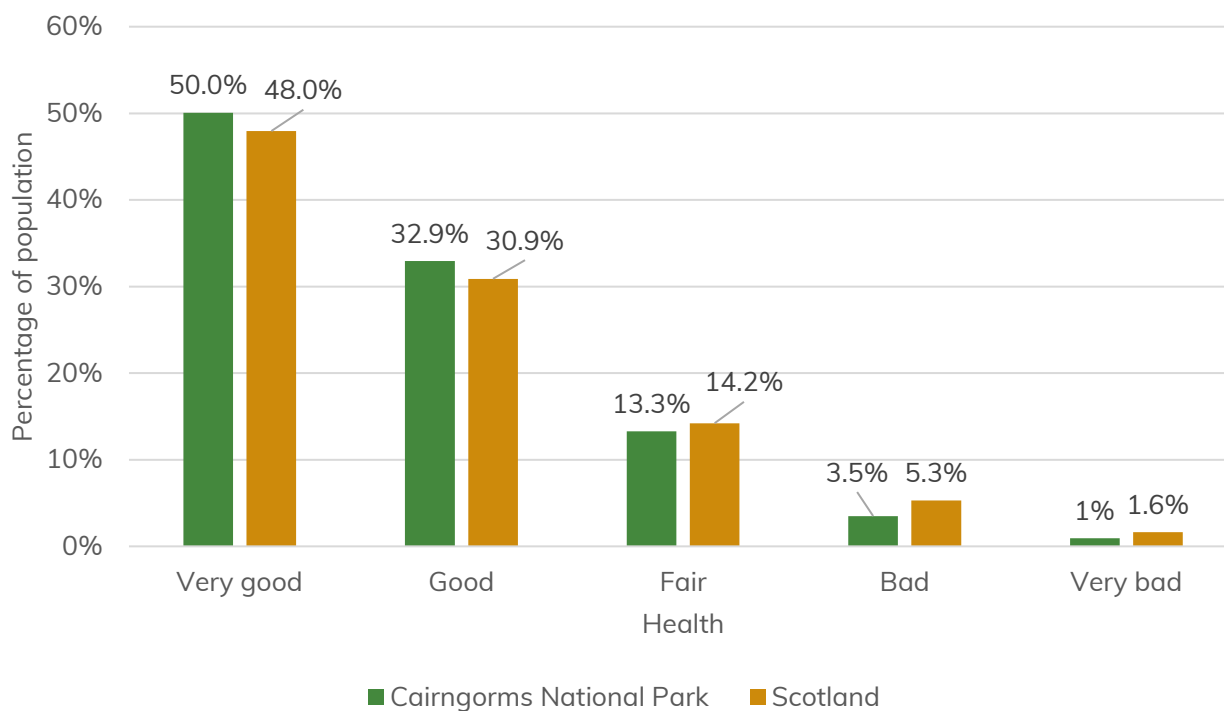


Figure 12 Percentage of the Cairngorms National Park and Scotland's population in terms of classification of general health. Census 2022 (table UV302).

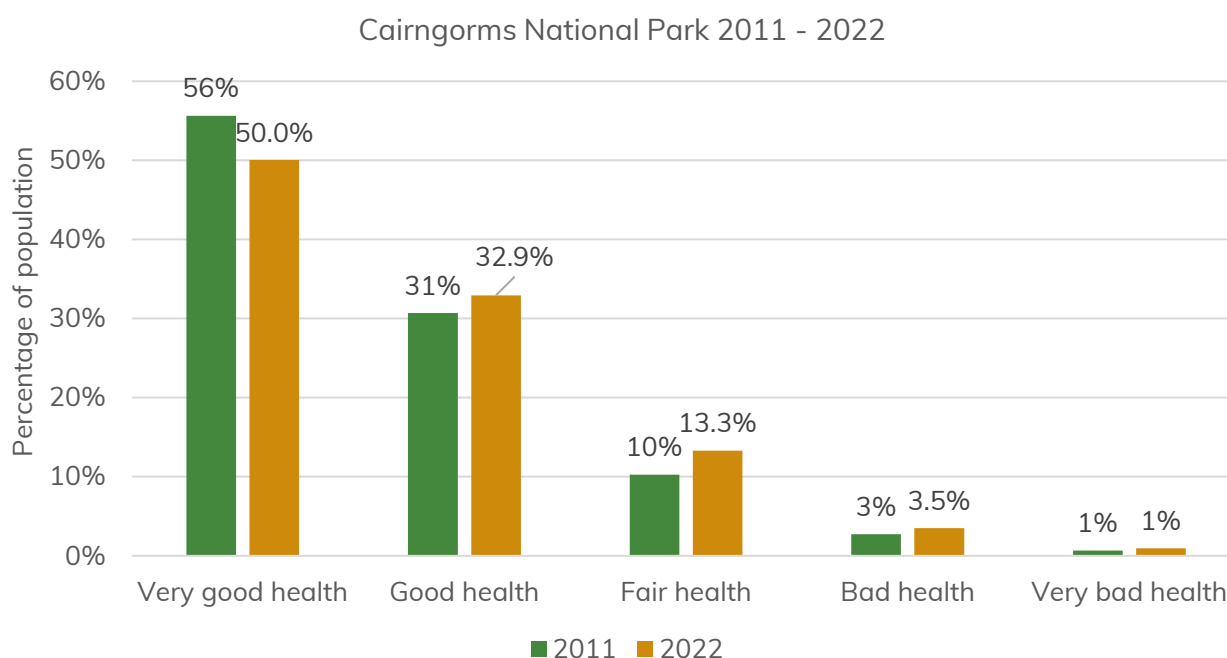


Figure 13 Comparison of population health between 2011 and 2022 Census data collected for the Cairngorms National Park. Census 2011 and 2022 (tables QS303SC and UV302).



General health by age

The general health of the population can be further broken down by age group in the Cairngorms National Park with data provided by the 2022 Census. As one would expect the percentage of people by age group in 'very good / good health' decreases with age (Figure 14). What is perhaps of more interest in this case is the percentage of the population at different ages that are in 'bad' or 'very bad health', suggesting the need for additional support. Those over 65 years of age in 'bad' or 'very bad health' was 8.5% of the population for that age group. This is significantly lower than the national average of people 65 years and over suffering 'bad' or 'very bad health' which is 15.0% of that age group.

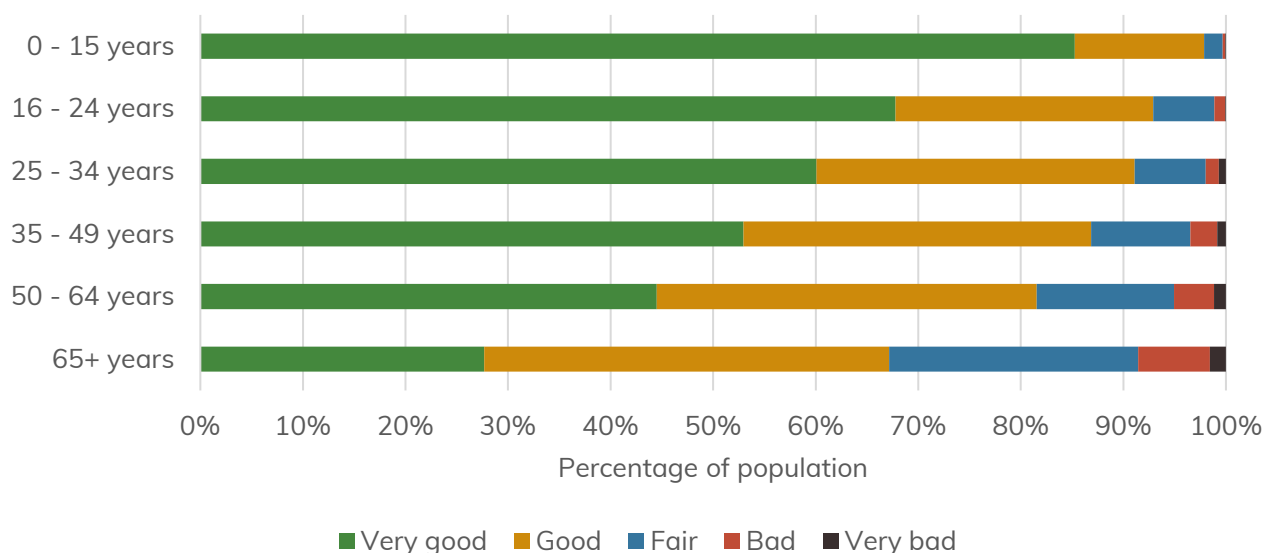


Figure 14 General Health by age in the Cairngorms National Park, Census 2022 table UV302b

In relation to children in the National Park (under 16 years old) only 0.32% of that age group we identified as being in 'bad' or 'very bad health'. In Scotland, the average figure is 0.56% of children being in 'bad' or 'very bad health', meaning on balance the children in the National Park are healthier than the national average.

Looking at the people of working age (16 – 64 years) in the National Park 3.65% are of 'bad' or 'very bad health', lower than the national average for this age group of 6.05%. Again, showing the health of the working age population being higher than the national average.

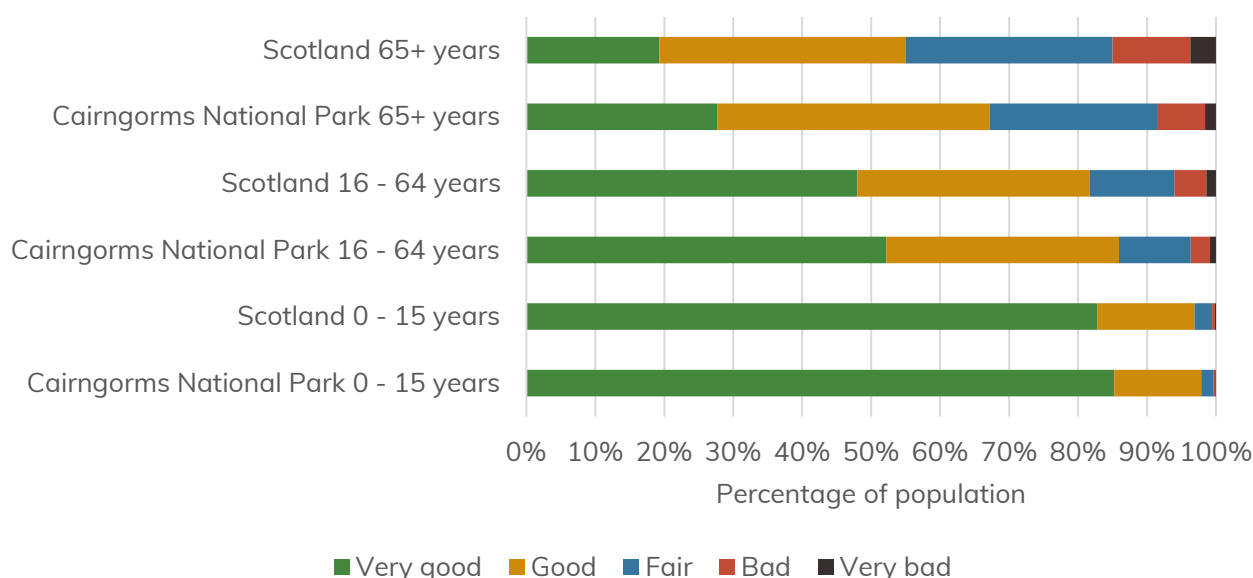


Figure 15 General health by age grouped into Children (0 – 15 years) working age (16 – 64 years) and pensionable age (65+ years) in the Cairngorms National Park and Scotland in 2022. Census 2022 table UV302b.

When comparing the 2011 Census data with the 2022 data for the Cairngorms National Park there was only a marginal change in the general health of the children aged 0 – 15 years. The percentage of people reporting being in 'very good health' in 2022 compared to 2011 decreased in both the working age (16 – 64 years) and those of pensionable age (65+ years) age groups (Figure 15).

In terms of the residents in the Cairngorms National Park of pensionable age in 'bad' or 'very bad health' this has increased significantly between 2011 and 2022, from 7.3% to 15.0% of the population. This may in part be accounted improvements to health care and subsequent extensions of life expectancy of the people in this age group.

In terms of the working age population, those in 'bad' or 'very bad health' in the Cairngorms National Park has also increased from 2.9% in 2011 to 3.6% in 2022.

The changes in general health by age broadly follow the national figures with the exception of the population 65 years and over (Figure 16). Nationally the percentage of the people of pensionable age in 'very good health' increased from 17.2% in 2011 to 19.3% in 2022. This is in contrast to the residents of the same age in the National Park where the percentage of the population in 'very good health' decreased from 25.0% in 2011 to 19.3% in 2022. Combining the data for people nationally in 'good' or 'very good health' across Scotland saw only a marginal increase from 54.4% in 2011 to 55.0% in 2022 (Figure 17).

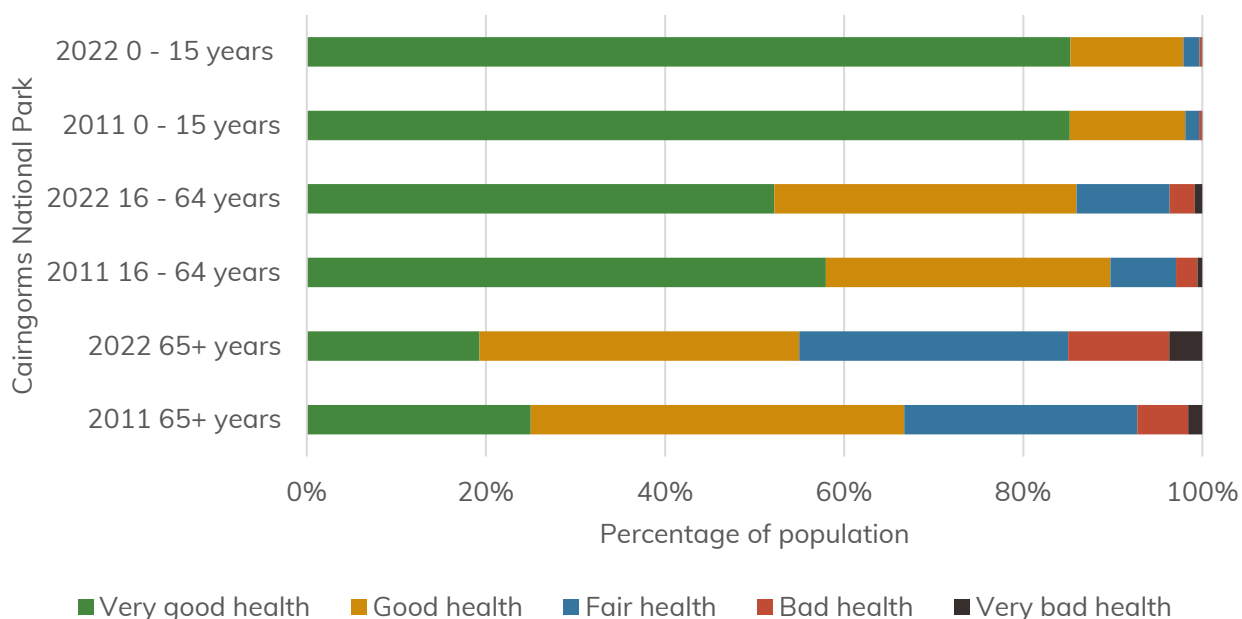


Figure 16 General health by age grouped into Children (0 – 15 years) working age (16 – 64 years) and pensionable age (65+ years) in the Cairngorms National Park in 2011 and 2022. Census 2022 tables UV302b and LC3102SC.

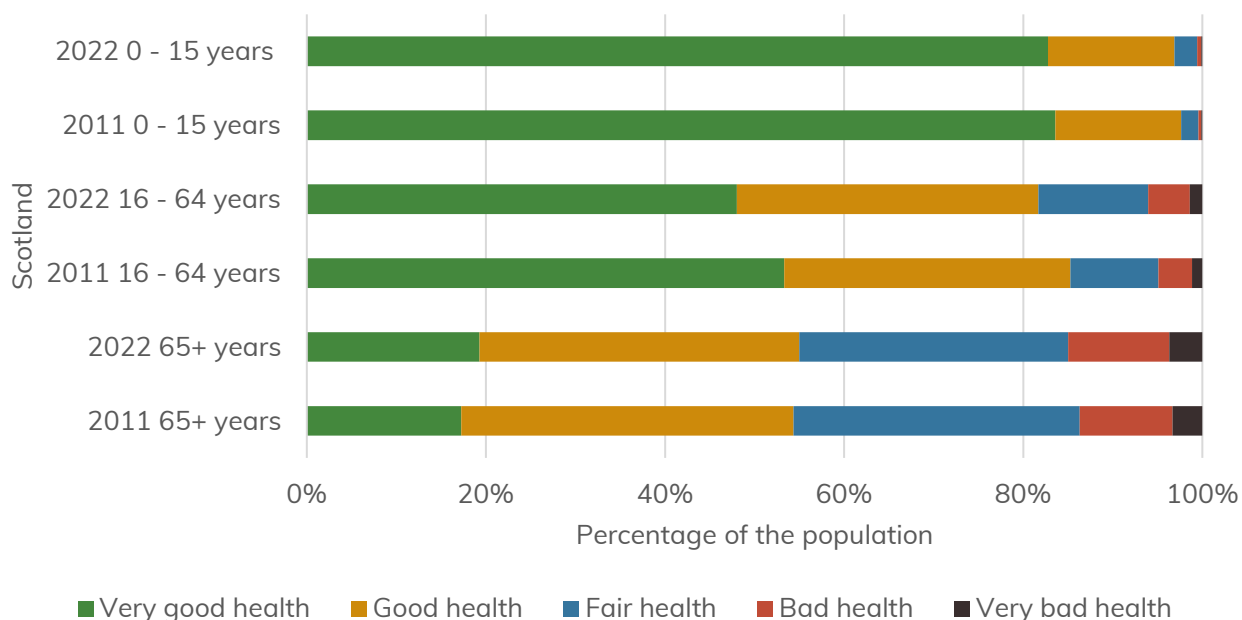


Figure 17 General health by age grouped into Children (0 – 15 years) working age (16 – 64 years) and pensionable age (65+ years) in Scotland in 2011 and 2022. Census 2022 tables UV302b and LC3102SC.

Long-term health problem or disability

The Census also provided health by disability in relation to the limitations on day-to-day activities experienced by residents (Figure 18). In the National Park there is a lower incidence of residents (7.9% of the population) health problems or disability having a



very limiting effect on their day-to-day activities, than nationally (10.7% of the population). The data from the 2022 Census can also be compared to the comparable data from the 2011 Census.

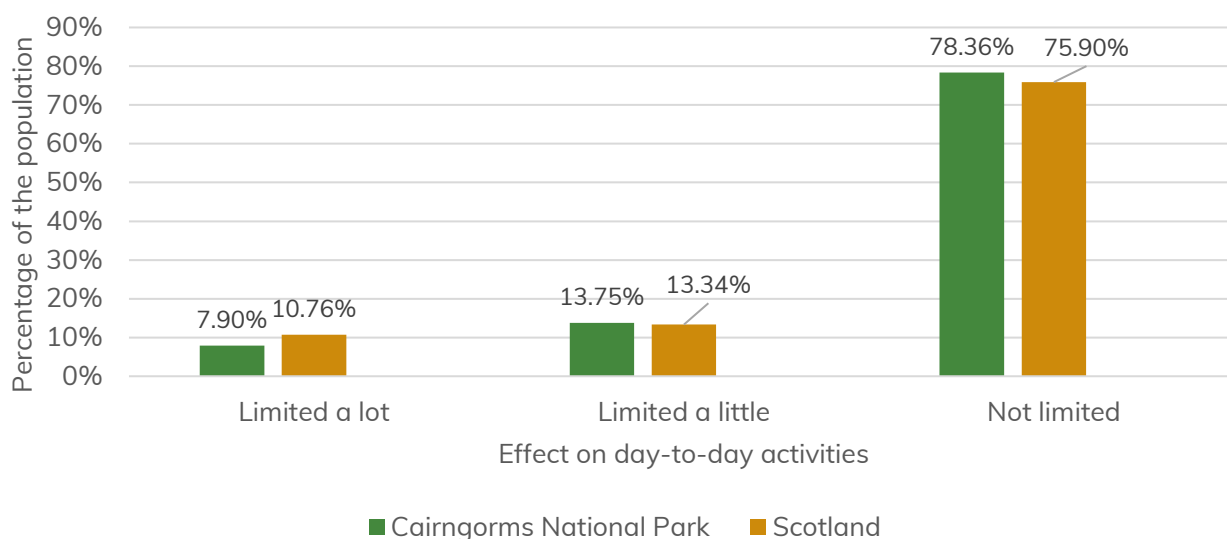


Figure 18 Resident populations health problems or disability in relation to its effect on day-to-day activities in the Cairngorms National Park and Scotland. (Census table UV303)

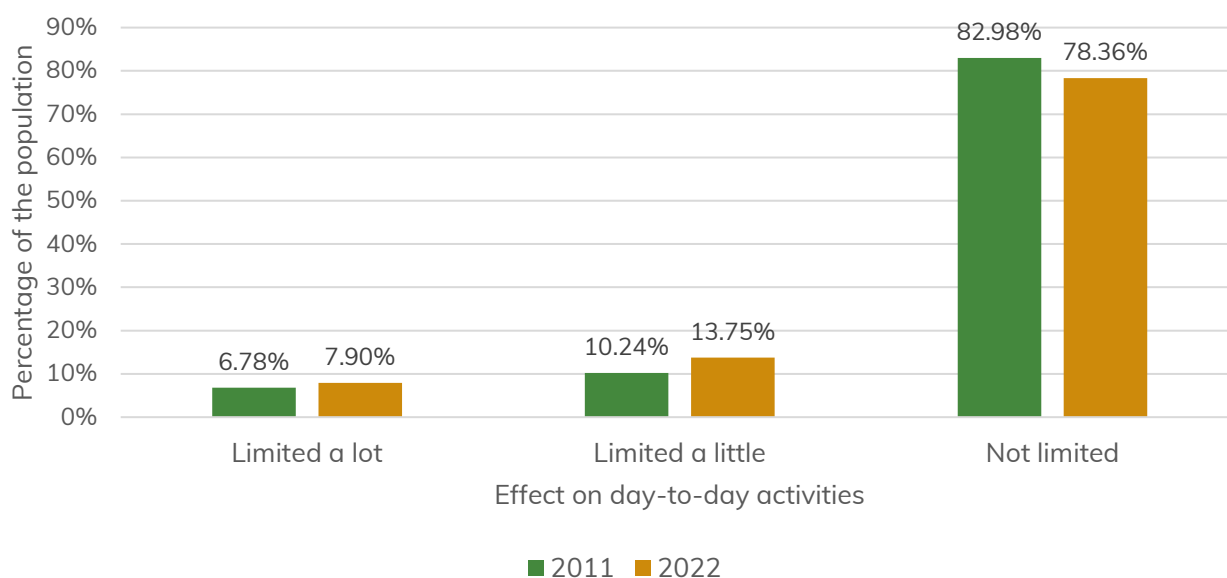


Figure 19 Resident population health problems or disability in relation to its effect on day-to-day activities in the Cairngorms National Park in 2022 compared to 2011. (Census table UV303 and QS303SC)

The percentage of the population of the Cairngorms National Park not limited by health problems or disability in their day-to-day activities is lower in 2022 (78.4% of the population) compared to 2011 (83.0% of the population) (Figure 19). A higher



percentage of the population are limited by health problems or disability (both a little or / and a lot) in their day-to-day activities in 2022 compared to 2011.

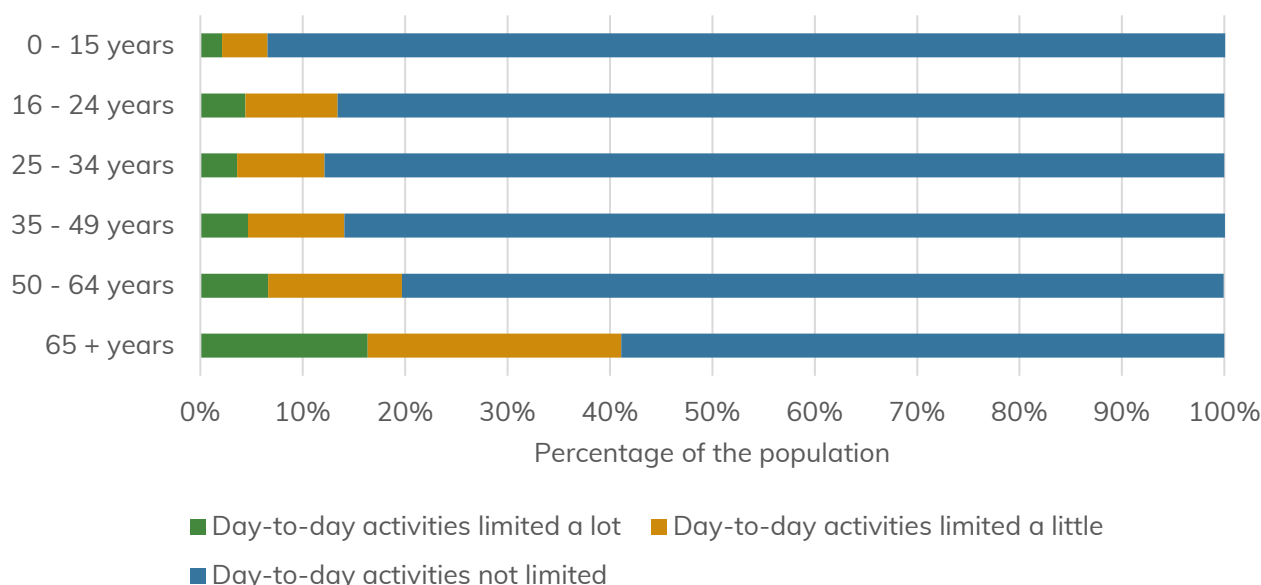


Figure 20 Resident population health in relation to health problems or disability's effect on day-to-day activities in the Cairngorms National Park in 2022 by age. (Census table UV303b)

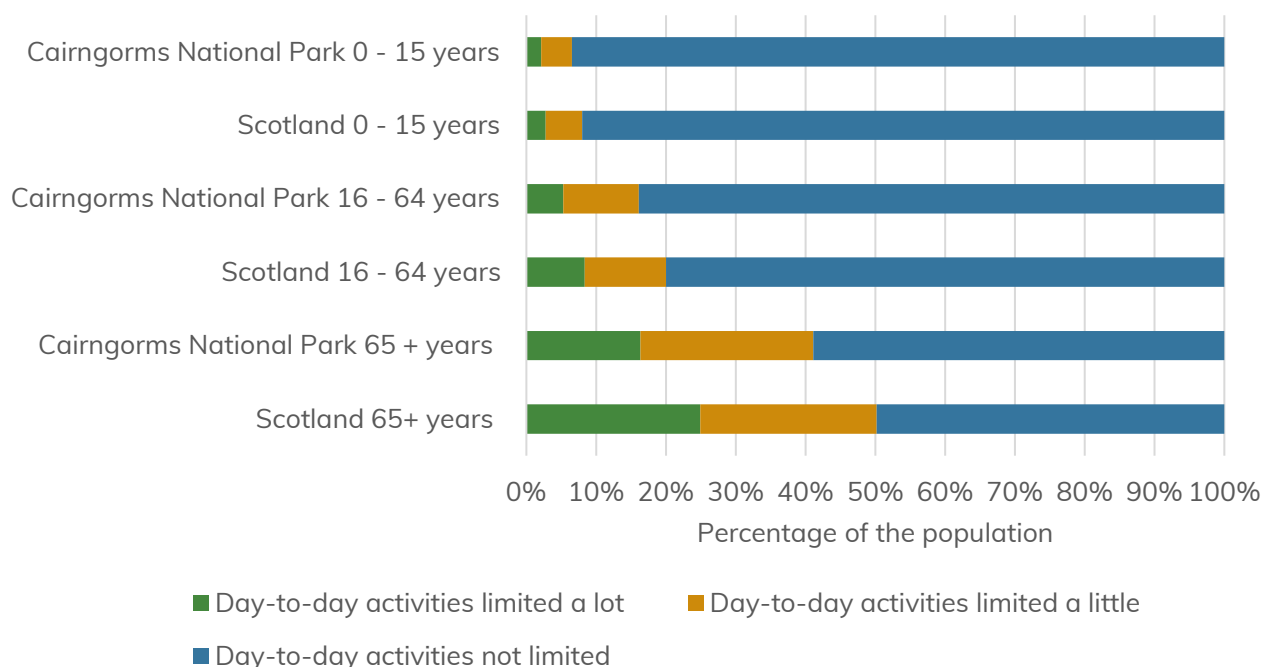


Figure 21 Resident population health in relation to health problems or disability's effect on day-to-day activities in the Cairngorms National Park and Scotland in 2022 by age group. (Census table UV303b)

The data can be grouped into three categories for children (0 – 15 years), working age population (16 – 64 years) and those of pensionable age (65 + years) (Figure 20).



Comparing the data for the Cairngorms National Park and Scotland in this way the percentage of those at pensionable age in the National Park whose day-to-day activities are limited a lot (16.3%) is far lower than the national average (24.9%) in 2022. Similarly, the percentage of those of working age whose day-to-day activities are limited a lot is lower in the National Park (5.3%) compared to the national average (8.4%). Looking at the data there is far less disparity in the percentages for children (Figure 21).

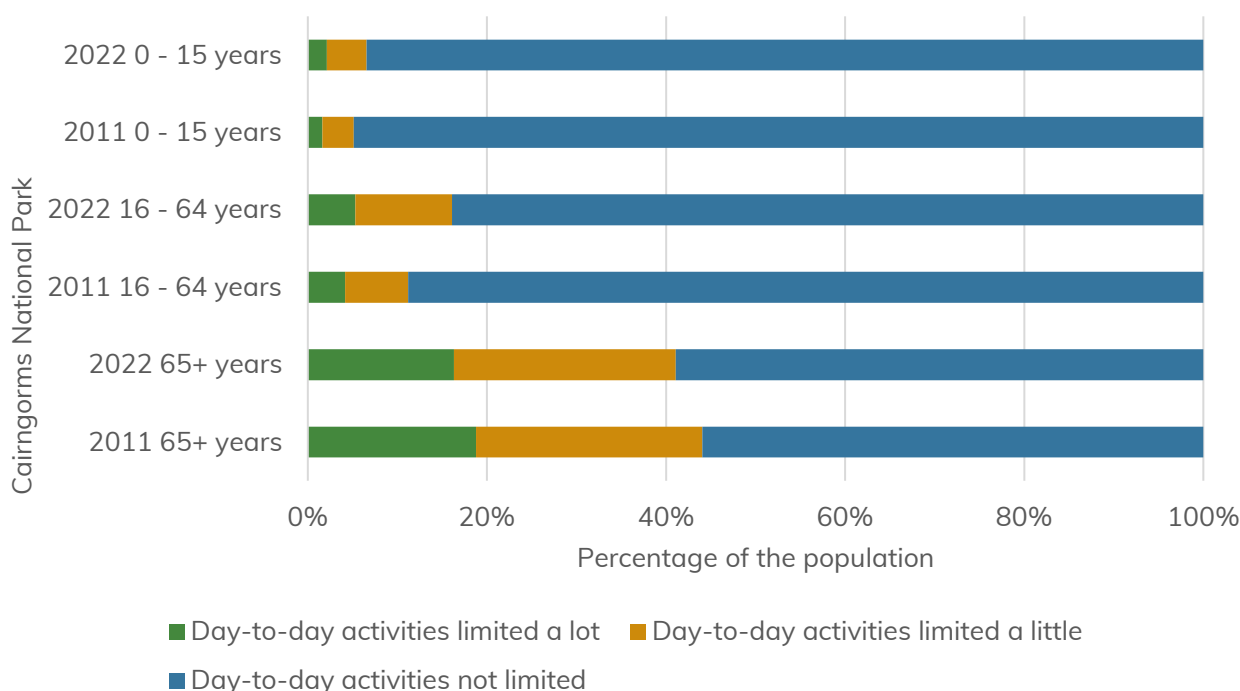


Figure 22 Resident population health in relation to health problems or disability's effect on day-to-day activities in the Cairngorms National Park in 2011 and 2022 by age group. (Census table UV303b and LC3101SC).

Figure 22 looks at the change between the 2011 Census data and the 2022 Census data for the grouped ages compared in **Error! Reference source not found.** in the Cairngorms National Park. The data shows us that the negative effects of ill health on children and working age residents has increased between 2011 and 2022. In children the effects of health on limiting day-to-day activities a lot or a little has increased from 5.1% of the population in 2011 to 6.6% of the population in 2022. In the working age population, the negative effects of ill health affecting day-to-day activities a little or a lot has increased from 11.2% of the population to 16.1% of the population. In terms of those of pensionable age in the National Park there has been a decrease in the effects of ill health in terms of limiting day-to-day activities a little or a lot from 44.1% of the population in 2022 down to 41.1% of the population in 2011. This decrease in the



residents of pensionable age may in part be explained by improvements and access to healthcare and amenities.



It is worth noting the trends mentioned above experienced in the Cairngorms National Park broadly follow those seen nationally across Scotland between 2011 and 2022 (Figure 23).

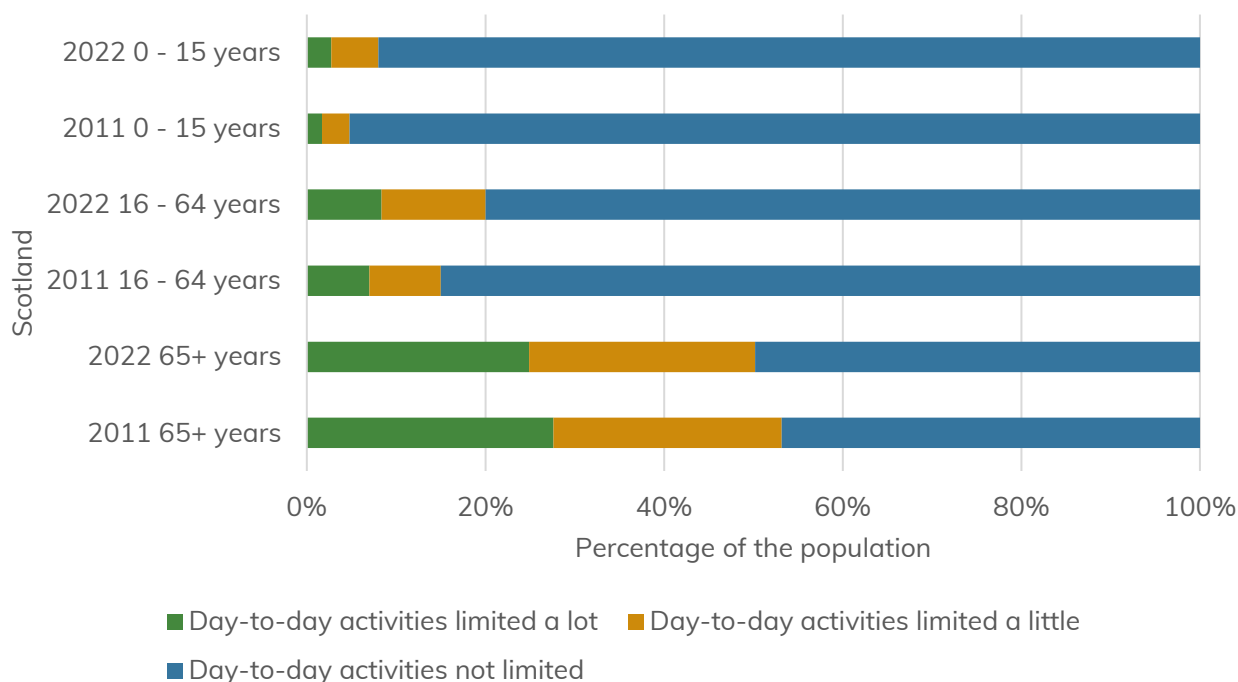


Figure 23 Resident population health in relation to ill health's effect on day-to-day activities in Scotland in 2011 and 2022 by age group. (Census table UV303b and LC3101SC).

Provision of unpaid care

The census provides data on the provision of unpaid care which is particularly important to the age group of residents of pensionable age who are most greatly affected by disability of illness affecting their day-to-day activities. The figures for the Cairngorms National Park and Scotland are broadly similar with the divergences above 1% (Figure 24).

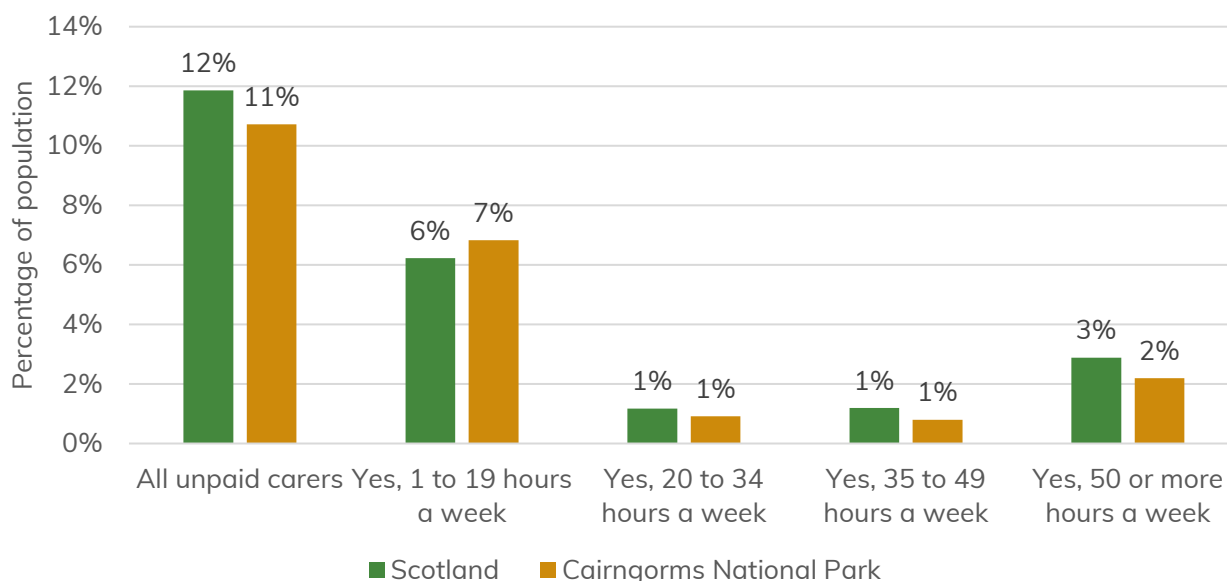


Figure 24 Provision of unpaid care in the Cairngorms National Park and Scotland based on residents over the age of 3 years. Census table UV301.

Birth rates

Live births are a component of population change and are used in the modelling of school roll forecasts. Data on birth rates is not released for national park geographies; therefore, they must be calculated from other geographies. Data on births is available from the Scottish Public Health Observatory (ScotPHO) at an intermediate zone level, therefore this data, alongside mid-year population estimates, has been used to create an aggregate for the Cairngorms National Park.

According to this methodology, in 2021 had a crude live birth rate of about 6 per 1,000 population. This is compared to 8.7 for Scotland as a whole. The rate varies between areas of the National Park, with the highest rate in the Badenoch and Strathspey North intermediate zone 7, where it was around 8.2 in 2021. This rate is not statistically different to Scotland.

A more detailed analysis of Birth rates in the Cairngorms National Park is provided in the Education topic paper which is available here:

- <https://cairngorms.co.uk/wp-content/uploads/2024/11/Topic-Paper-Education-Engagement-version.pdf>



Death rates

Death rates in the Cairngorms National Park are not provided at an exact geography for the National Park so data from the Scottish Public Health Observatory which provides data on intermediate zones has been used as a proxy in this report.

Figure 25 shows the deaths from all causes (all ages), three year rolling average number and directly age sex standardised rate per 100,000 population (data from the National Records of Scotland). 2021 populations have been temporarily used for small areas in 2022, due to data availability. The data should be considered provisional and may be updated in subsequent publications. Deaths are assigned to a year based on death registration date. All rates have been standardised against the European standard population (ESP2013).

Since 2016 – 2018 in all four of the intermediate data zones used as a proxy for the National Park rates were recorded as lower than the National average. In the most recent recorded years (2021 – 2023) nationally 1172.2 deaths per 100,000 people have been recorded. The area covering Badenoch and Strathspey Central was significantly below the Scottish average at 860.6 deaths per 100,000 people, with the other three areas recording between approximately 1000 and 1150 deaths per 100,000 people for the three-year period.

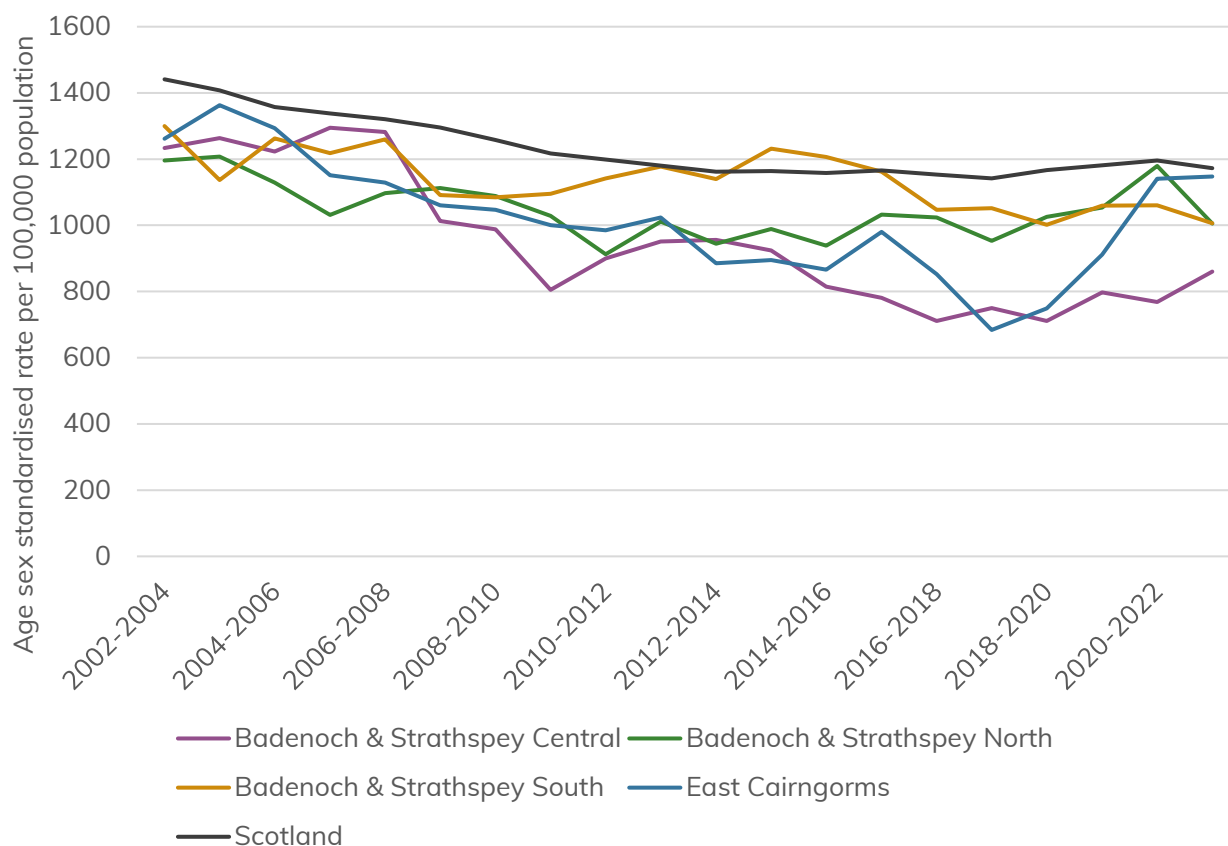


Figure 25 Deaths – all ages in the Cairngorms National Park. Based on an age-sex standardised rate per 100,000 people. 2002 – 2004 to 2020 – 2022 calendar years based on three-year aggregates. Scottish Public Health Observatory data

Life expectancy

Average life expectancy is one of those key indicators that tells is how well a place is doing, be it economically, politically or environmentally.

Overall Scotland has the lowest average life expectancy of all the UK countries, with most council areas experiencing a decrease in recent years. Life expectancy in Scotland also varies by rurality, with people living in rural areas generally living longer and spending more years in good health than those in urban areas. For males in 2019 – 2021 there was a 4-year gap in life expectancy between the most rural and most urban areas, and for females there was a three-year gap.

The estimate of average life expectancy in the Cairngorms National Park is based on data from the 2020 Scottish Index of Multiple Deprivation (SIMD) and is derived from the decile of overall deprivation in which each data zone covering the National Park falls within. Based on this method, the life expectancy, for males in the National Park is 79.4



and females is 82.7 years. This is higher than the Scottish averages, where in 2019 - 21, life expectancy for males was 76.6 years and for females 80.8 years.

Wellbeing

There is limited information available for the Cairngorms National Park area on aspects of individual wellbeing with most information being at Local Authority or National level. However, the Scottish Index of Multiple Deprivation is an official tool developed and used by the Scottish Government, which collects multiple indicators for data zone areas. The data has a particular focus on deprivation, with rankings provided for an overall indicator plus seven separate 'domains'. However, the associated data also provides some indicators of personal and economic wellbeing for the National Park.

Individual wellbeing

The Scottish Household Survey has surveyed individual wellbeing (SWEMWBS Score¹⁶) at a local authority level and other surveys indicate subjective (self-assessed) wellbeing at a regional level. However, there is no data available to show individual wellbeing statistics for the Cairngorms National Park area. One method to analyse the wellbeing at a National Park level is the prevalence of people on prescribed medication for mental health concerns. The Scottish Index of Multiple Deprivation data utilises Prescribing Information System (PIS) data from NHS Scotland to indicate the proportion of the population prescribed medication for common mental health issues and this can be aggregated for the National Park data zones.

¹⁶ Short version of the Warwick–Edinburgh Mental Wellbeing Scale.

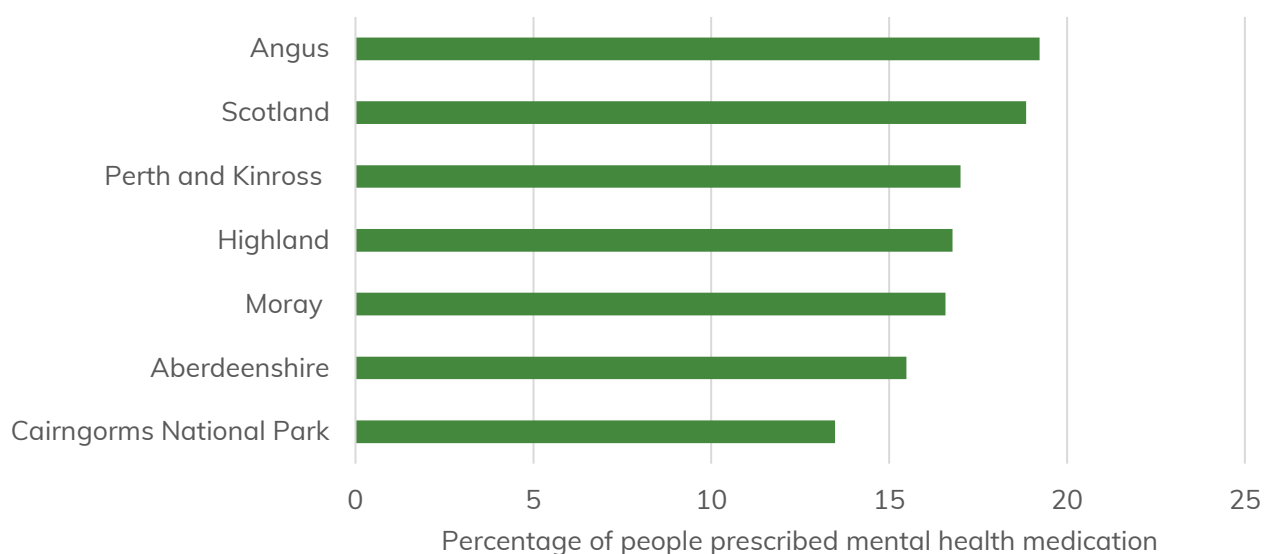


Figure 26 Proportion of population prescribed mental health medication against data zone Scottish Index of Multiple Deprivation (2020) figures for the Cairngorms National Park, Local Authorities and Scotland (Source: SIMD, 2020 with medication data derived from NHS Scotland).

The data from the Scottish Index of Multiple Deprivation, health domain sub-indicator (which utilises data from NHS Scotland on the percentage of the population prescribed mental health medication for depression, anxiety and psychosis) Cairngorms National Park shows the National Park has on average the lowest percentage of the population (13.5%) being prescribed mental health medication compared to the five local authorities that overlap the national park boundary, which can be used as a proxy to indicating a high level of wellbeing in the area (Figure 26).

Looking at the data zone level data the proportion of people prescribed mental health medication for depression, anxiety and psychosis ranges from 10% to 19% (Figure 27). The areas with the highest proportion of people prescribed mental health medication include an area in the East Cairngorms (S01006790) which covers part of Ballater at 19% and in Badenoch and Strathspey North (S01010546) which covers part of Grantown-on-Spey at 18%.

Care should be taken interpreting this data as prescription rates may be affected by factors such as cultural attitudes to mental health and medication, whilst the percentage of people recorded as being prescribed such mental health medication varies by only a modest amount between the lowest and highest. The population of the Cairngorms National Park was also relatively small at approximately 18,600 (2020 figure used in data comparison) people meaning the small population size increases the potential for misleading variations.



Proportion of population being prescribed drugs for anxiety, depression or psychosis

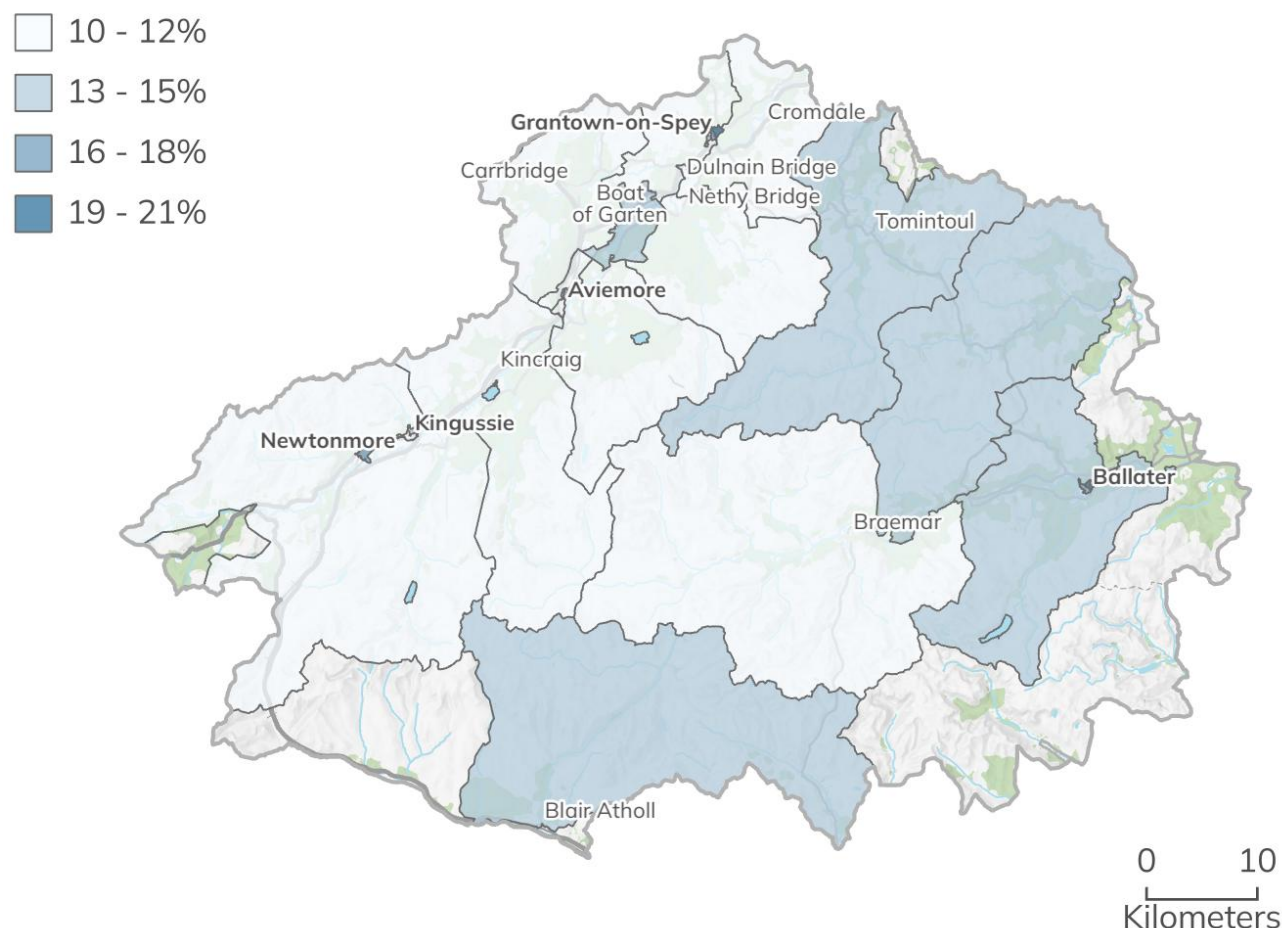


Figure 27 Proportion of population being prescribed drugs for anxiety, depression or psychosis, 2017-18 (2020 weighting to overall health domain = 0.13). Reproduced by permission of Ordnance Survey on behalf of His Majesty's Stationery Office. © Crown copyright and database right 2025. All rights reserved. Ordnance Survey Licence number AC0000821810, Cairngorms National Park Authority.

Wellbeing in rural Scotland

Research into Subjective Wellbeing (Self-assessed wellbeing) frequently finds that people in rural areas report higher levels of wellbeing than people in urban areas. Evidence in England supports this claim (Health and wellbeing in rural areas, 2017¹⁷) stating 'that overall health outcomes are more favourable in rural areas' Although research specific to Scotland is limited, one analysis¹⁸ using the British Household Panel Survey for the UK found that people in 'remote' rural areas of Scotland (under their classification this would apply to the whole of the Cairngorms National Park), do report higher levels of life satisfaction after allowing, as far as possible, for other variables such as income. In a paper examining how people view their locality in Scotland (Rural

¹⁷ https://www.local.gov.uk/sites/default/files/documents/1.39_Health%20in%20rural%20areas_WEB.pdf

¹⁸ <https://www.sciencedirect.com/science/article/abs/pii/S074301671630002X?via%3Dihub>



Scotland: Key facts 2021¹⁹), a higher proportion of residents in rural areas define their neighbourhoods as a 'very good' place to live. Higher proportions of people volunteer and feel they are part of the immediate communities.

As might be expected, a major factor found to explain the higher rural wellbeing is closer social connections. In smaller settlements people are more likely to know their neighbours and the people they meet on the street, supporting greater levels of trust and expectations of support when needed. It should be added that it is hard to disprove the possibility that rural areas may be a self-selecting sample for example, more people who are dissatisfied with their life may leave rural areas in comparison with urban areas.

Effects of commuting distance on wellbeing

Research indicates that substantial time spent commuting (60 – 90 minutes per day) is associated with reduced wellbeing (Office of National Statistics²⁰). Census data suggests that both working close to home and travelling longer distances to work are both more prevalent in the Cairngorms National Park than nationally, as might be expected in a rural area (Figure 28).

¹⁹ <https://www.gov.scot/binaries/content/documents/govscot/publications/statistics/2021/02/rural-scotland-key-facts-2021/documents/rural-scotland-key-facts-2021-summary/rural-scotland-key-facts-2021-summary/govscot%3Adocument/rural-scotland-key-facts-2021-summary.pdf?inline=true#:~:text=This%20is%20a%20summary%20of%20the%20Rural%20Scotland,included%20in%20the%20publication%20report%20data%20for%202019.>

²⁰ Office for National Statistics. Commuting and personal well-being. Available online at: http://webarchive.nationalarchives.gov.uk/20160105160709/http://www.ons.gov.uk/ons/dcp171766_351954.pdf

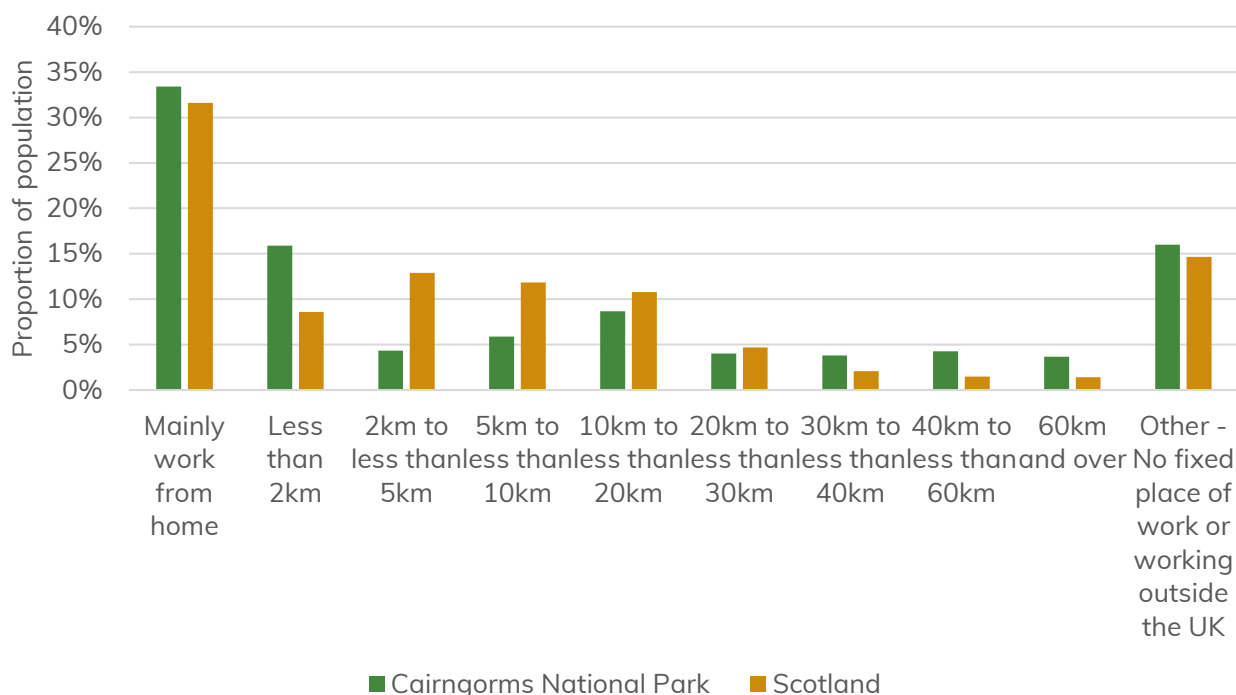


Figure 28 Comparison of distance travelled to work by people living in the Cairngorms National Park and Scotland (Census table UV703).

Between 2011 and 2022 there has been a significant increase in the proportion of the population who mainly work from home. The only journey times to see an increase in the number and proportion of commuters were those between 20km to less than 30km. All other distances saw a decrease (Figure 29).

Scotland, overall, represents the fourth highest average commute time of anywhere in the UK (60 minutes), with the highest being London and second and third representing the areas directly adjacent to the capital (Royal Society for Public Health²¹).

²¹ Royal Society for Public Health. Health in a Hurray: The impact of rush hour commuting on our health and wellbeing. Available online at: <https://www.rsph.org.uk/ourwork/policy/wellbeing/commuter-health.html>

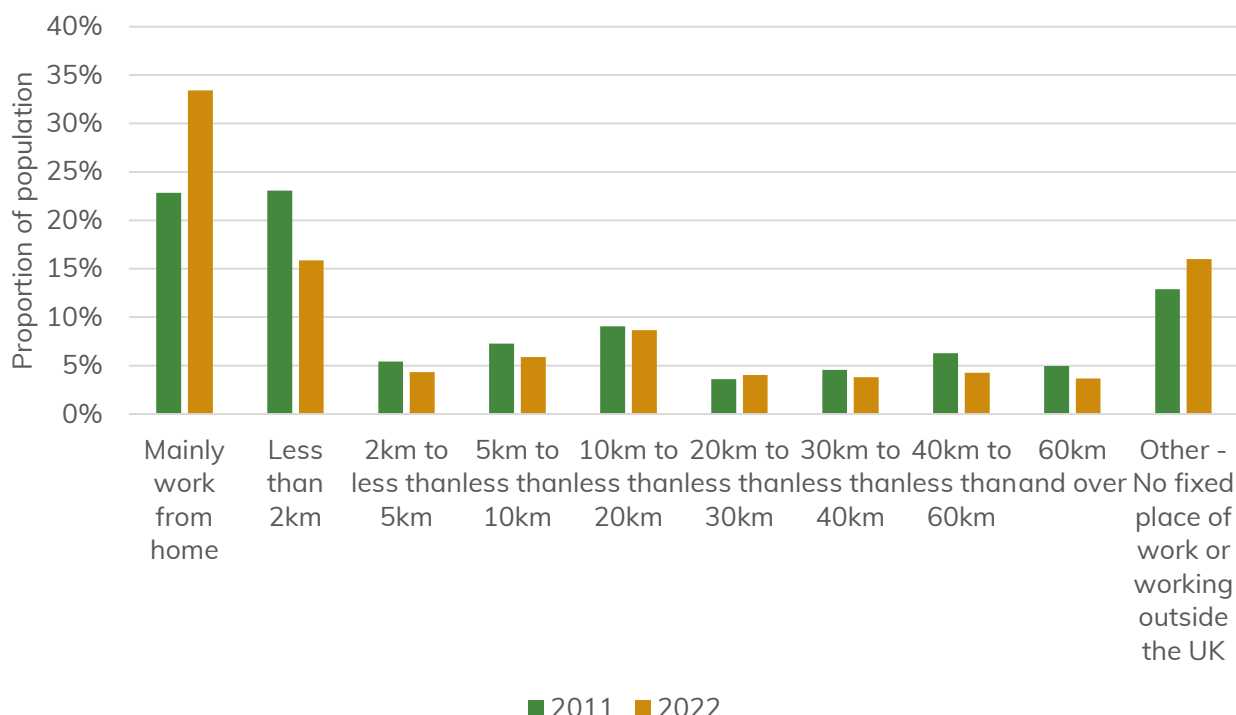


Figure 29 Comparison between distance travelled to work by people living in the Cairngorms National Park between 2011 and 2022 (Census tables QS703SC and UV703).

Suicide risk

Nationally, there were 792 probable suicide deaths in 2023, an increase of 30 on the previous year, according to figures published today by National Records of Scotland. Male suicides increased by 34 to 590, while female suicides decreased by four to 202 deaths in the latest year. The rate of suicide in males was over three times as high as the rate for females. The average age of death for suicides has increased overall, from 41.9 in the year 2000 to 46.6 in 2023.

Data on the number of people over 16 years committing suicide is not available at National Park geography. It is available at local authority level from the Scottish Public Health Observatory (ScotPHO) collaboration. The data (Figure 30) shows that the rates of suicide Moray, Highland and Angus are above the national averages.

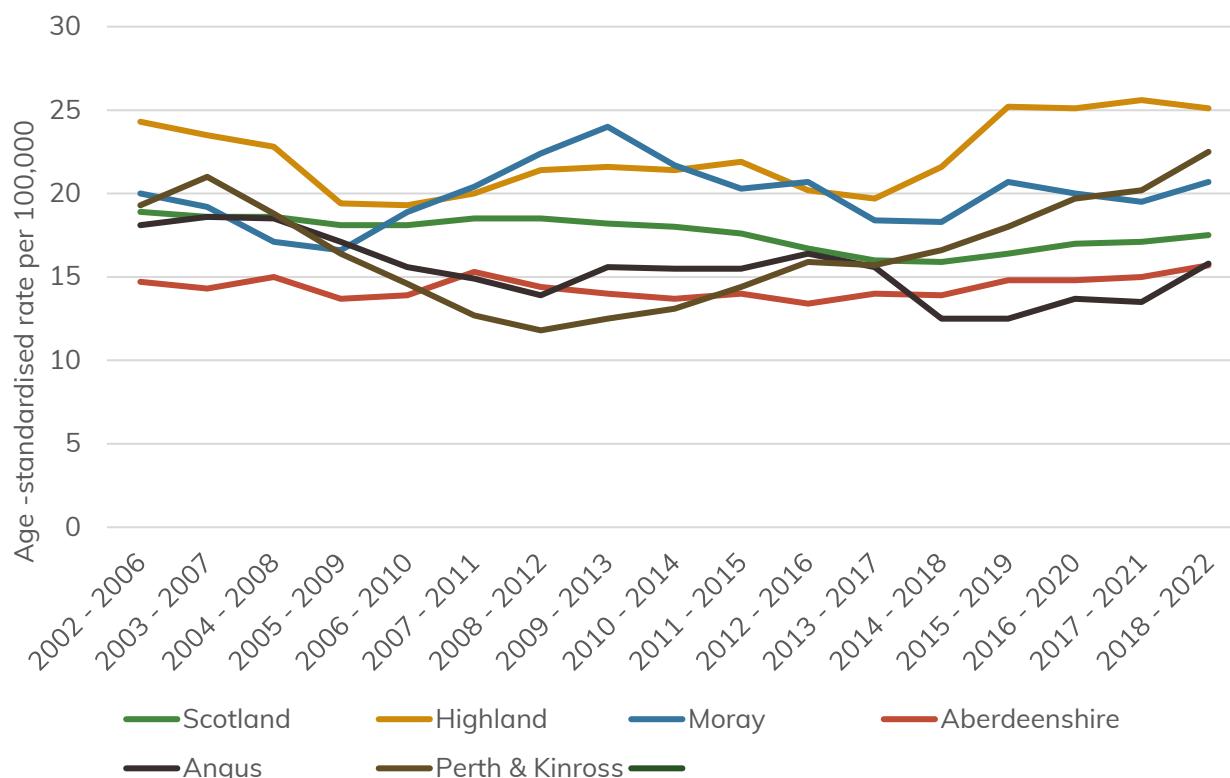


Figure 30 Deaths from suicide (16 years +) in Scotland and the local authorities that traverse the National Park boundary. Scottish Public Health Observatory, 2024.

A new requirement for the preparation of local development plans is to evidence an awareness of location of concern for suicide. Public Health Scotland has published national guidance on action to address suicides at locations of concern that includes practical guidance for planning considerations.

The evidence report will be informed by but will not publish information about locations of concern for suicide. Instead, the Evidence Report will aim to establish what data and evidence is already being gathered about suicide prevention and intervention effectiveness. The Park Authority propose to consult with the health boards and relevant local authority suicide prevention officers and the health and social care partnerships.

Deprivation

The Scottish Index of Multiple Deprivation (SIMD) is the Scottish Government's standard approach to identify areas of multiple deprivation in Scotland. It can help improve understanding about the outcomes and circumstances of people living in the most deprived areas in Scotland. It can also allow effective targeting of policies and funding where the aim is to wholly or partly tackle or take account of area concentrations of multiple deprivation.



The index is a relative measure of deprivation across 6,976 small areas (called data zones). If an area is identified as 'deprived', this can relate to people having a low income, but it can also mean fewer resources or opportunities. The index looks at the extent to which an area is deprived across seven domains: income, employment, education, health, access to services, crime and housing.

Scottish Index of Multiple Deprivation ranks data zones from most deprived (ranked 1) to least deprived (ranked 6,976). People using SIMD will often focus on the data zones below a certain rank, for example, the 5%, 10%, 15% or 20% most deprived data zones in Scotland.

The index is an area-based measure of relative deprivation: not every person in a highly deprived area will themselves be experiencing high levels of deprivation.

Data zones in rural areas tend to cover a large land area and reflect a more mixed picture of people experiencing different levels of deprivation. This means that Scottish Index of Multiple Deprivation is less helpful at identifying the smaller pockets of deprivation found in more rural areas, compared to the larger pockets found in urban areas. The index's domain indicators can still be useful in rural areas if analysed separately from urban data zones or combined with other data.

Care should be taken in interpreting the Scottish Index of Multiple Deprivation rankings in the National Park as they measure the overall deprivation of data zones. These may contain smaller geographic areas or households experiencing significant deprivation or affluence which may to some extent be overlooked in assessing the overall score and ranking for the data zone. Disclosure control methods can also complicate analysis for some the index's indicators because cell values may be suppressed leading to data zones having empty cells.

The overall ranking suggests that all data zones within the Cairngorms National Park are approximately middle-ranking or above (Table 4). Rankings have been coloured according to the quintile²² they fall within (Table 3).

²² Quintiles split the datazones into 5 groups, each containing 20% of Scotland's datazones.



Table 3 Key for colours used to categorise Scottish Index of Multiple Deprivation ranks for data zones covering the Cairngorms National Park as set out in **Error! Reference source not found..**


Colour	Quintile (20%)	Rank		Category
		From	To	
Dark red	1	1	1,395	Most deprived  Least deprived
Red	2	1,396	2,790	
Ochre	3	2,791	4,185	
Green	4	4,186	5,580	
Dark green	5	5,581	6,976	



Table 4 2020 Scottish Index of Multiple Deprivation (SIMD) Rankings for Cairngorms National Park data zones, colour coded by quintile rankings– red being the lowest, followed by pink, white, light blue and dark blue being the highest.

Data zone name	Overall Rank	Domains						
		Income	Employment	Health	Education	Access to Amenities	Crime	Housing ²³
Aviemore Centre East	3377	2744.5	3372	3879	2256	4982	5232	2359.5
Area west and north of Grantown	3447	4142	4705	5797	1813	338	5414	3482
Blair Atholl (part) & Areas to North and East	3503	4452	4633	5333	4247	28	6489	3156
Area including Strathdon and Cock Bridge	3509	4251	3932	6269	4192	100	5333	4152
Tomintoul and Surrounding Areas	3960	4344	4950	6155	3219	269	5562	5038

²³ Housing domain based on overcrowding and absence of central heating in house, not availability or affordability.



Data zone name	Overall Rank	Domains						
		Income	Employment	Health	Education	Access to Amenities	Crime	Housing ²³
Area South & West of Kingussie	4065	4114.5	6329	6195	4180	166	2893	3367
Newtonmore	4170	3844	4369	3861	3406	2150	6438	3349
Aviemore North and High Burnside	4278	3781	4326.5	5128	3840	2072	4155	2700
Area surrounding Ballater	4447	5998	5116	6551	5235	73	4852	3370
Kingussie North Central and North	4525	4007	3542	4557	3930	5431	5047	2771
Boat of Garten and Area to East	4608	4739	5755	5554	3794	480	6777	3216
Grantown West	4654	3915	4670	4890	3426	3432	4607	4184.5



Data zone name	Overall Rank	Domains						
		Income	Employment	Health	Education	Access to Amenities	Crime	Housing ²³
Area South East and North West of Kincaig	4697	5601	5839	6663	4723	266	2561	3136
Carrbridge and Surrounding Areas	4756	4957	5296	6093	4524	712	3574	3417
Area North East and South East of Grantown	4767	5691	5983	6502	3923	245	4988	3989
Nethy Bridge and Surrounding Areas	4784	5119	5677	6443	5346	292	6494	1576.5
Ballater North Central and North East	4871	4439	3611	5148	3881	6322	5542	2500.5
Aviemore Centre South and West	4873	4727	4919.5	5567	2943	4852	2054	2133
Kingussie South Central and West	4885	3902.5	4114.5	4997	4855	6182	2777	4502



Data zone name	Overall Rank	Domains						
		Income	Employment	Health	Education	Access to Amenities	Crime	Housing ²³
Aviemore East, Glenmore and surrounding areas	4917	5513	5217	6327	4740	644	4115.5	2603
Grantown North and Central	4936	4002	4897	3878	3756	6419	4269	4423.5
Grantown South and Central	5482	4441.5	5277.5	4306	5104	5639	6048	2240
Braemar and Surrounding Areas	5949	5376.5	6481	6775	5061	1637	5410	5323
Ballater South Central and South West	6040	4794	5637	5611	5134	6206	5309	3731



The only data zone domain rankings that fall within the 'most deprived' category are for access to amenities – while this is an issue particularly for households with limited access to a car and with regards to carbon emissions, larger average distances to amenities can be expected for a predominantly rural area. It should also be noted that 10% of this ranking is weighted against access to superfast broadband (an additional indicator added to the 2020 Scottish Index of Multiple Deprivation).

As the scores are ranks, they do not indicate the degree of difference between data zones. For example, while in the data zone for 'Aviemore Centre East' it is recorded that 13% of households are classed as income deprived (Highest value in the National Park) it may at first appear alarming when some other data zones, nationally, have scores of 1%. However, it should be noted that this is much less significant than in a substantial number of inner-city data zones which have over 40% of households classed as income deprived.

Scottish Index Multiple of Deprivation health domain

In terms of the health domain rankings for the Cairngorms National Park (Figure 31), none of the areas fall within the lowest two quintiles (Table 4). The Healthcare domain score is derived from the following seven indicators:

- Standardised mortality ratio. Data sourced from the National Records of Scotland, 2014 – 2015 to 2017 – 2018 (2020 weighting to overall domain = 0.06) (Figure 32).
- Hospital stays related to alcohol use: standardised ratio²⁴ (Information Services Division), 2014 – 2015 to 2017 – 2018 (2020 weighting to overall domain = 0.08) (Figure 33).
- Hospital stays related to drug use: standardised ratio (Information Services Division), 2014 – 2015 to 2017 – 2018 (2020 weighting to overall domain = 0.07) (Figure 34).
- Comparative illness factor: standardised ratio DWP25, Aug 2017 (2020 weighting to overall domain = 0.46) (Figure 35).
- Emergency stays in hospital: standardised ratio (Information Services Division), 2014 – 2015 to 2017 – 2018 (2020 weighting to overall domain = 0.19) (Figure 36)

²⁴ Five of the seven indicators in the health domain are indirectly standardised ratios. The aim of standardisation is to provide a summary 'adjusted' rate to take into account underlying differences (for example age, sex, deprivation) of a study population relative to a 'reference' population. Indirect age-sex standardisation is based on a comparison of observed to expected numbers of events or cases, achieved by applying age-specific rates from a 'standard population' to the population of interest. For example, if the study population is within a data zone of residence, then the standard population might be taken as Scotland. For more information on direct and indirect standardisation techniques please refer to the NHS guidance - <https://www.scotpho.org.uk/media/1400/phi-standardisation-guidance-v21.docx>.

²⁵ Data from the Department of Works and Pensions.



- Proportion of population being prescribed drugs for anxiety, depression or psychosis (2020 weighting to overall domain = 0.13) (Figure 27).
- Proportion of live singleton births of low-birth-weight (Information Services Division), 2014 – 2015 to 2017 – 2018 (2020 weighting to overall domain = 0.01) (Figure 31).

SIMD 2020 health rank decile

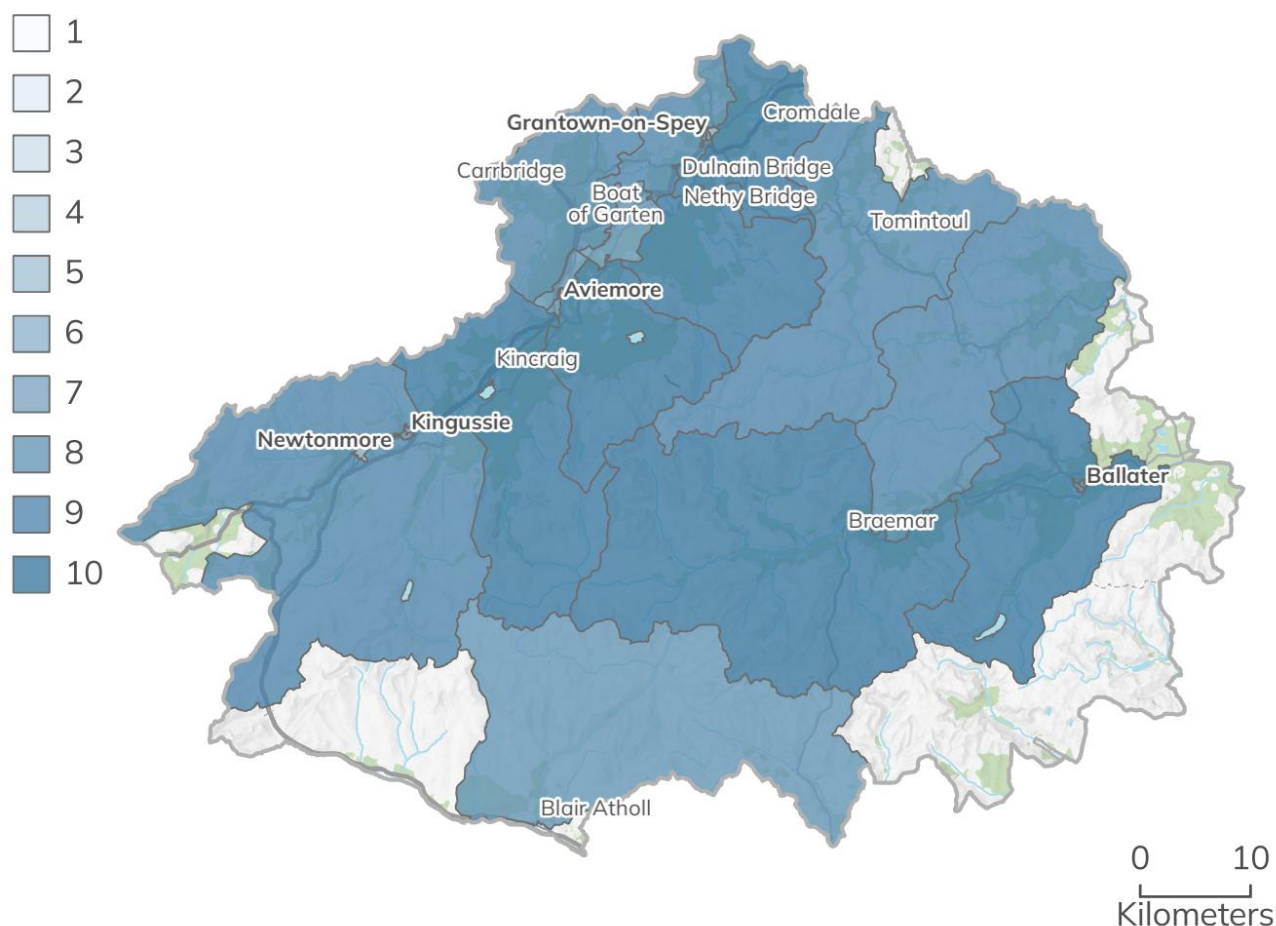


Figure 31 2020 Scottish Index of Multiple Deprivation (SIMD) Health domain rankings for the Cairngorms National Park data zones. Reproduced by permission of Ordnance Survey on behalf of His Majesty's Stationery Office. © Crown copyright and database right 2025. All rights reserved. Ordnance Survey Licence number AC0000821810, Cairngorms National Park Authority.

Indirectly standardised ratios have limitations for drawing comparisons. In comparing one data zone between different index releases, if it had a ratio of 100 in 2016 and 110 in 2020, you could say that the figure for that data zone has got worse relative to Scotland. However, you cannot say whether the data zone has actually worsened – only that it has worsened relative to Scotland. In comparing two data zones for the same release (e.g. SIMD 2020), if one data zone had a ratio of 110 and another a ratio of 115, you could say that the figures for both data zones are worse than the Scottish average



(100). However, for statistical reasons, you cannot say that the data zone with the ratio of 115 is worse than the one with the ratio of 110.

Standardised mortality ratio

Standardised mortality ratio is an indicator that provides the indirectly age-sex standardised ratio for deaths of all ages registered from all causes. Data is standardised by five-year age band and sex. It is calculated using the National Records of Scotland mid-year population estimates and mortality information. For each data zone, the sum of observed all-cause deaths by sex and five-year age band was divided by the corresponding sum of expected deaths. For further details, please see methodology section (2.3) of the index's 2006 technical report²⁶.

²⁶ <https://www.gov.scot/publications/scottish-index-multiple-deprivation-2006-technical-report/>



Standard mortality ratio

- ☐ Better than Scottish average
- ☒ Worse than Scottish average

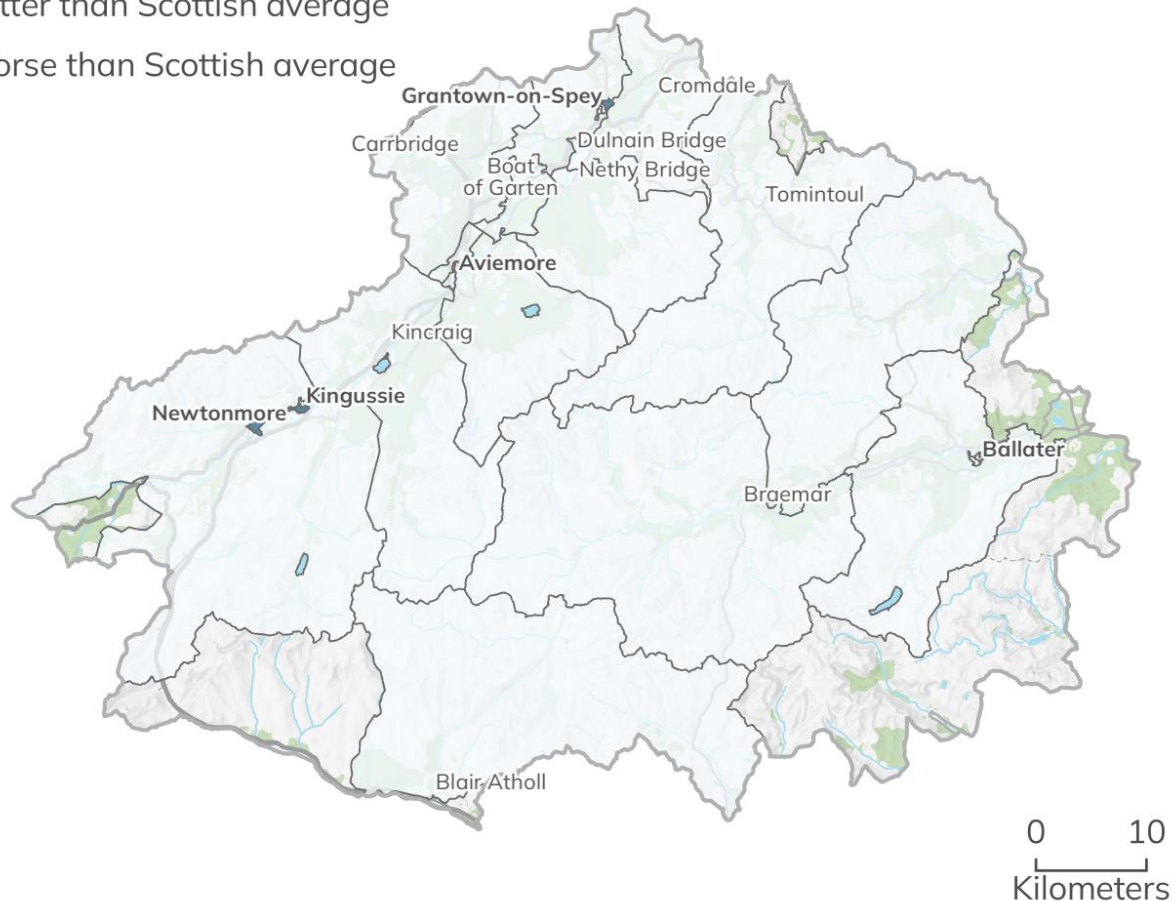


Figure 32 Standardised mortality ratio, mortality per 100,000 people. Data sourced from the National Records of Scotland, 2014 – 2015 to 2017 – 2018 (2020 weighting to overall domain = 0.06). Reproduced by permission of Ordnance Survey on behalf of His Majesty's Stationery Office. © Crown copyright and database right 2025. All rights reserved. Ordnance Survey Licence number AC0000821810, Cairngorms National Park Authority.

Figure 32 shows that in the National Park in terms of the standardised mortality ratio, mortality per 100,000 people, only three areas are worse than the national average. They are the data zones covering Newtonmore (S01010531), part of Kingussie (S01010533) and part of Granttown-on-Spey (S01010546).



Hospital stays related to alcohol use standardised ratio

- ☐ Better than Scottish average
- ☒ Worse than Scottish average

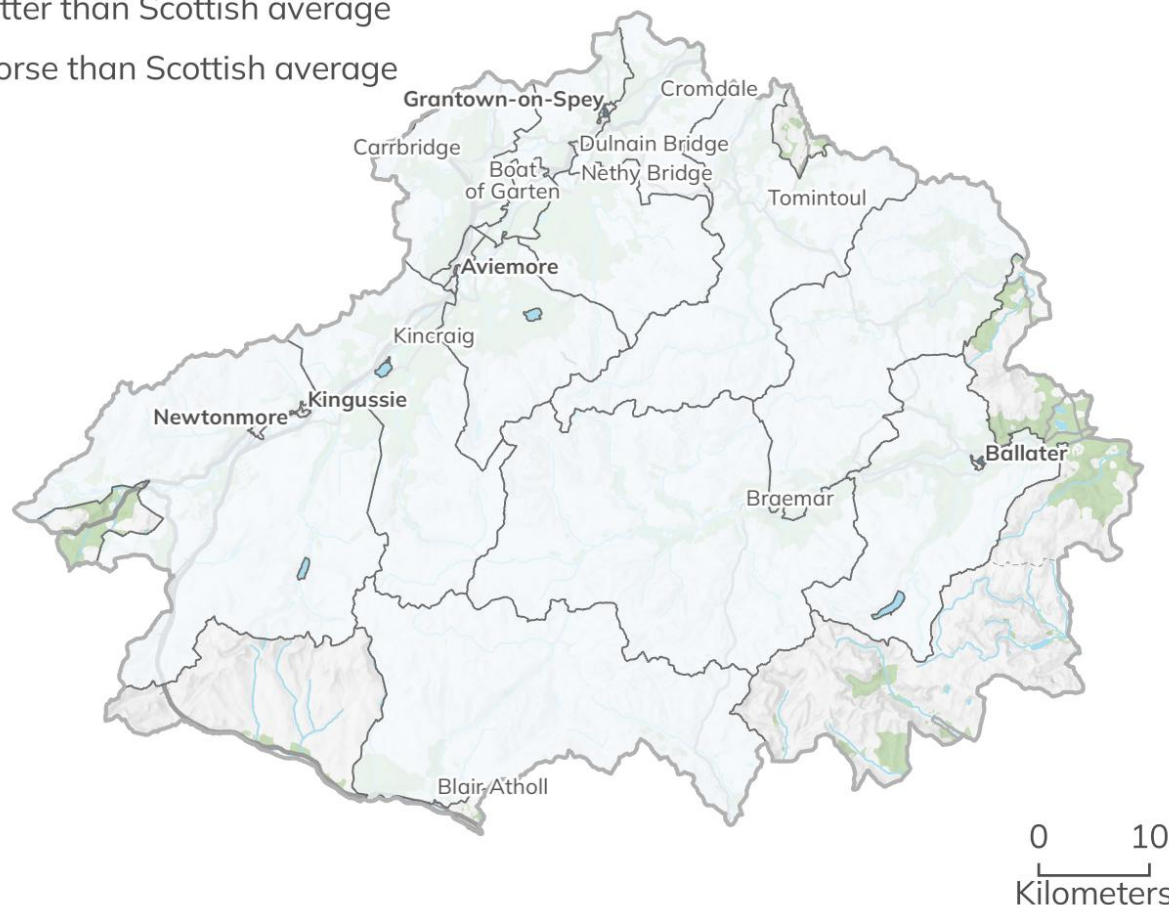


Figure 33 Hospital stays related to alcohol use per 100,000 people: standardised ratio ISD, 2014 – 2015 to 2017– 2018 (2020 weighting to overall domain = 0.08). Reproduced by permission of Ordnance Survey on behalf of His Majesty's Stationery Office. © Crown copyright and database right 2025. All rights reserved. Ordnance Survey Licence number AC0000821810, Cairngorms National Park Authority.

In terms of hospital stays related to alcohol use per 100,000 people, Figure 33 **Error! Reference source not found.** shows that only two data zones in the National Park are worse than the national average, they are areas in Granttown-on-Spey (S01010545) and part of Ballater (S01006790).



Hospital stays related to drug use standardised ratio

- ☐ Better than Scottish average
- ☒ Worse than Scottish average

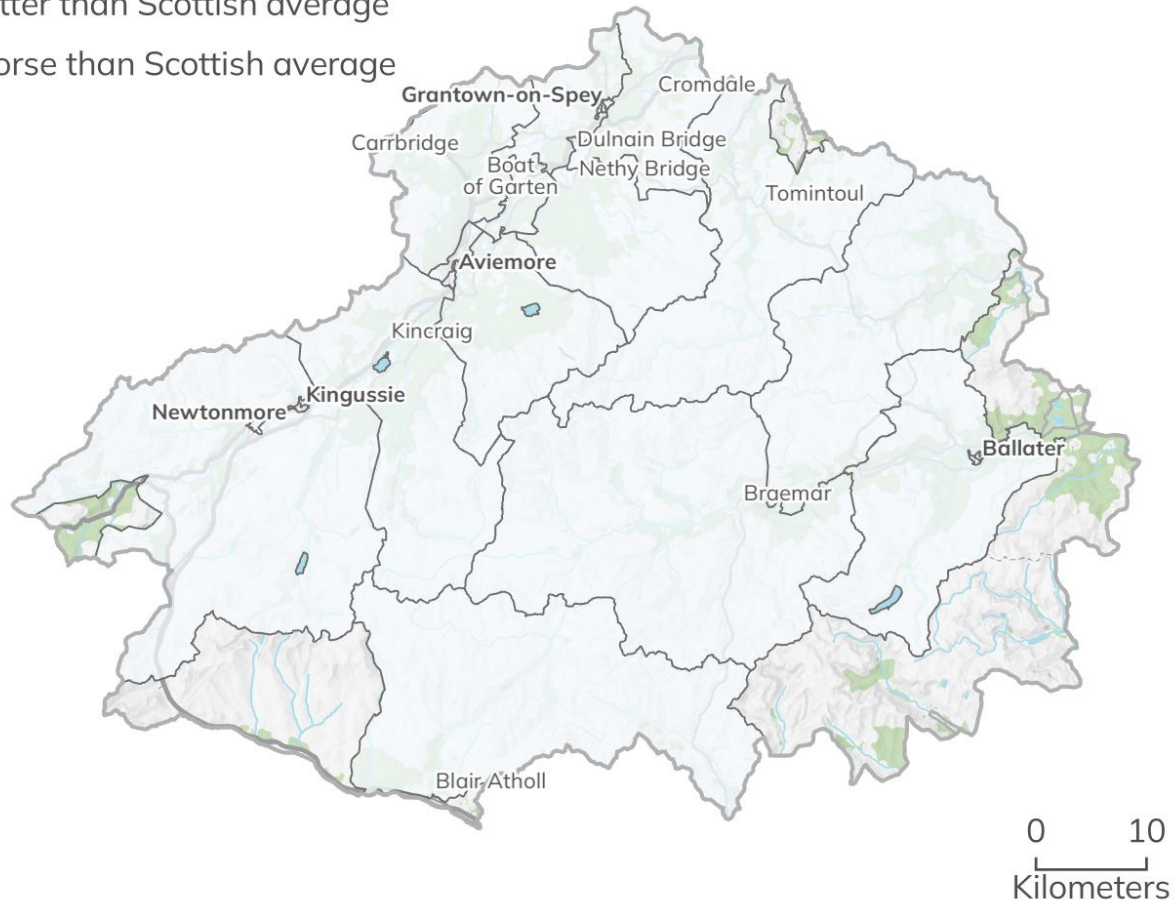


Figure 34 Hospital stays related to drug use per 100,000 people: standardised ratio (Information Services Division), 2014 – 2015 to 2017 – 2018 (2020 weighting to overall domain = 0.07). Reproduced by permission of Ordnance Survey on behalf of His Majesty's Stationery Office. © Crown copyright and database right 2025. All rights reserved. Ordnance Survey Licence number AC0000821810, Cairngorms National Park Authority.

In terms of hospital stays related to drug use, all the areas / data zones in the Cairngorms National Park are better than the Scottish average (Figure 35).



Comparative illness factor standardised ratio

- ☐ Better than Scottish average
- ☒ Equal to Scottish average

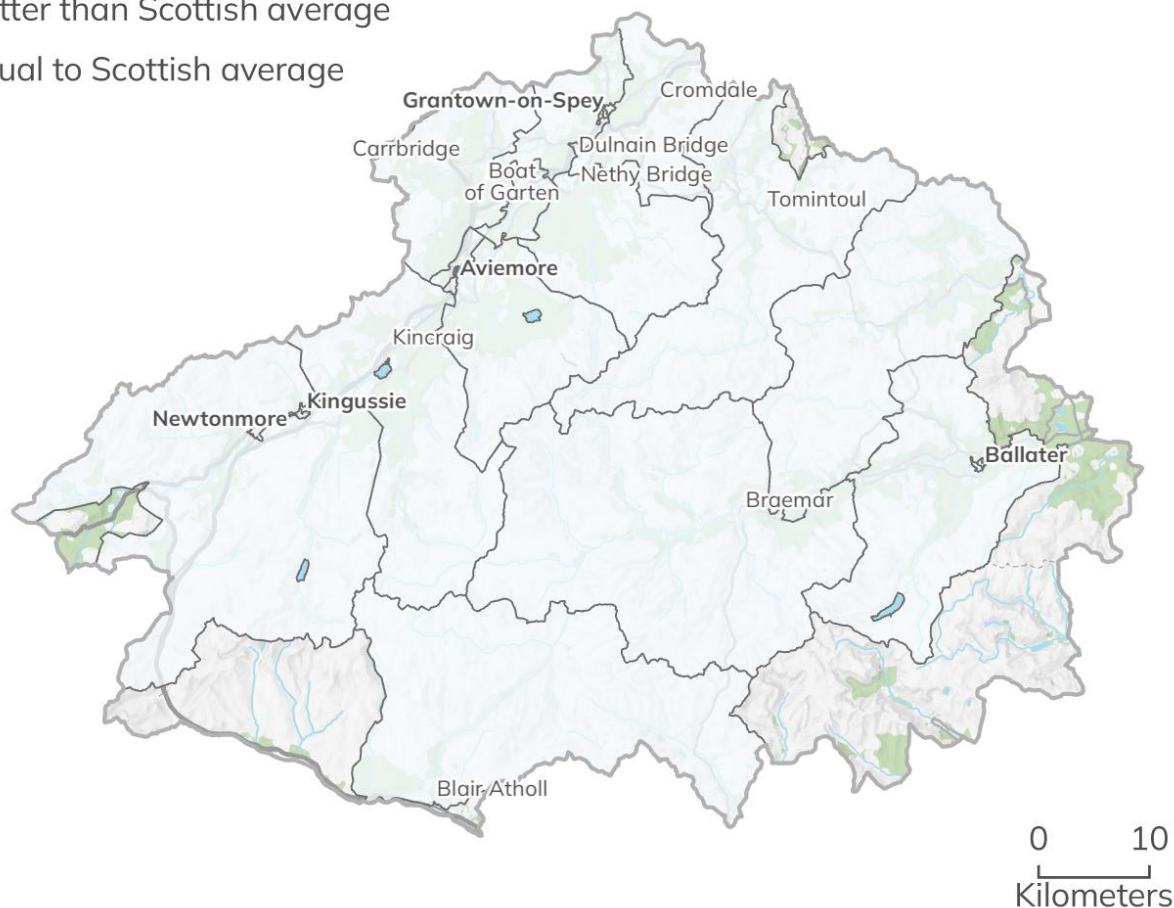


Figure 35 Comparative illness factor: standardised ratio (per 100,000 people) DWP, Aug 2017 (2020 weighting to overall domain = 0.46). Reproduced by permission of Ordnance Survey on behalf of His Majesty's Stationery Office. © Crown copyright and database right 2025. All rights reserved. Ordnance Survey Licence number AC0000821810, Cairngorms National Park Authority.

In relation to Comparative illness factor: standardised ratio DWP, the only area in the National Park worse than the Scottish average is a data zone in Aviemore (S01010536) (Figure 35Error! Reference source not found.).

In relation to emergency stays in hospital all areas in the Cairngorms National Park are better than the Scottish average (Figure 36).



Emergency stays in hospital standardised ratio

- ☐ Better than Scottish average
- ☒ Worse than Scottish average

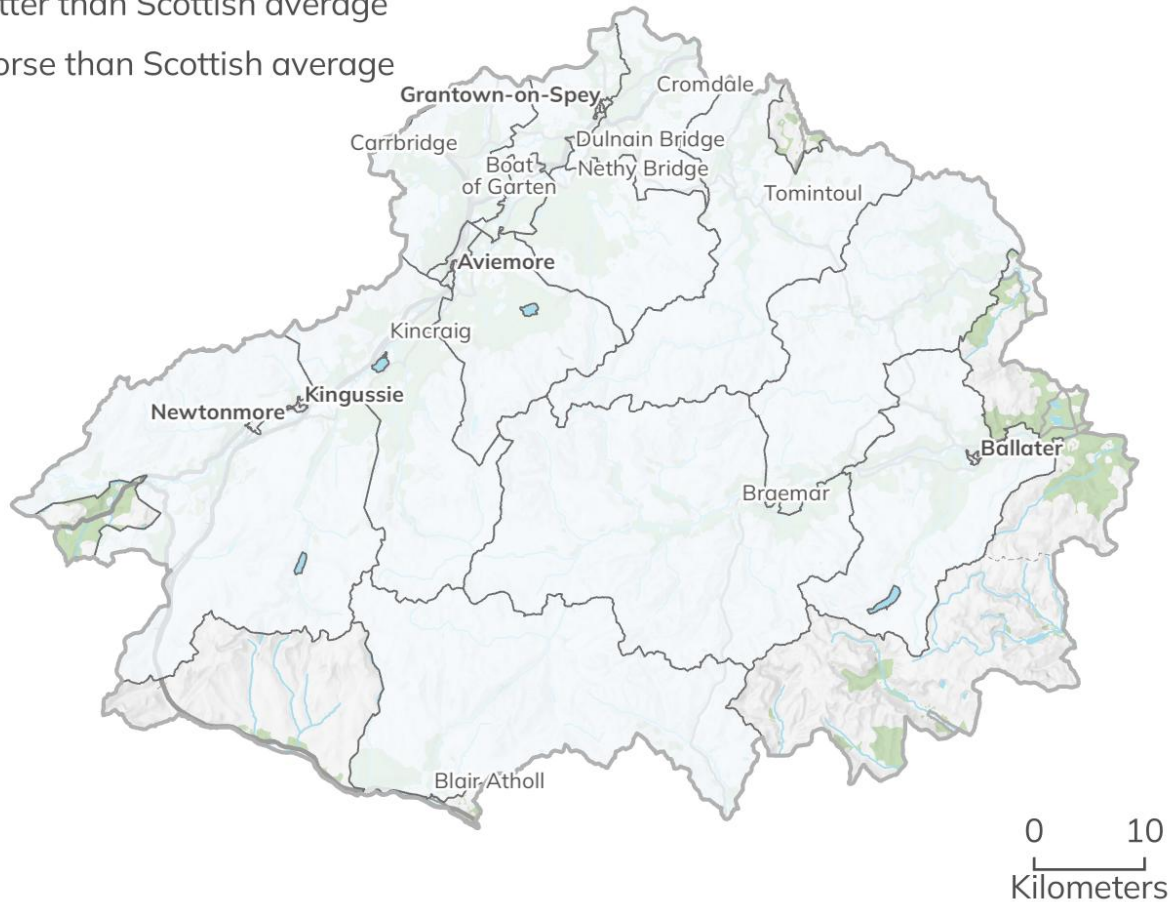


Figure 36 Emergency stays in hospital: standardised ratio (Information Services Division), 2014 – 2015 to 2017 – 2018 (2020 weighting to overall domain = 0.19). Reproduced by permission of Ordnance Survey on behalf of His Majesty's Stationery Office. © Crown copyright and database right 2025. All rights reserved. Ordnance Survey Licence number AC0000821810, Cairngorms National Park Authority.



Proportion of live singleton births of low birth weight

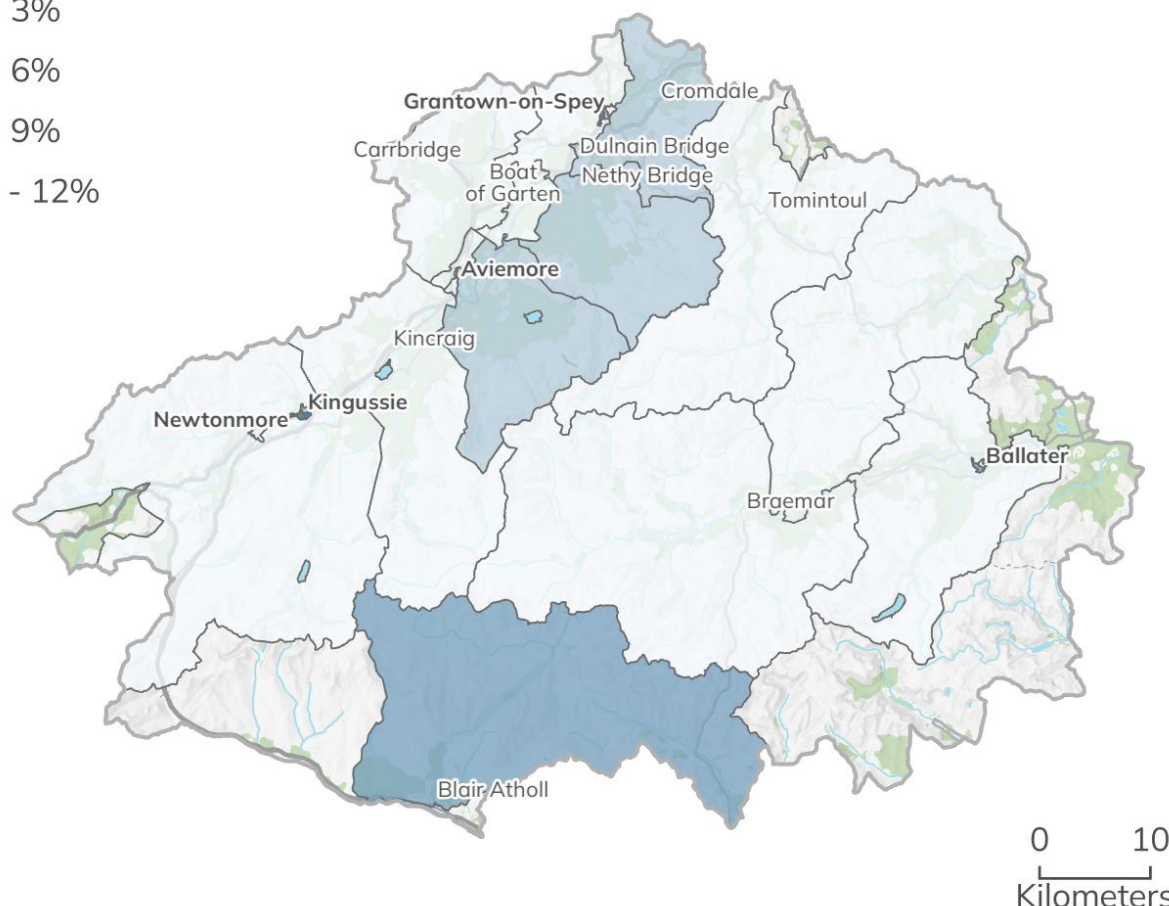
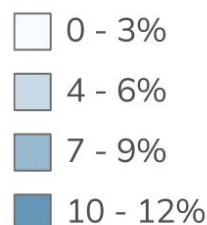


Figure 37 Proportion of live singleton births of low-birthweight (Information Services Division, 2014 – 2015 to 2017 – 2018 (2020 weighting to overall domain = 0.01). Reproduced by permission of Ordnance Survey on behalf of His Majesty's Stationery Office. © Crown copyright and database right 2025. All rights reserved. Ordnance Survey Licence number AC0000821810, Cairngorms National Park Authority.

Nationally, in 2020, 7.5% of live singleton births in the most deprived areas were recorded as low birthweight, this compared to 4.2% in the least deprived areas²⁷. Figure 37 shows the proportion of live singleton births of low birth weight in the Cairngorms National Park, broken down by data zone. The areas with over 4% of live singleton births recorded as low birthweight included part of Granttown-on-Spey (S01010544), part of Ballater (S01006789), part of Kingussie (S010105330, Nethy Bridge and surrounding area (S01010544) and the Perth and Kinross area of the National Park.

²⁷ Long-term monitoring of health inequalities: March 2022 report, Scottish Government



Access to health care





Limited public transport options can hinder access to healthcare, especially for those without private vehicles. Although access to amenities is covered in the sustainable transport evidence paper²⁸, two indicators are particularly relevant to the subject of health, namely the drive times to a GP and public transport journey times to a GP.

For the majority of people (79.8%) in the Cairngorms National Park the drive time (by private vehicle) to access GP services is less than 10 minutes (Figure 38 and Figure 39). This increases to up to approximately 13 minutes for a further 15% (2,850 people) of the population of the National Park. Only one data zone, covering Blair Atholl, Strathardle and Glenshee (comprising of around 900 people), has average drive times just over 15 minutes, recorded at 16.6 minutes (Figure 39).

²⁸ See <https://cairngorms.co.uk/wp-content/uploads/2024/11/Topic-Paper-Sustainable-transport-Engagement-version.pdf>



Drive time to GP

-  0 - 5 minutes
-  5 - 10 minutes
-  10 - 15 minutes
-  15 - 20 minutes

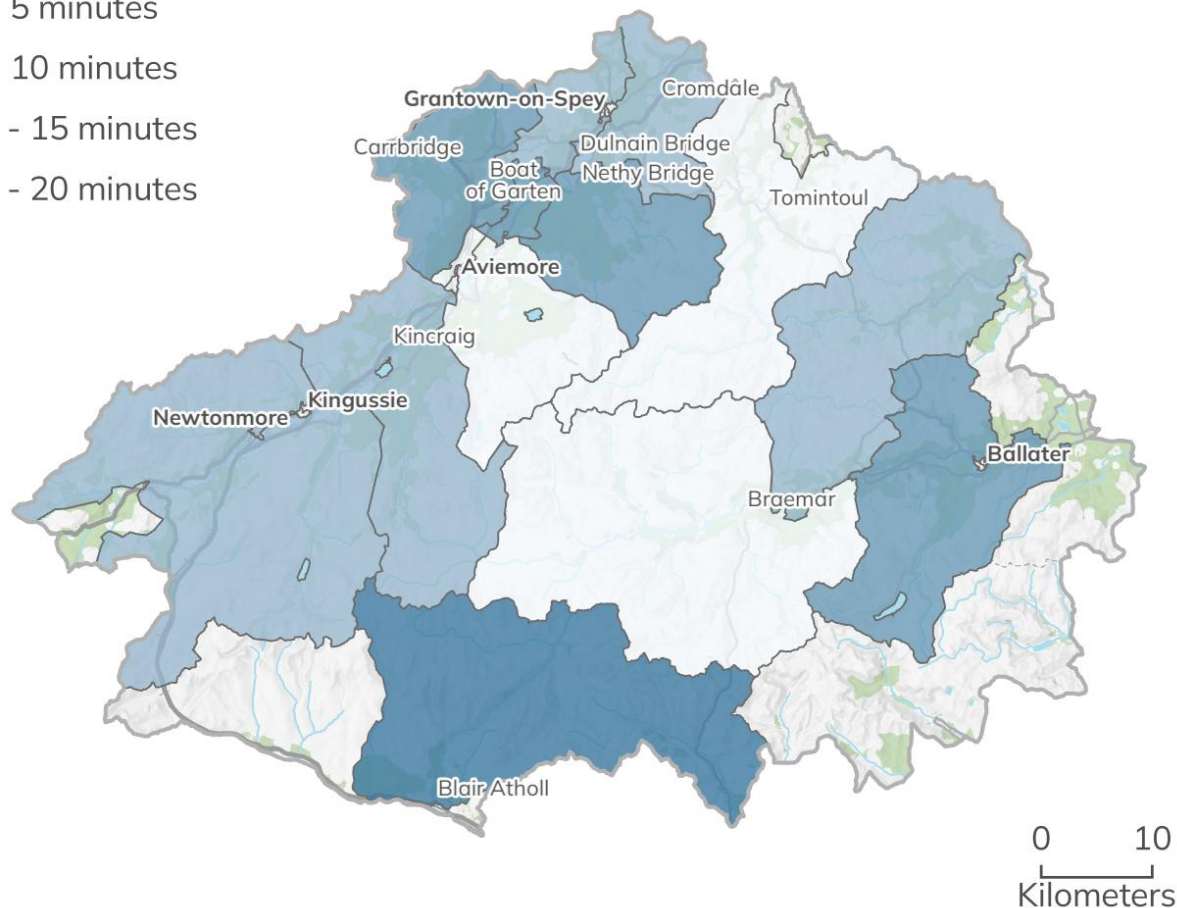


Figure 38 Average drive times to a GP surgery (SIMD 2020). Reproduced by permission of Ordnance Survey on behalf of His Majesty's Stationery Office. © Crown copyright and database right 2025. All rights reserved. Ordnance Survey Licence number AC0000821810, Cairngorms National Park Authority.

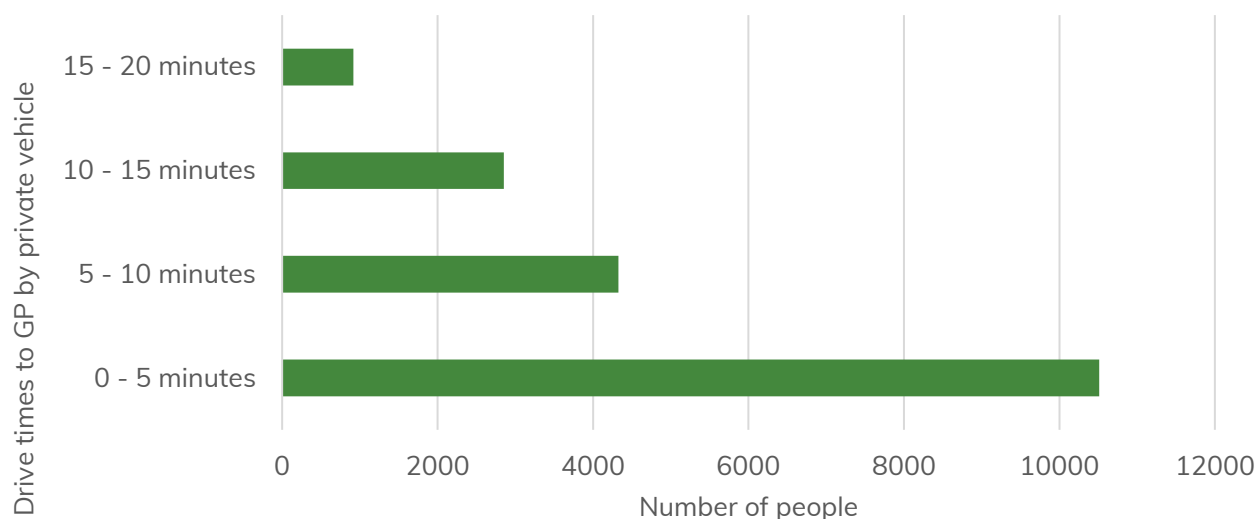


Figure 39 Population distribution by average drive time (minutes) to a GP surgery (SIMD, 2020). To maintain consistency with SIMD data, population data is based on 2020 mid-year estimates.

Figure 40 and Figure 41 show the journey times to access GP services using public transport. For around 11,600 people (62.5%) in the National Park this would be between 5 and 15 minutes. For around 6,000 people (32.6%) this increases to between 15 and 29 minutes. The area with the longest journey time by public transport mirrors the longest drive time by private vehicle, is experienced by people living in the area covering Blair Atholl, Strathardle and Glenshee (representing around 900 people) where journey times are recorded reported at an average of 36.1 minutes.



Public transport to GP

-  5 - 10 minutes
-  11 - 15 minutes
-  16 - 20 minutes
-  21 - 25 minutes
-  26 - 30 minutes
-  31 - 35 minutes
-  36 - 40 minutes

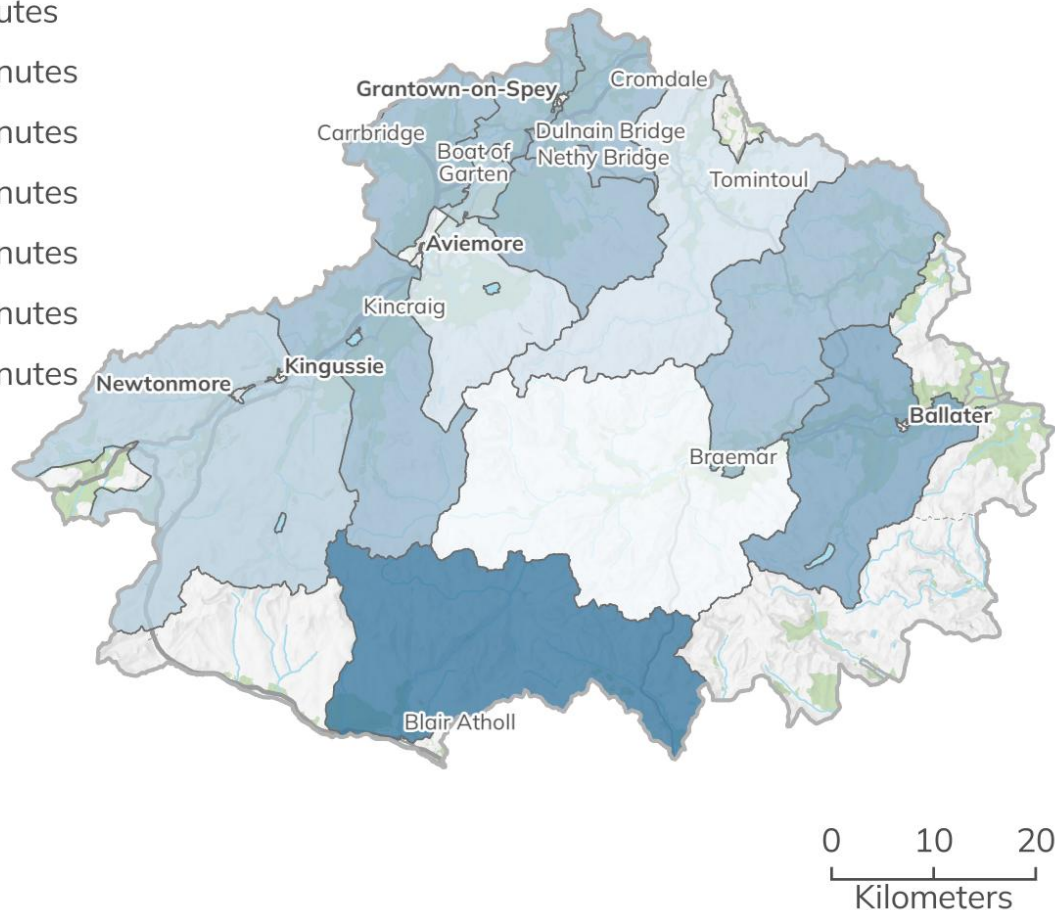


Figure 40 Average travel times to a GP surgery by public transport (SIMD 2020). Reproduced by permission of Ordnance Survey on behalf of His Majesty's Stationery Office. © Crown copyright and database right 2025. All rights reserved. Ordnance Survey Licence number AC0000821810, Cairngorms National Park Authority.

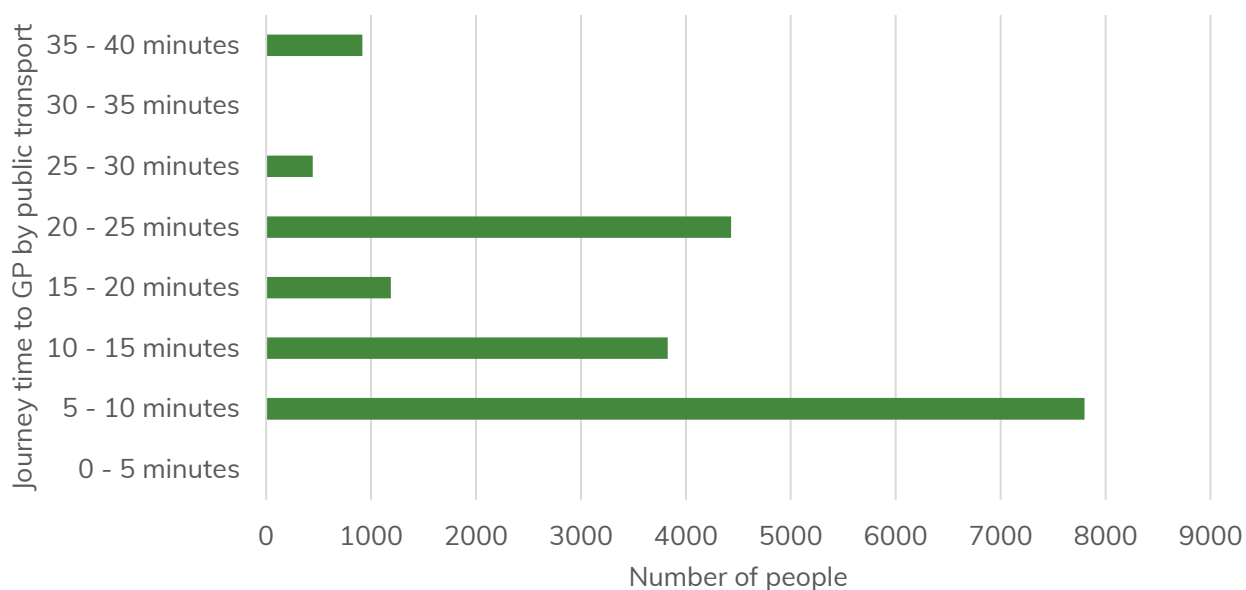


Figure 41 Population distribution by average journey time by public transport (minutes) to a GP surgery (SIMD, 2020). To maintain consistency with SIMD data, population data is based on 2020 mid-year estimates.

Healthcare management and infrastructure

National Health Service (NHS) healthcare in the National Park is managed by the three health boards that cover the National Park area, namely, NHS Tayside, NHS Highland and NHS Highland (Figure 42). Each health board submits a director of public health annual report which provides up to date information on the services delivered in the respective health board areas. At a regional planning level, there is the North East Partnership Group comprising of the chief executives of NHS Grampian, Tayside, Highland, Shetland, Orkney and Western Isles and the chief executives of the respective local authority areas.

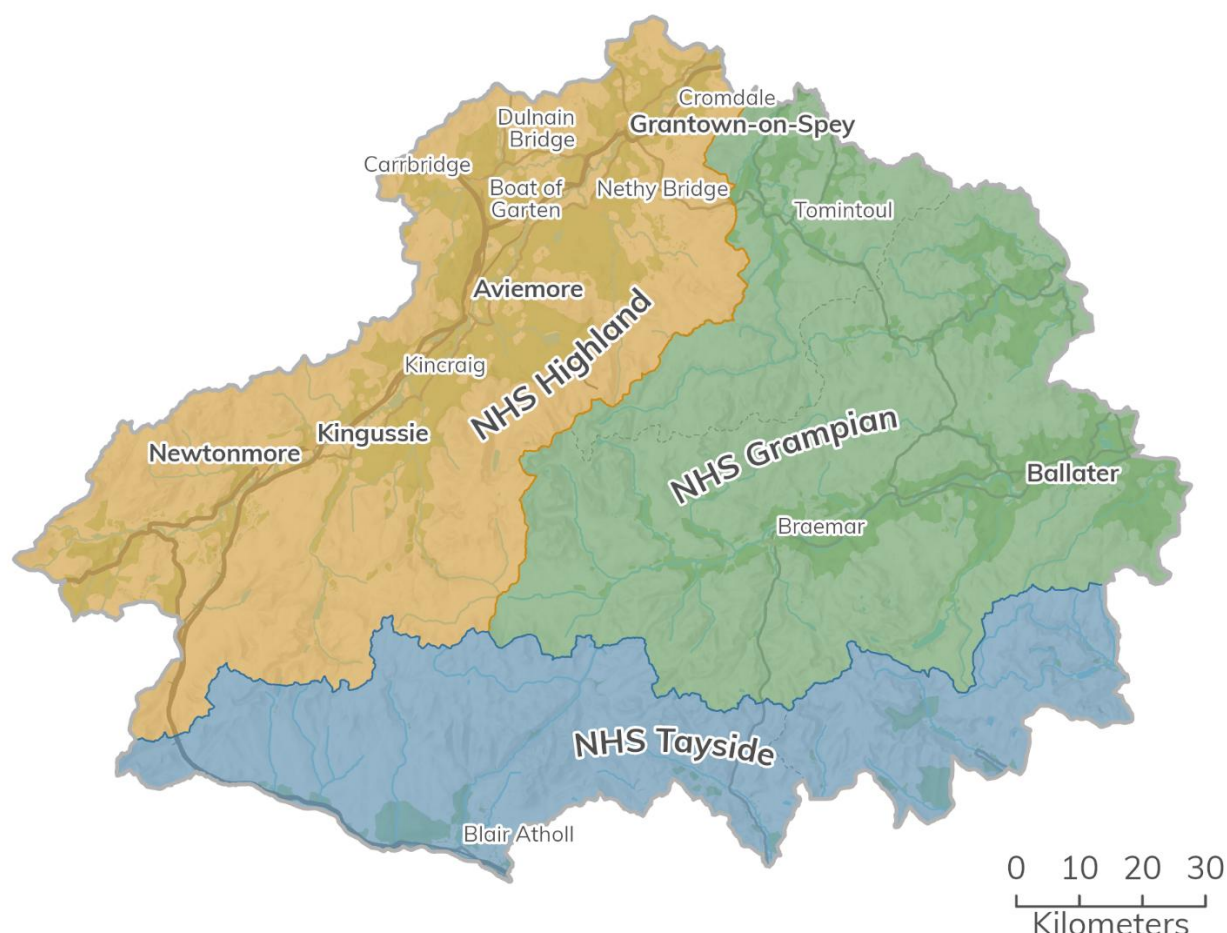


Figure 42 Map of the NHS health Boards covering the geography of the Cairngorms National Park. Reproduced by permission of Ordnance Survey on behalf of His Majesty's Stationery Office. © Crown copyright and database right 2025. All rights reserved. Ordnance Survey Licence number AC0000821810, Cairngorms National Park Authority.

The NHS health boards continually monitor the capacity of facilities through patient registration and space requirements (set out in the Scottish Government Premises Directions²⁹ and Scottish Health Planning Notes³⁰ to determine whether existing facilities require expansion or new facilities are needed to cope with increased demand from new development. It is important to note that the floorspace allowances within the Premises Directions do not take account of all the additional services the practices are expected to provide in accord with the 2018 General Medical Services (GMS) Contract³¹.

²⁹ GP Premises Direction Guidance Note Annexe 1 and Premises Direction 2004: GP Unit Sizes

³⁰ Scottish Health Planning Notes 36 Part 1 General Medical Practice Premises, Scottish Health Planning Notes 36 Part 2 NHS Dental Premises and Scottish Health Planning Notes 36 Part 3 Community Pharmacies.

³¹ 2018 General Medical Services Contract in Scotland.



NHS Tayside

NHS Tayside is responsible for commissioning and improving health care services for the residents in the geographical local government areas of Angus, Dundee City and Perth and Kinross, whilst also providing services to the North-East of Fife. The areas in the National Park covered by NHS Tayside are the areas in the Perth and Kinross and Angus local authority areas.

The Director of Public Health Annual Report for NHS Tayside³², for 2024 / 2025 gives an overview of the health care landscape at a regional level. Some key statistics from the report are outlined below:

- The current total Tayside population is 414,130, with 151,120 people (36%) living in Perth & Kinross and 114,660 (28%) in Angus.
- The number of people aged over 75 years in Tayside is expected to increase by 24% between 2018 and 2028.
- Premature mortality in Tayside is three times greater in the most deprived areas than in the least deprived areas. Drug and alcohol-related deaths and suicide disproportionately impact people in the most deprived areas of Tayside.
- The suicide rate in Tayside is higher than the national average. There has been a general increase in suicides for both males and females in Tayside over the last 10 years.
- Over a fifth of the Tayside population is prescribed drugs for anxiety, depression or psychosis.
- Around one in every four households in Angus and Perth and Kinross live in fuel poverty. 22% of Angus, and 18% of Perth and Kinross's children live in poverty.
- Two thirds of adults in Tayside are meeting physical activity guidelines, however, this varies considerably by sex, area and deprivation.
- Fewer than one third of the Tayside population are of healthy weight, with this proportion being lower in males than females and for people living in more deprived areas.

Within the National Park and the NHS Tayside region are the Angus Health and Social Care and the Perth and Kinross Health and Social Care Partnerships.

³² See

https://www.nhstaysidecdn.scot.nhs.uk/NHSTaysideWeb/idcplg?IdcService=GET_SECURE_FILE&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1&dDocName=prod_370969



Angus Health and Social Care Partnership

Angus Health and Social Care Partnership (Angus HSCP) formally came into existence in April 2016. Angus Health and Social Care Partnership (Figure 43) is responsible for the delivery of social care and community-based health services for all adults in Angus. The Angus Integration Joint Board (IJB)³³ – the Partnership's board of governance, strategy and scrutiny – became responsible for its delegated health and social care functions at the same time.

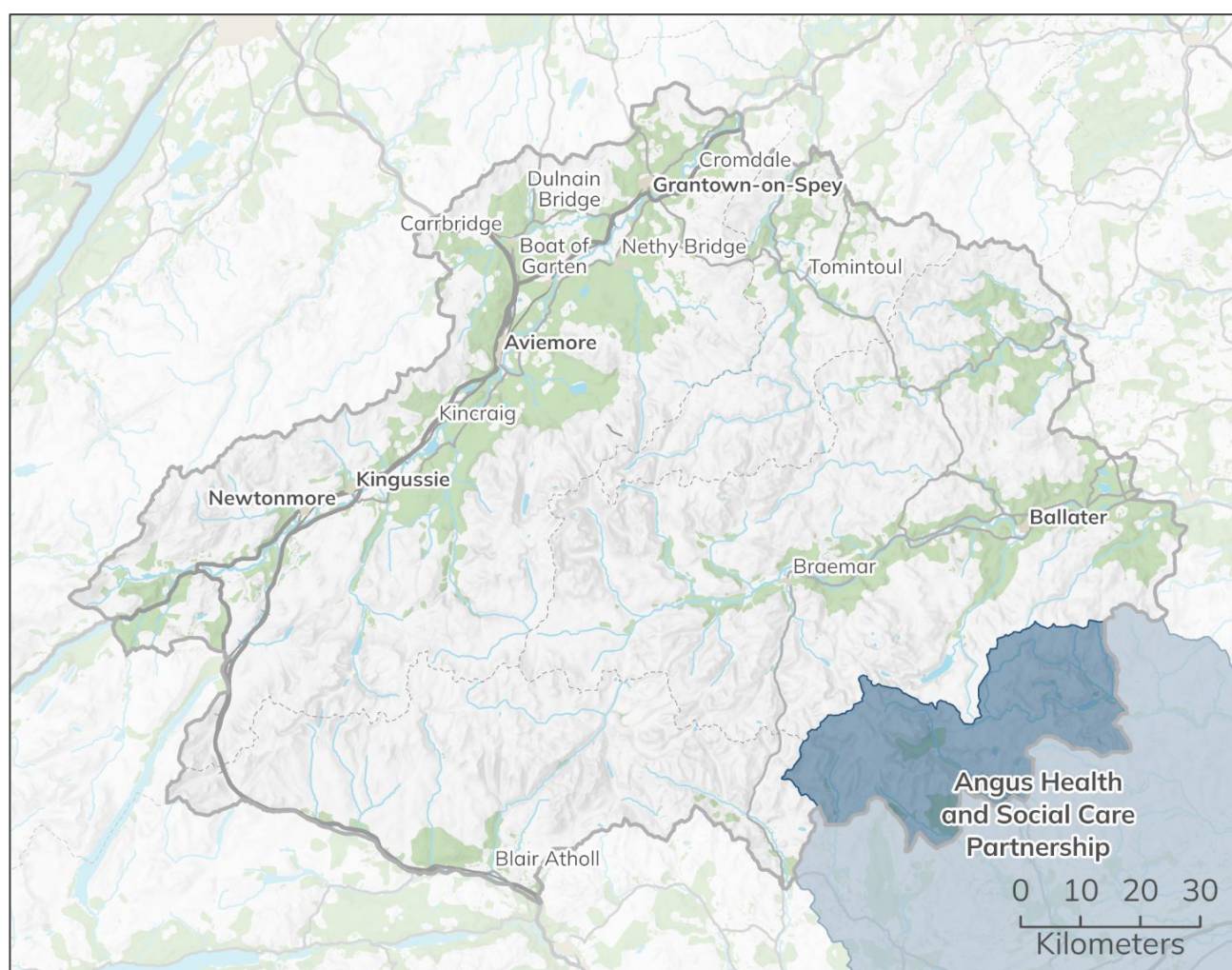


Figure 43 Map showing the Angus Health and Social Care Partnership area in the Cairngorms National Park. Reproduced by permission of Ordnance Survey on behalf of His Majesty's Stationery Office. © Crown copyright and database right 2025. All rights reserved. Ordnance Survey Licence number AC0000821810, Cairngorms National Park Authority.

The Angus Integration Joint Board (AIJB) was established in April 2016 in response to The Public Bodies (Joint Working) (Scotland) Act 2014. The Public Bodies (Joint

³³ <https://www.angushscp.scot/angus-integration-joint-board/>



Working) (Scotland) Act 2014 requires NHS boards and local authorities to integrate planning for, and delivery of, certain adult health and social care services. The Integration Joint Board is responsible for strategic planning of these delegated functions and resources. This means that all decisions about how resources are spent on these services, the policies and the direction of these services is decided by Integration Joint Board.

The Integration Joint Board is also accountable for the governance of the Angus Health and Social Care Partnership. The following services are hosted by Integration Joint Board on behalf of the other Tayside Integration Joint Boards:

- Locality pharmacy.
- Primary care services (excludes the NHS Board administrative, contracting and professional advisory functions)
- GP 'out of hours' service.
- Forensic medicine.
- Continence service.
- Speech and language therapy.

The 2023 – 2024 Annual Performance Report³⁴ for Angus Health and Social Care Partnership provides an update on the progress and performance of the Angus Partnership for the financial year of 2023 – 2024. Some of the key achievements outlined in the Annual Report include:

- Mental Health and Wellbeing Enhanced Community Support Hubs (ECS) available in all four localities.
- Locality Improvement Plans have been reviewed and updated and were published in 2023.
- Nature prescribing launched.

There are two localities in the Angus Health and Social Care Partnership area that overlap the boundary of the Cairngorms National Park, these are the North West and North East localities (Figure 44).

³⁴ https://www.angushscp.scot/wp-content/uploads/2024/08/APR_2023_24_FINAL.pdf

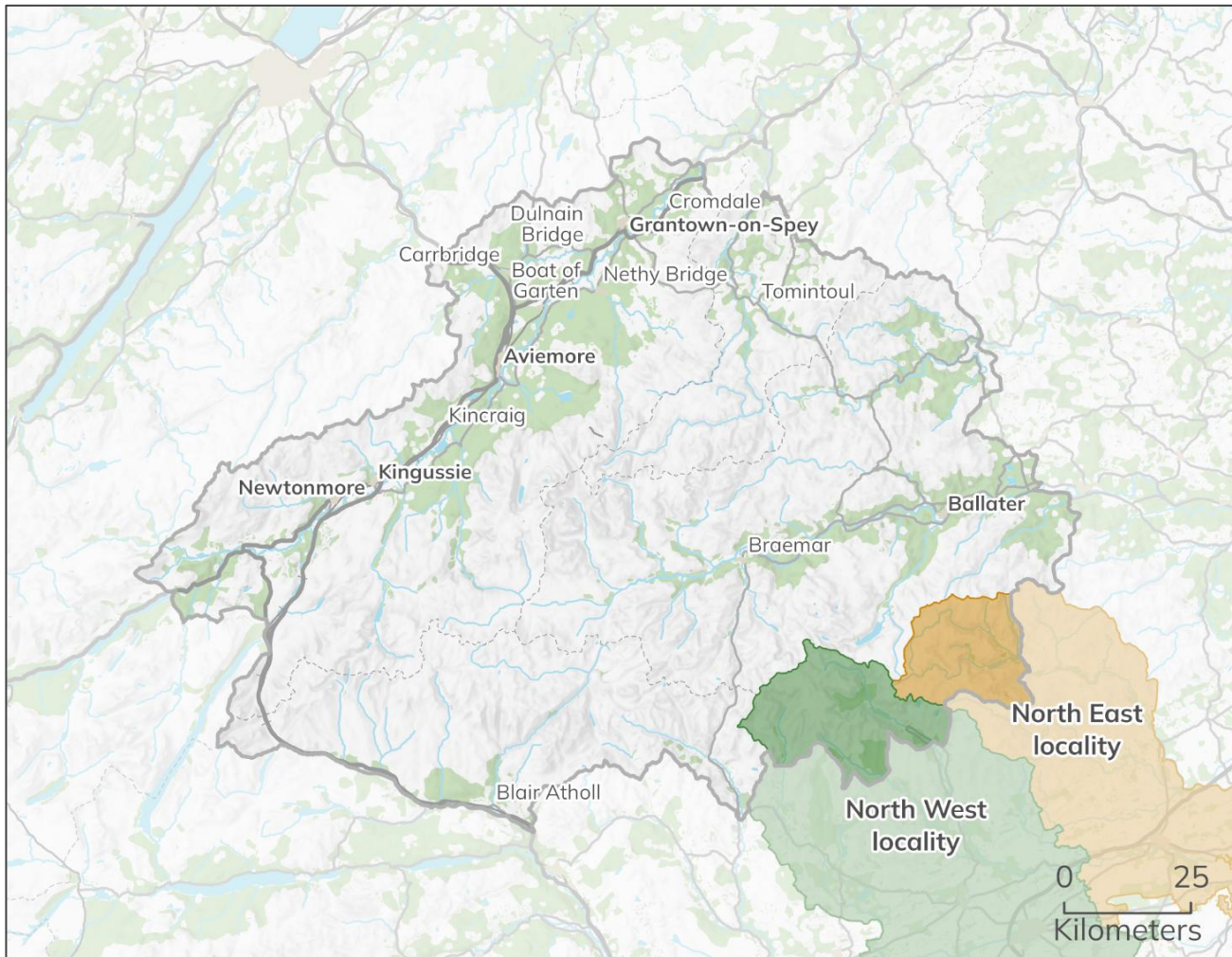


Figure 44 Map showing the North West and North East (Angus) locality health administration areas in the Cairngorms National Park. Reproduced by permission of Ordnance Survey on behalf of His Majesty's Stationery Office. © Crown copyright and database right 2025. All rights reserved. Ordnance Survey Licence number AC0000821810, Cairngorms National Park Authority.

Angus North West Locality

The following area statistics for the North West (Figure 44) are taken from the Scottish Public Health Observatory online profiles, accessed in February 2025 to give a snapshot of the health of the locality:

Male life expectancy at birth in the North West locality is 78.4 years, higher than the Scottish average of 76.5 years. Female life expectancy at birth in North West locality is 82.5 years, higher than the Scottish average of 80.7 years (figures based on a five-year aggregate 2019 to 2023).



The percentage of people in the North West locality prescribed drugs for anxiety, depression or psychosis is 21.5% slightly higher than the National average of 20.9% (2023 / 2024 financial year).

In terms of drug and alcohol abuse, in the locality 16.6 people per 100,000 people (based on 2019 to 2023 calendar years; five-year aggregates) suffered alcohol-specific deaths, below the national rate of 21.8 people per 100,000. There were 381.7 people per 100,000 people alcohol related hospital admissions (age-sex standardised rate per 100,000) for 2023 / 2024 financial year, which is below the national figure of 548.5 people per 100,000. In terms of drug-related hospital admissions, there were 141.1 people per 100,000 (age-sex standardised rate for 2020/21 to 2022/23 financial years; 3-year aggregate) lower again than the national figure of 201.8 people per 100,000 people.

Road traffic casualties in the area at 74.7 people per 100,000 population, higher than the national average of 51 people per 100,000 population (based on a three-year aggregate 2021 to 2023).

Angus North East Locality

The following area statistics for the North East (Figure 44) are taken from the Scottish Public Health Observatory online profiles, accessed in February 2025 to give a snapshot of the health of the locality:

- Male life expectancy at birth in the North East locality is 77.7 years, only slightly higher than the Scottish average of 76.5 years. Female life expectancy at birth in North East locality is 81.6 years, again only slightly higher than the Scottish average of 80.7 years (figures based on a five-year aggregate 2019 to 2023).
- In terms of drug and alcohol abuse, in the locality 27.4 people per 100,000 people (based on 2019 to 2023 calendar years; five-year aggregates) suffered alcohol-specific deaths, above the national rate of 21.8 people per 100,000. There were 574 people per 100,000 people alcohol related hospital admissions (age-sex standardised rate per 100,000) for 2023 / 2024 financial year, which is above the national figure of 548.5 people per 100,000. In terms of drug-related hospital admissions, there were 137.9 people per 100,000 (age-sex standardised rate for 2020/21 to 2022/23 financial years; 3-year aggregate) lower than the national figure of 201.8 people per 100,000 people.



- The percentage of people in the North East locality prescribed drugs for anxiety, depression or psychosis is 22.4% which is higher than the National average of 20.9% (2023 / 2024 financial year)
- Road traffic casualties in the area at 96.7 people per 100,000 population, significantly higher than the national average of 51 people per 100,000 population (based on a three year aggregate 2021 to 2023).

Perth and Kinross Health and Social Care Partnership

The Perth and Kinross Health and Social Care Partnership (Figure 45) is made up of representatives from Perth and Kinross Council, NHS Tayside and other community partners. care services at the same time. The Perth and Kinross Health and Social Care Partnership (HSCP) is responsible for the operational management and performance of integrated services in line with the Integration Joint Board's strategic commissioning plan.

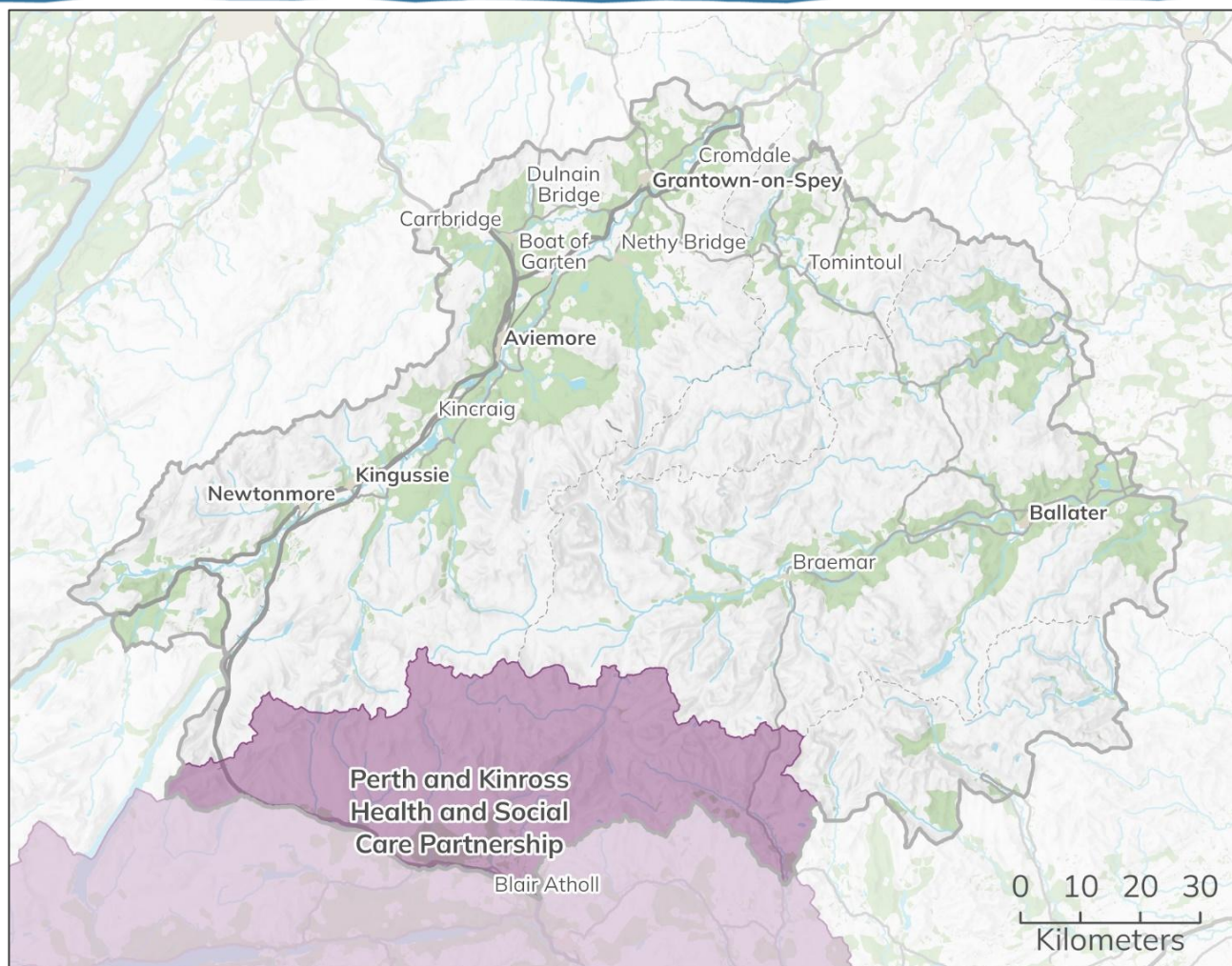


Figure 45 Map showing the Perth and Kinross Health and Social Care Partnership area in the Cairngorms National Park. Reproduced by permission of Ordnance Survey on behalf of His Majesty's Stationery Office. © Crown copyright and database right 2025. All rights reserved. Ordnance Survey Licence number AC0000821810, Cairngorms National Park Authority.

The first Perth and Kinross Integration Scheme³⁵ established a 'body corporate' arrangement, as set out in s1(4)(a) of the Act. This Scheme was produced in 2022 following a review in 2020 / 2021. The Perth and Kinross Integration Joint Board was established in 2016 to improve the wellbeing of people who use health and social care services, in particular those whose needs are complex, requiring support from health and social care services at the same time.

The Perth and Kinross Health and Social Care Partnership is organised into three localities, North Perthshire (Figure 46), South Perthshire and Kinross-shire, and Perth

³⁵ https://www.pk.gov.uk/media/50829/Revised-Perth-and-Kinross-Integration-Scheme-November-2022/pdf/Revised_Perth_and_Kinross_Integration_Scheme_-_26.09.22.pdf?m=1675097234207



City, with North Perthshire, in part, covering part of the area of the Cairngorms National Park.

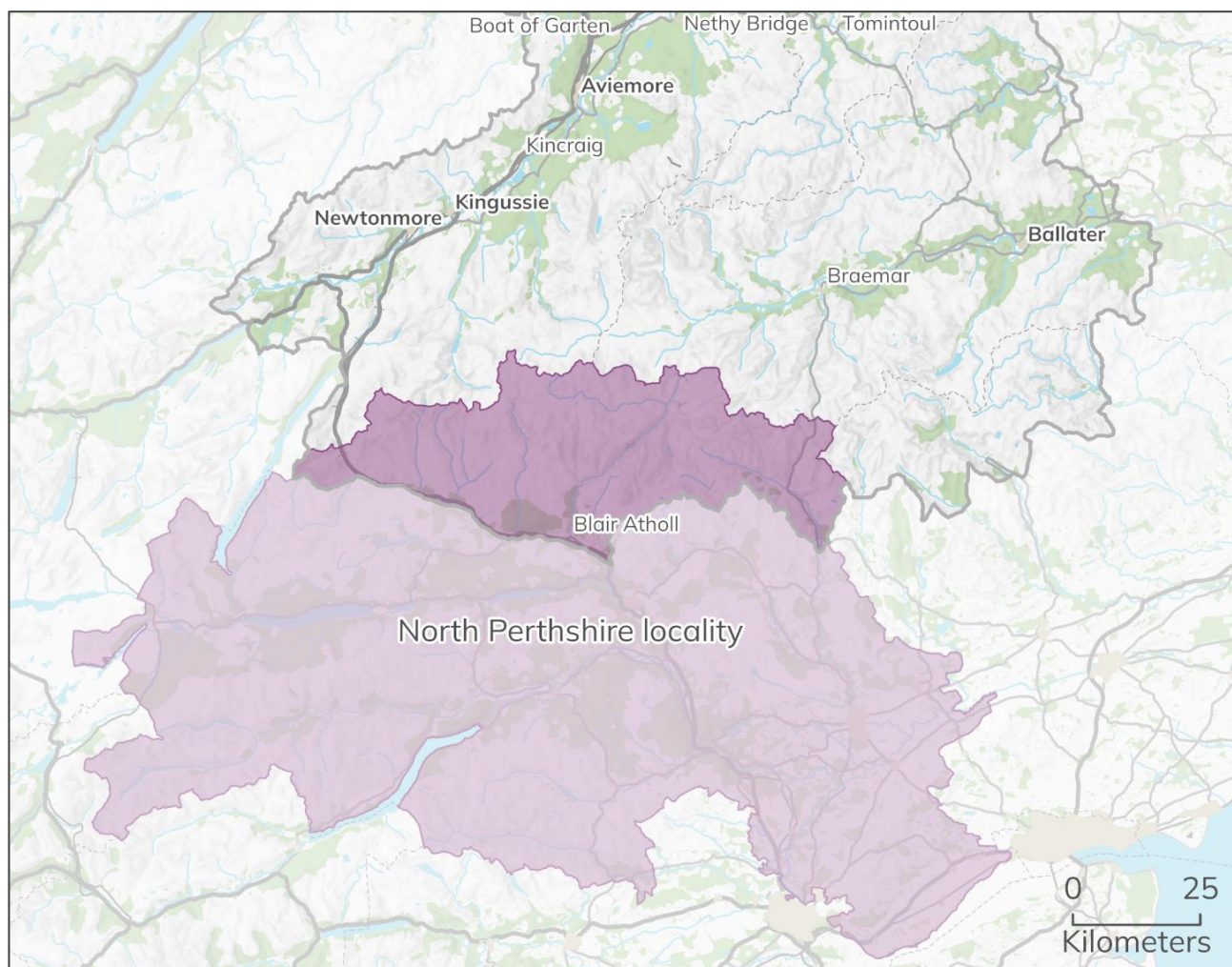


Figure 46 Map showing the North Perthshire locality health administration area in the Cairngorms National Park. Reproduced by permission of Ordnance Survey on behalf of His Majesty's Stationery Office. © Crown copyright and database right 2025. All rights reserved. Ordnance Survey Licence number AC0000821810, Cairngorms National Park Authority.

The most recent publicly available Annual Report³⁶ (2021 / 2022) outlines the specific challenges facing Perth and Kinross given the spread of its population over a large rural area. While the area is the eighth most densely populated local authority area in Scotland, nearly 40% of our residents are classed as being in some way 'access deprived' due to rurality. This compares to 20.2% nationally.

³⁶ Available at: <https://www.pkc.gov.uk/article/18957/Perth-and-Kinross-Health-and-Social-Care-Partnership>



Perth and Kinross North Perthshire Locality

The following area statistics for the North Perthshire Locality (Figure 46) are taken from the Scottish Public Health Observatory online profiles, accessed in February 2025 to give a snapshot of the health of the locality:

- Male life expectancy at birth in the North Perthshire Locality is 79.9 years, higher than the Scottish average of 76.5 years. Female life expectancy at birth in North Perthshire Locality is 82.9 years, again only slightly higher than the Scottish average of 80.7 years (figures based on a five-year aggregate 2019 to 2023).
- In terms of drug and alcohol abuse, in the Locality 16 people per 100,000 people (based on 2019 to 2023 calendar years; five-year aggregates) suffered alcohol-specific deaths, below the national rate of 21.8 people per 100,000. There were 294.9 people per 100,000 people alcohol related hospital admissions (age-sex standardised rate per 100,000) for 2023 / 2024 financial year, which is significantly below the national figure of 548.5 people per 100,000. In terms of drug-related hospital admissions, there were 51.7 people per 100,000 (age-sex standardised rate for 2020/21 to 2022/23 financial years; 3-year aggregate) which is also significantly lower than the national figure of 201.8 people per 100,000 people.
- The percentage of people in the North Perthshire Locality prescribed drugs for anxiety, depression or psychosis is 19.5% which is only slightly lower than the National average of 20.9% (2023 / 2024 financial year)
- Road traffic casualties in the area at 66 people per 100,000 population, higher than the national average of 51 people per 100,000 population (based on a three-year aggregate 2021 to 2023).

Perth and Kinross Health and Social Care Partnership engaged with the Park Authority during the evidence gathering stage providing information on NHS Tayside run assets within the North Perthshire locality. The information provided in Table 5 covers the request for information on all medical infrastructure within the National Park, as well as infrastructure outwith the National Park that is accessed by National Park residents.



Table 5 Properties delivering Health and Social Care, in the Perth and Kinross area, to residents in the Cairngorms National Park, provided by Perth & Kinross Health and Social Care Partnership. Correct as of 20 May 2025.

Site name	Tenure	Town	Type / use / status	Physical condition code	Capacity of facility
Alyth Health Centre	Owned	Alyth	Health centre	B	4658*
Blairgowrie Cottage Hospital	Owned	Blairgowrie	Community Hospital	Varies between B and C across blocks	16 inpatient beds
Ardblair Medical Practice	Third-party ownership	Blairgowrie	Health centre	B	7895*
Atholl Medical Practice	Third-party ownership	Pitlochry	Health centre	B	4972*
Aberfeldy Medical Centre	Third-party ownership	Aberfeldy	Health centre	B	4858*
Strathmore Surgery	Third-party ownership	Blairgowrie	Health centre	B	3981*
Pitlochry Community Hospital	Leased	Pitlochry	Community Hospital	B	9 inpatient beds
Coupar Angus Medical Centre	Third-party ownership	Coupar Angus	Health centre	B	6211*
Craigvinean Surgery (Dunkeld Surgery)	Third-party ownership	Perth and Kinross	Health centre	B	4368*
Kinloch Rannoch HC (linked to Aberfeldy Practice)	Third-party ownership	Kinloch Rannoch	Branch surgery	B	See Aberfeldy Medical Practice
Scone GP Surgery (linked to Taymount Surgery)	Third-party ownership	Scone	Health centre	B	Branch practice of Taymount in Perth.



Site name	Tenure	Town	Type / use / status	Physical condition code	Capacity of facility
Stanley Medical Practice	Third-party ownership	Stanley	Health centre	B	4292*
The Surgery – Bankfoot	Third-party ownership	Bankfoot	Health centre	B	n/a
Balhousie Coupar Angus	Third-party owned	Coupar Angus	Care home	Not available	41
Balhousie Luncarty House	Third-party owned	Luncarty	Care home	Not available	32
Balhousie Pitlochry	Third-party owned	Pitlochry	Care home	Not available	50
Balhousie Stormont Lodge Crae Home	Third-party owned	Blairgowrie	Care home	Not available	32
Balhousie The Grange	Third-party owned	Balbeggie	Care home	Not available	29
Beech Manor	Third-party owned	Blairgowrie	Care home	Not available	46
Catmoor House	Third-party owned	Scone	Care home	Not available	40
Corbenic Camphill Community	Third-party owned	Dunkeld	Care home	Not available	45
Dalweem Care Home	Perth and Kinross Council owned	Aberfeldy	Care home	Not available	16
Hope Park House	Third-party owned	Rattray	Care home	Not available	32
Meigle County House	Third-party owned	Meigle	Care home	Not available	23
Muirton Country House	Third-party owned	Blairgowrie	Care home	Not available	59



Site name	Tenure	Town	Type / use / status	Physical condition code	Capacity of facility
Northlands Nursing Home	Third-party owned	Blairgowrie	Care home	Not available	49
Rivendell House	Third-party owned	Birnam	Care home	Not available	27
Robert Douglas Memorial Home	Third-party owned	Scone	Care home	Not available	17
St Ninian's Residential Home	Third-party owned	Blairgowrie	Care home	Not available	11
Os[rey Court	Third-party owned	Alyth	Care home	Not available	60

Key	Description
A	Excellent / as new condition (generally less than 2 years old) and expected to perform as intended over its expected lifespan.
B	Satisfactory condition with evidence of only minor deterioration and element / sub-element is operational and performing as intended.
C	Poor condition, with evidence of major defects with elements / sub-elements remaining operational but is currently in need of major repair.
D	Unacceptable condition, element / sub-element non-operational or about to fail, replacement is necessary.
*	Relates to GP list size (the number of patients registered to the GP) not necessarily the capacity. More work is needed to understand the physical capacity of each GP practice building which may not match the capacity of the practice (workforce) to take on more patients.



The engagement with NHS Tayside is ongoing and information on the condition and capacity of all assets (in particular in Angus) is not yet available. Once this information is received it will be included in the Evidence Report and inform the preparation of the proposed plan.

NHS Tayside general practitioners

There are no general practitioners (GPs) operating in the NHS Tayside area of the Cairngorms National Park. The closest medical centres / practices that could potentially serve the residents of the National Park in the NHS Tayside area are shown in Figure 47.

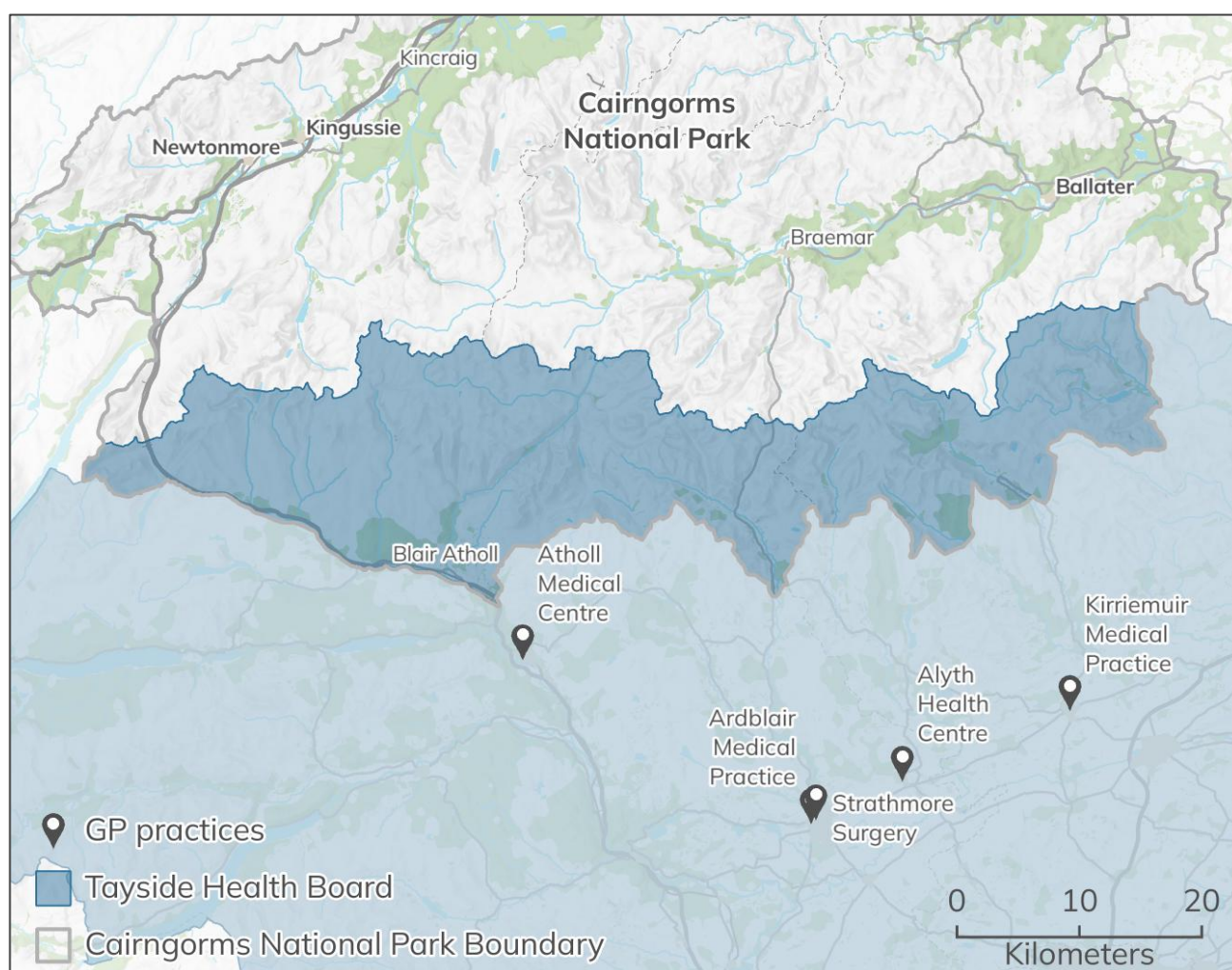


Figure 47 Map showing the medical centres / practices serving the residents of the Cairngorms National Park in the NHS Tayside health board area. Reproduced by permission of Ordnance Survey on behalf of His Majesty's Stationery Office. © Crown copyright and database right 2025. All rights reserved. Ordnance Survey Licence number AC0000821810, Cairngorms National Park Authority.



NHS Tayside dentists

There are no private or NHS run dentists operating in the NHS Tayside area of the Cairngorms National Park. The closest dentist that could potentially serve the residents of the National Park in the NHS Tayside area are shown in Figure 48.

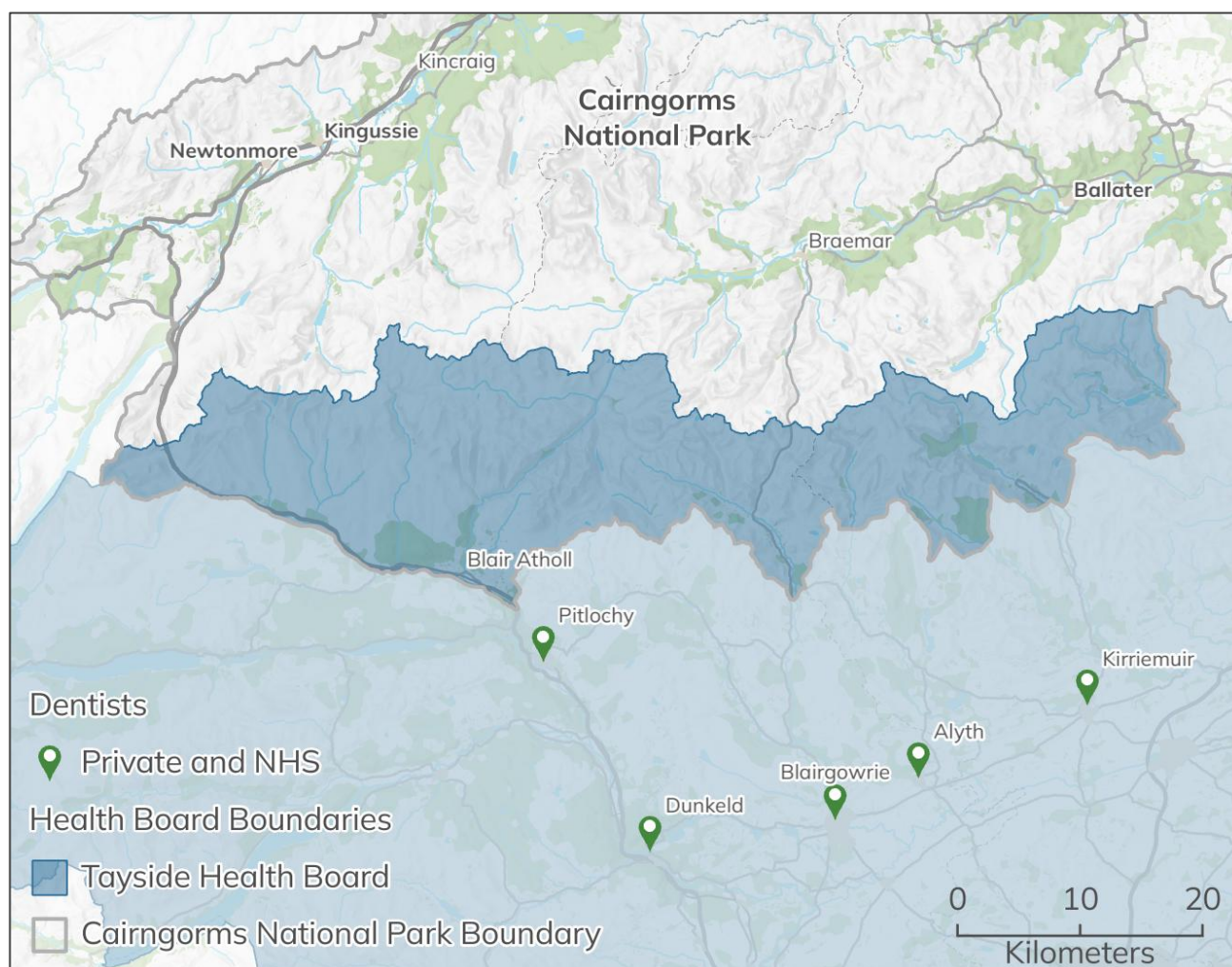


Figure 48 Map showing the private and NHS dentists serving the residents of the Cairngorms National Park in the NHS Tayside health board area. Reproduced by permission of Ordnance Survey on behalf of His Majesty's Stationery Office. © Crown copyright and database right 2025. All rights reserved. Ordnance Survey Licence number AC0000821810, Cairngorms National Park Authority.

NHS Tayside care homes

There are no private or NHS run care homes operating in the NHS Tayside area of the Cairngorms National Park. The closest care home outwith the National Park that could potentially serve the residents of the National Park in the NHS Tayside area is Balhousie Care home in Pitlochry (Figure 49).

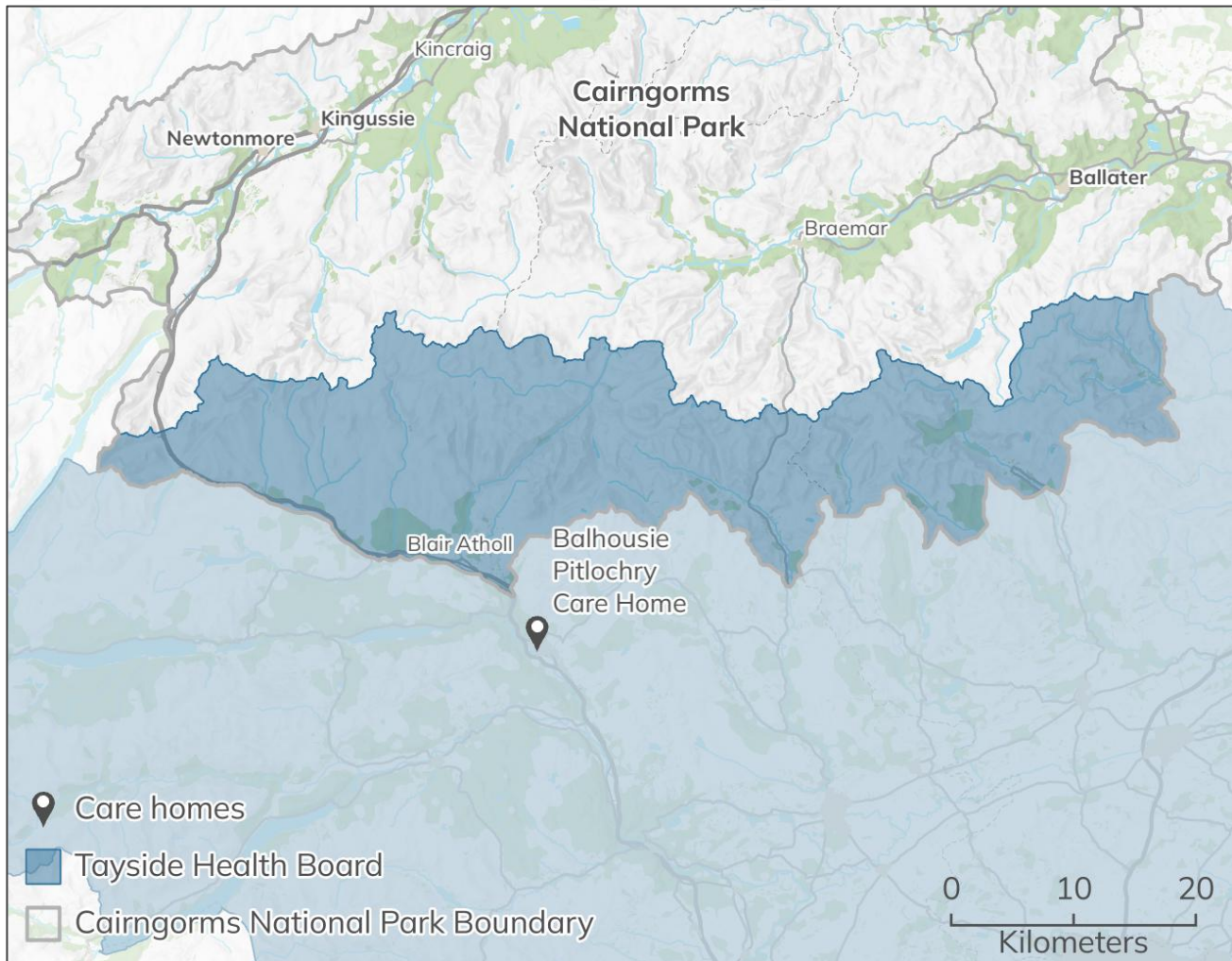


Figure 49 Map showing the care homes serving the residents of the Cairngorms National Park in the NHS Tayside health board area. Reproduced by permission of Ordnance Survey on behalf of His Majesty's Stationery Office. © Crown copyright and database right 2025. All rights reserved. Ordnance Survey Licence number AC0000821810, Cairngorms National Park Authority.

NHS Tayside pharmacies

There are no private or NHS run pharmacies operating in the NHS Tayside area of the Cairngorms National Park (Figure 50). The closest pharmacy to residents in Blair Atholl would be in Pitlochry (Davidsons Chemist).

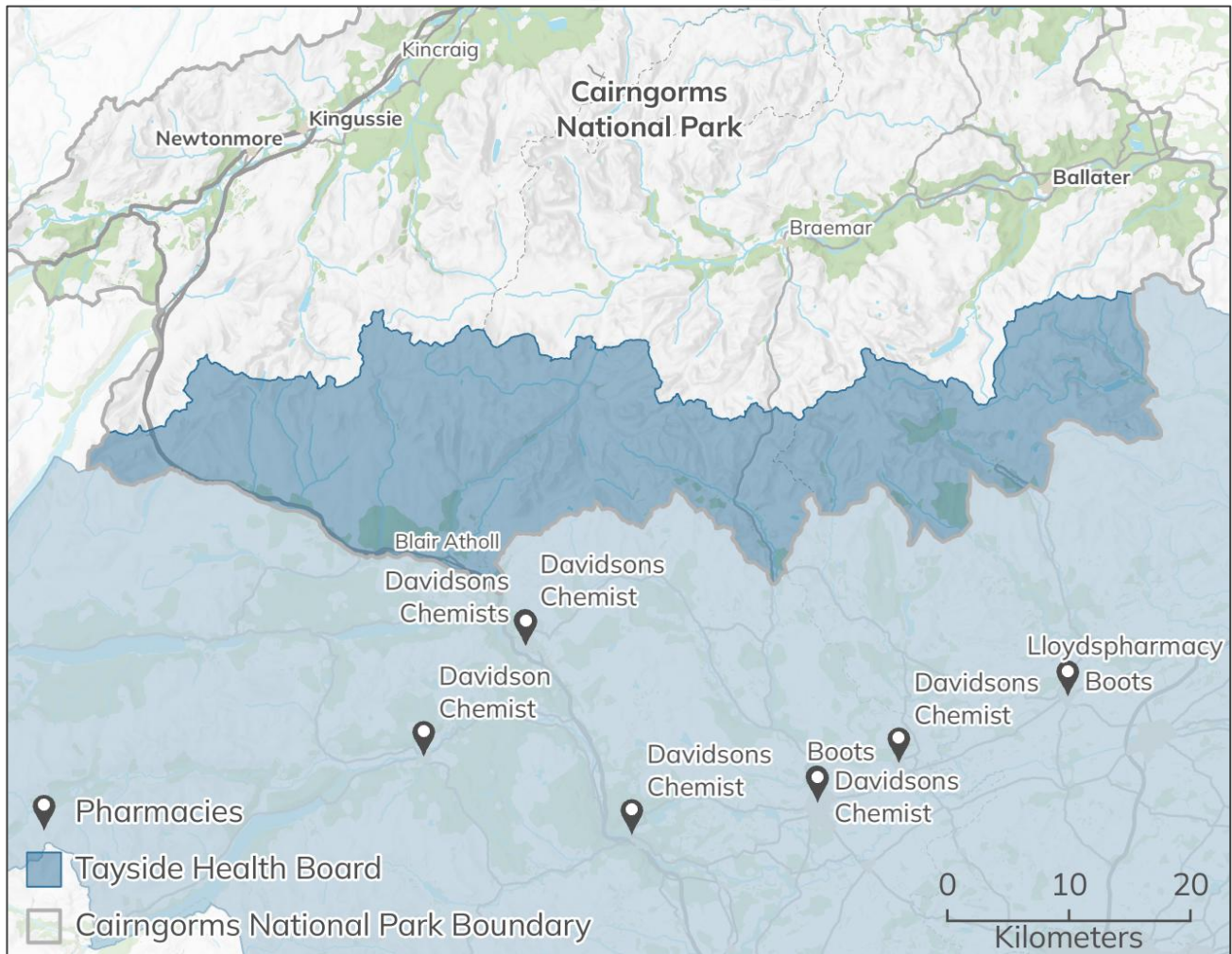


Figure 50 Map showing the pharmacies serving the residents of the Cairngorms National Park in the NHS Tayside health board area. Reproduced by permission of Ordnance Survey on behalf of His Majesty's Stationery Office. © Crown copyright and database right 2025. All rights reserved. Ordnance Survey Licence number AC0000821810, Cairngorms National Park Authority.



NHS Highland

NHS Highland is the lead agency for Integrated Health and Social Care for Adults, while Highland Council is the lead agency for Integrated Health and Social Care for Children. There are four coterminous managerial areas for NHS Highland and Highland Council children's services.

NHS Highland have engaged with the Park Authority during the evidence gathering process, and the information provided has informed the services capacity information provided in this section.

The Annual Report of the Director of Public Health 2023 (NHS Highland)

Directors of Public Health are required to produce an annual report concerning the state of health of their local population for population health intelligence. Key Messages contained in the report include:

Demography and health inequalities

- The ageing population is increasing therefore so is the demand on health and care services as more people are living with one or more long-term health conditions and with increasingly complex needs.
- Improving the health of the population requires a fundamental shift towards prevention and mitigating the underlying issues that can impact on health, such as poverty and deprivation.

The Environment: How medication can make our environment sicker.

- There is growing evidence of the negative effects of medicines on the environment. When medicines are excreted from people or flushed down toilets or sinks, they can end up in our water environment and soils. They can have negative effects on aquatic organisms and end up in the crops people eat.
- There is something that everyone can do to help reduce pollution of our environment with medicines.

Social Prescribing

- It is estimated that 20% of people visit their GP with non-medical needs and up to one fifth of GPs' time is spent on issues related to social needs.
- There is promising evidence that social prescribing provides a positive return on investment from between £2.30 and £7.08 for every £1 invested.



The Highland Health Board annual report³⁷ (and accounts) summarises the key issues faced by NHS Highland in 2022 / 2023, provides a broad description of the Board and its governance, looks at performance in the year towards the achievement of operational targets and looks ahead to the priorities to be addressed in 2023 / 2024.

The Report brings attention to the plight of care home provision in the Highland area, reporting care homes provision is in jeopardy with rising fuel costs having an impact in an area where carers often travel long distances to people's homes. In areas with no other provision, NHS Highland has had to take over operating a number of care homes as part of the partnership arrangements with Highland Council who hold the statutory duty. This is also within the context that people living in the NHS Highland area are also older than the Scottish average and can have increasingly complex health and care needs.

The governance of the Highland Health and Social Care Partnership is managed by the Joint Monitoring Committee which consists of the two lead agencies, representatives from the Third Sector, and independent partners, service users and carers. These partners are represented in strategic planning and governance processes.

Highland Health and Social Care Partnership

The Highland Health and Social Care Partnership covers the Highland Council area. The total land mass is 25,659 square kilometres, which covers a third of Scotland, including the most remote and sparsely populated parts. Highland has the seventh highest population of the 32 authorities in Scotland at around 234,000, with a slightly higher percentage of children, and higher proportions in all of the age groups above 45 years. This population is broadly equally divided across urban areas, small towns, rural areas and very rural areas. Outside Inverness and the Inner Moray Firth there are a number of key settlements around the area including Wick and Thurso in the far north, Fort William in the southwest and Portree in the west. These towns act as local service centres for the extensive rural hinterland which makes up the majority of the region. There are four coterminous managerial areas for NHS Highland and Highland Council children's services, and nine local Community Planning Partnerships. The Badenoch and Strathspey Community Planning Partnerships covers the Highland local authority area of the National Park.

Badenoch and Strathspey District Profile

³⁷ See <https://www.nhshighland.scot.nhs.uk/media/lsmjfb0g/highland-health-board-annual-accounts-2022-23.pdf>



The Badenoch and Strathspey District area (Figure 51) includes the key strategic settlements of Aviemore, Grantown-on-Spey, Kingussie and Newtonmore. The Badenoch & Strathspey area lies almost entirely within the Cairngorms National Park.

The following area statistics for Badenoch and Strathspey are taken from the Scottish Public Health Observatory online profiles, accessed in February 2025 to give a snapshot of the health of the district profile:

- Male life expectancy at birth in Badenoch and Strathspey is 81.4 years, higher than the Scottish average of 76.5 years. Female life expectancy at birth in Badenoch and Strathspey is 84.4 years, higher than the Scottish average of 80.7 years (figures based on a five-year aggregate 2019 to 2023).
- In terms of drug and alcohol abuse, in the district, 11.1 people per 100,000 people (based on 2019 to 2023 calendar years; five-year aggregates) suffered alcohol-specific deaths, significantly below the national rate of 21.8 people per 100,000. There were 312.1 people per 100,000 people alcohol related hospital admissions (age-sex standardised rate per 100,000) for 2023 / 2024 financial year, which is significantly below the national figure of 548.5 people per 100,000. In terms of drug-related hospital admissions, there were 53.8 people per 100,000 (age-sex standardised rate for 2020 / 2021 to 2022 / 2023 financial years; 3-year aggregate) which is also significantly lower than the national figure of 201.8 people per 100,000 people.
- The percentage of people in Badenoch and Strathspey prescribed drugs for anxiety, depression or psychosis is 16.9% lower than the National average of 20.9% (2023 / 2024 financial year)
- Road traffic casualties in the area at 60.3 people per 100,000 population, higher than the national average of 51 people per 100,000 population (based on a three-year aggregate 2021 to 2023).

NHS Highland report that deaths from suicide in the Badenoch and Strathspey area are lower than anywhere else in the Highlands at 11.5 people (age-sex standardised rate) per 100,000 population, and lower than the national average of 14.1 people per 100,000 population.

NHS Highland service redesign within the Badenoch and Strathspey District was completed in 2024 with the completion of capital works at Grantown-on-Spey Medical Practice. The district redesign replaced Ian Charles Hospital in Grantown-on-Spey and St Vincent's Hospital in Kingussie with new facilities in Aviemore (Hospital and Health Centre), including the co-location of Scottish Ambulance Service. The community



hospital is also the base location for most of the Community teams providing health and care services to the district.

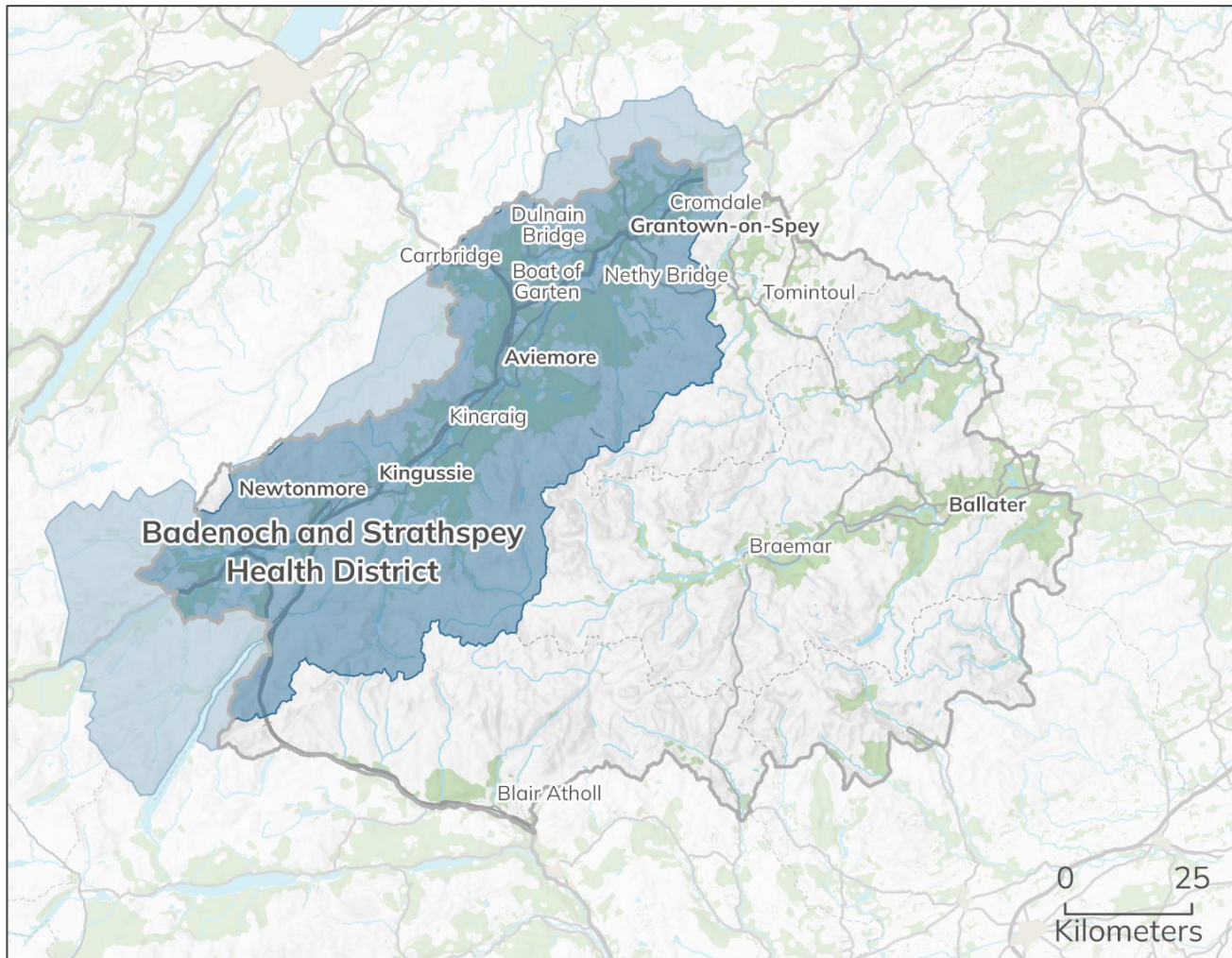


Figure 51 Map showing the Badenoch and Strathspey Health District health administration area in the Cairngorms National Park. Reproduced by permission of Ordnance Survey on behalf of His Majesty's Stationery Office. © Crown copyright and database right 2025. All rights reserved. Ordnance Survey Licence number AC0000821810, Cairngorms National Park Authority.

NHS Services managed by NHS Highland in Badenoch and Strathspey include:

- Occupational Therapy (Allied Health Professionals Services)
- Physiotherapy (Allied Health Professionals Services)
- Social Work
- Care at Home / Reablement
- Grant House (care home), Granttown-on-Spey
- Wade Centre (care home), Kingussie
- Mains House (care home), Newtonmore
- Badenoch and Strathspey Community Hospital, Aviemore



- Community Nursing
- Glen Centre (day services), Aviemore (older adults)
- Social Work Services
- Single Point of Access

The leadership team comprises of the district manager, integrated team manager, Senior Charge Nurse in the Community Hospital, Community Nurse Team Lead, Social Work Team Manager, Care at Home Manager, Care Home managers.

Within the Badenoch and Strathspey Community Hospital there is an open plan office on the top floor, which hosts the social work team, Community nurses, allied health professionals, care at home services, mental health, pharmacy and midwives. Highland Council services are also based on this floor in a room within the open plan office.

There are four GP practices in the area, namely, Grantown Health Centre, Aviemore Health Centre and Kingussie Medical Practice and Laggan Medical Practice. Kingussie Medical Practice building is GP owned, with the Gergask building in Laggan is owned by NHS Highland. The Aviemore Medical Practice is based on the Badenoch and Strathspey Community Hospital site and the Grantown Medical Practice building is also part of NHS Highland estate.

Home care

Enablement care at home which currently covers the whole of Badenoch and Strathspey with enablement care packages and in house mainstream care packages have experienced delivery challenges with the independent providers pulling out of delivering care in the Badenoch and Strathspey area. This was due to staffing issues – unable to recruit.

The enablement care and home service has absorbed all the mainstream packages that leaves little room for the enablement model to be implemented for those new referrals into the registered services with the care inspectorate. Recruitment has been another challenge; substantive posts are having candidates from other countries and not local people applying for this post.

The service is currently at capacity. Areas of particular concern are Grantown-on-Spey and surrounding area.



Care homes

There are three NHS run care homes in the area, Wade Centre in Kingussie, Grant House in Granttown-on-Spey, and Mains House in Newtonmore (Figure 52). Mains House is a nursing home, this was previously an independent care home. The home went into administration in 2021 and was listed for sale as it was deemed a viable business. No purchaser was found, which resulted in The Highland Council purchasing the home, and NHS Highland taking on the management. The care home offers up to 25 rooms for older adults.

In house Care homes in Badenoch and Strathspey, whilst owned by The Highland Council, fall under the Highland Health and Social Care Partnership.

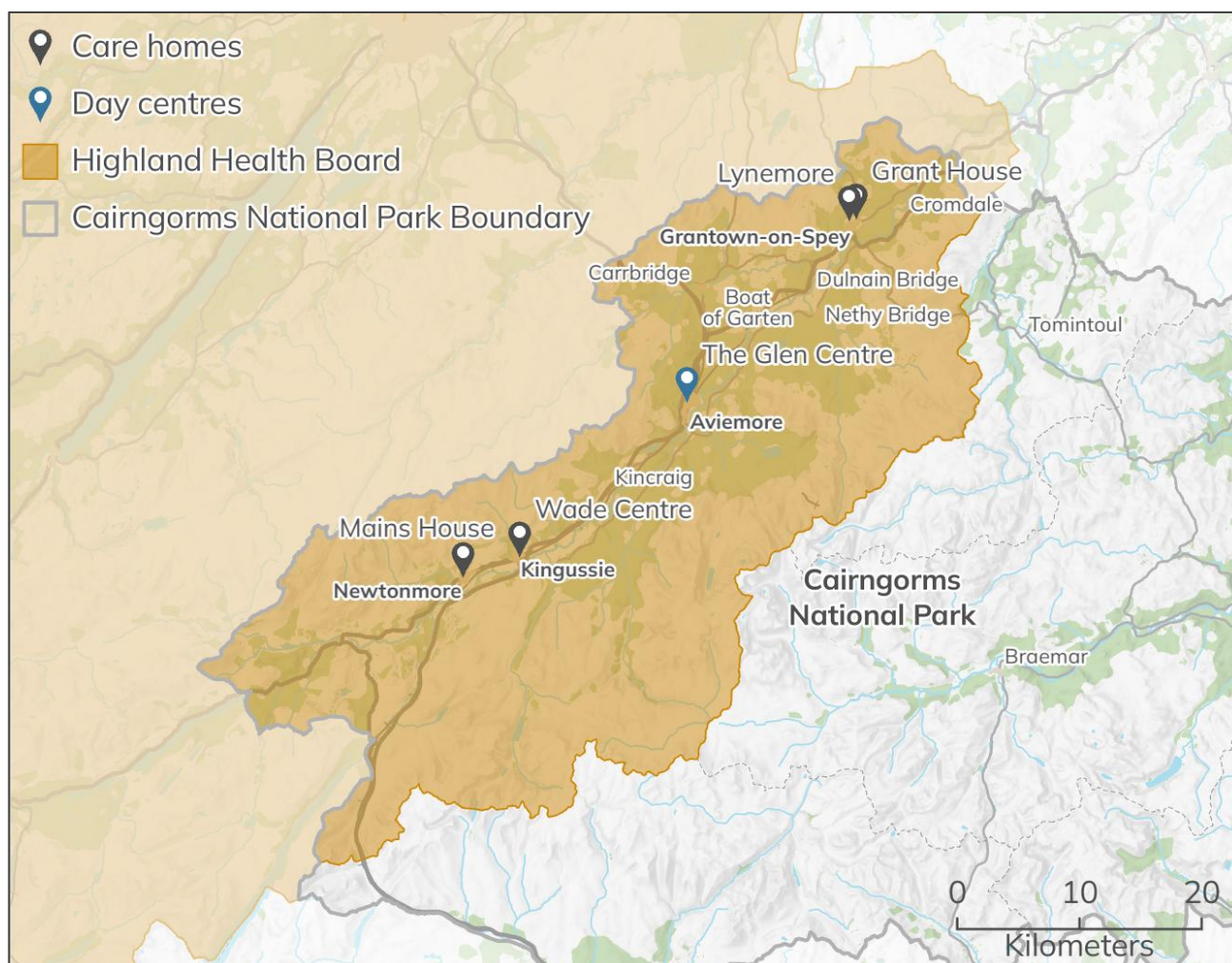


Figure 52 Map showing the care homes in the NHS Highland area of the Cairngorms National Park. Reproduced by permission of Ordnance Survey on behalf of His Majesty's Stationery Office. © Crown copyright and database right 2025. All rights reserved. Ordnance Survey Licence number AC0000821810, Cairngorms National Park Authority.



The Wade Centre (Figure 52) situated in Kingussie is an 11-Bed Unit (for older adults) which consists of eight permanent bedrooms, two respite rooms and one Heather bed to facilitate emergency situations. The Wade centre is purpose built, providing day care facilities prior to the Covid-19 Pandemic.

Grant House Care Home (Figure 52) is a 19-bed care home (for older adults) but has experienced staffing issues and been unable to open to full capacity. Recruiting staff has been an issue historically which affects and reduces capacity.

There is an additional privately run care home in Granttown-on-Spey; Lynemore (Figure 52) which is operated by Parklands Care Homes. It features four small group living wings, each with a day room, dining room and 10 en-suite bedrooms. Lynemore also offers an activities room, hairdresser and café. The Care Home does prefer their clients to be self-funders. Lynemore supports people with Learning Disabilities and Autism, Mental Health, Older People (65+), Palliative Care, Physical Disabilities and Sensory Impairments care.

Community hospitals

The Badenoch and Strathspey Community Hospital (Figure 53) is situated in Aviemore and was opened in September 2021 following the closure of the districts two existing Community Hospitals in Kingussie and Granttown-on-Spey. The Community Hospital site houses the Aviemore Medical Practice, an Outpatients Department and Out of Hours Service with access to Minor Injuries Unit via NHS 24, Scottish Ambulance Service, the Districts Integrated Team and offers 24 beds for patients.

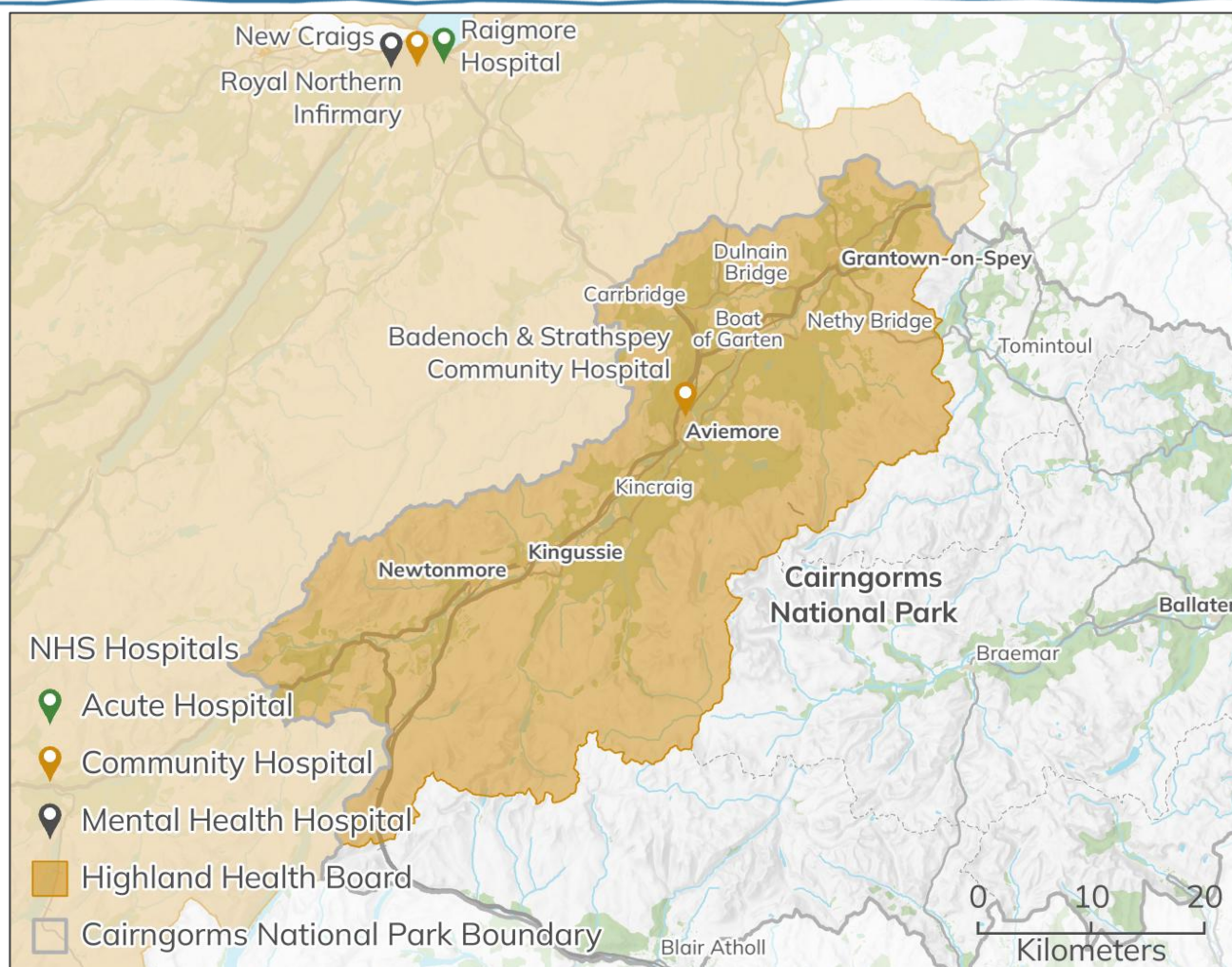


Figure 53 Map showing the Hospitals in the NHS Highland health board area of the Cairngorms National Park. Reproduced by permission of Ordnance Survey on behalf of His Majesty's Stationery Office. © Crown copyright and database right 2025. All rights reserved. Ordnance Survey Licence number AC0000821810, Cairngorms National Park Authority.

The inpatient ward is made up of 20 individual rooms with ensuite facilities. There are an additional four beds available for future demand. There is also an inpatient physio gym and patient day room which leads out to an enclosed inpatient garden. The ward provides a range of care provision for the locality including rehabilitation, palliative care, treatment of acute and chronic conditions as well as well as occasional day case admission for intravenous infusions and blood transfusions. The medical cover for the ward is provided by the Aviemore GP Practice. There is an X-ray facility within the hospital which is staffed on a Monday and Thursday.

The Outpatient Department houses the dental and podiatry services as well as rooms available for visiting services and consultants.



Outwith the National Park there are three other Hospitals serving residents in the National Park which include the main Hospital of Raigmore, in addition to an acute hospital and mental health hospital all in Inverness.

Day centre

The Glen Centre (Figure 52) in Aviemore is a daycare / support service registered with the care inspectorate for maximum 20 older adults. The Centre provides a service Monday to Friday at present with the aim to offering a service at the weekends also. At present staffing is adequate for the service provided. Recruiting staff has been problematic at times in the past.

Voluntary sector

The Voluntary Sector are active in the Badenoch and Strathspey area, NHS Highland work closely in partnership with them. Voluntary Action in Badenoch and Strathspey (VABS) is a local organisation whose mission is to help the people of Badenoch and Strathspey to improve their quality of life through voluntary action. They support third sector organisations (community and voluntary groups, social enterprises throughout the area. The Community car scheme is a lifeline for those in the area.

NHS Highland dentists

There are six dentist clinics operating in the Cairngorms National Park in the NHS Highland area (Figure 54), all the dentists offer NHS treatment (subject to capacity) for children under 18 years. They comprise of four privately operated clinics one in Grantown-on-Spey, two in Aviemore and one in Kingussie and two NHS run clinics in Grantown-on-Spey and Aviemore.

The Grantown-on-Spey NHS Dental Clinic, at the Grantown Medical Practice site offers four days a week with a clinician and three days a week with dental therapist input.

The Aviemore Dental Clinic, on Badenoch and Strathspey Community Hospital site offers four days a week with a clinician and one day a week therapist input.

NHS Highland report that the independent practitioners also provide NHS dental treatment to registered patients.

At present there is no NHS adult dental capacity in the Cairngorms National Park and residents would have to travel to Inverness to seek adult NHS treatment (Figure 54).

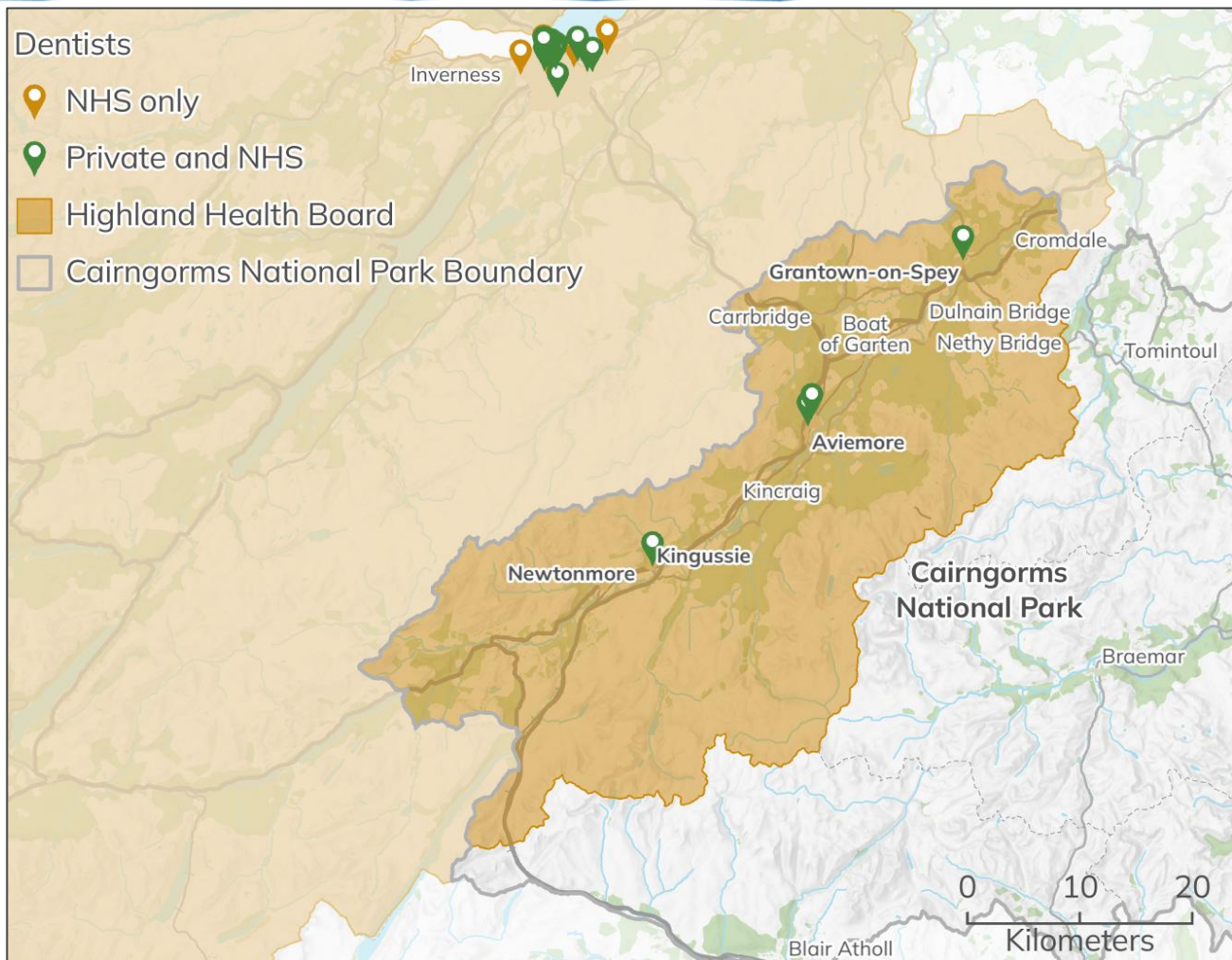


Figure 54 Map showing the NHS and private dentists in the NHS Highland health board area of the Cairngorms National Park. Reproduced by permission of Ordnance Survey on behalf of His Majesty's Stationery Office. © Crown copyright and database right 2025. All rights reserved. Ordnance Survey Licence number AC0000821810, Cairngorms National Park Authority.



NHS Highland pharmacies

In the NHS Highland area of the Cairngorms National Park there are three pharmacies at Granttown-on-Spey, Aviemore and Kingussie (Figure 55).

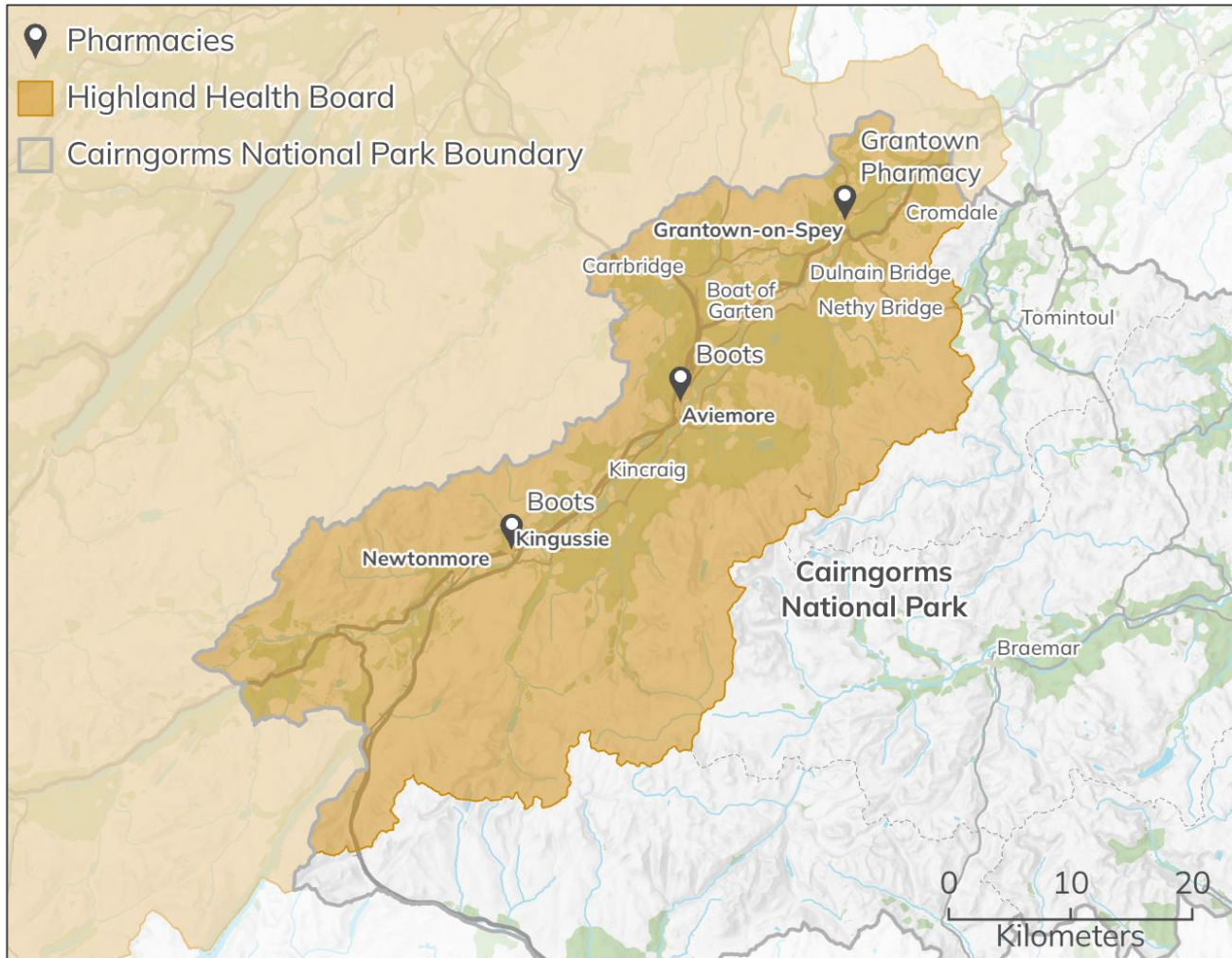


Figure 55 Map showing the pharmacies in the NHS Highland health board area of the Cairngorms National Park. Reproduced by permission of Ordnance Survey on behalf of His Majesty's Stationery Office. © Crown copyright and database right 2025. All rights reserved. Ordnance Survey Licence number AC0000821810, Cairngorms National Park Authority.



NHS Grampian

NHS Grampian is one of the 14 regional health boards in Scotland and is responsible for the planning and delivery of health care and services to the population of the Northeast. It works at national level with Scottish Government and colleagues in other regional boards and special National Boards such as Scottish Ambulance Service, NHS 24, NHS National Services Scotland, Health Improvement Scotland and NHS Education for Scotland. NHS Grampian as an employer of circa 14,000 staff working in our acute hospitals and across health and social care partnerships and other community settings, remains accountable for the clinical governance of all health services and responsible for the provision of specialist hospital services.

NHS Grampian have engaged with the Park Authority during the evidence gathering process, and the information provided has informed the services capacity information provided in this section.

Moray Health and Social Care Partnership

Moray Health and Social Care Partnership covers the Moray local authority area of the National Park (Figure 56). In Moray there are 7,753 residents in the 20% most deprived areas.

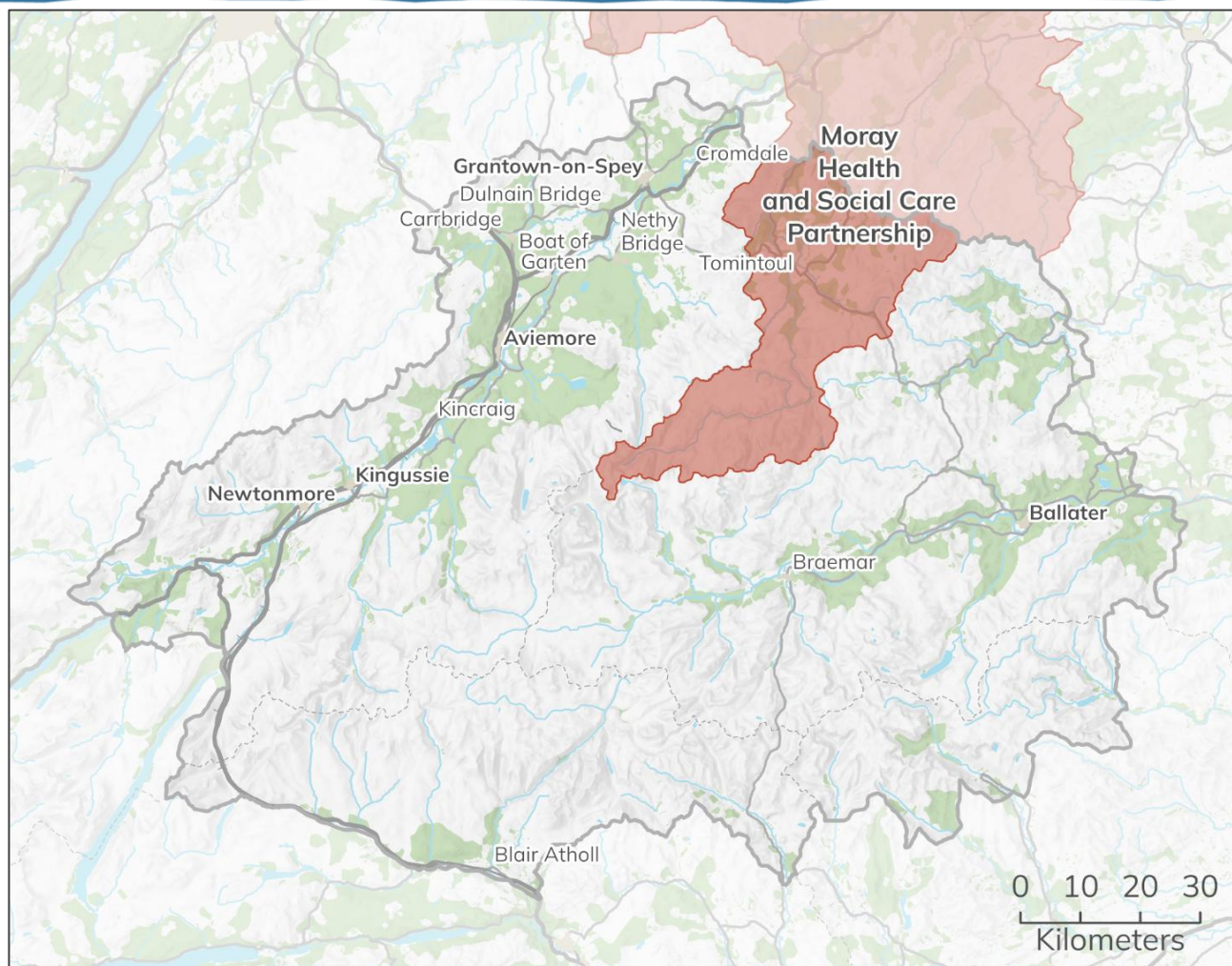


Figure 56 Map showing the Moray Health and Social Care Partnership area in the Cairngorms National Park. Reproduced by permission of Ordnance Survey on behalf of His Majesty's Stationery Office. © Crown copyright and database right 2025. All rights reserved. Ordnance Survey Licence number AC0000821810, Cairngorms National Park Authority.

The Annual Performance Report for 2022 – 2023³⁸ by Moray Integration Joint Board (MIJB) reports on the on the performance of integrated health and social care provision within Moray. The annual reports from the Health and Social Care Partnerships demonstrate the progress made by the Partnerships towards meeting local and national

³⁸ See

<https://moray.cmis.uk.com/moray/Document.ashx?czJKcaeAi5tUFL1DTL2UE4zNRBcoShgo=KDz0XRKoW4OHkha9J26wi56Wui%2fYPLP0Ko7W%2fuTifmohWxugN7AARw%3d%3d&rUzwRPf%2bZ3zd4E7lkn8Lyw%3d%3d=pwRE6AGJFLDNlh225F5QMaQWCTPhwdhUfCZ%2fLUQzgA2uL5jNRG4jdQ%3d%3d&mCTIbCubSFfXsDGW9IXnlg%3d%3d=hFfIUdN3100%3d&kCx1AnS9%2fpWZQ40DXFvdEw%3d%3d=hFfIUdN3100%3d&uJovDxwdjMPoYv%2bAjvYtyA%3d%3d=ctNJFf55vVA%3d&FgPIIEJYlotS%2bYGoBi5oIA%3d%3d=NHdURQburHA%3d&d9Qjj0ag1Pd993jsyOJqFvmyB7X0CSQK=ctNJFf55vVA%3d&WGewmoAfeNR9xqBux0r1Q8Za60lavYmz=ctNJFf55vVA%3d&WGewmoAfeNQ16B2MHuCpMRKZMwaG1PaO=ctNJFf55vVA%3d>



outcomes which provide the strategic framework for all partnerships in Scotland. One key message from the report related to care home provision:

- Care home occupancy rates are typically above 99% in Moray, with typically three to five free beds available on any day, providing few options for people awaiting to be discharged from hospital. This situation is compounded by the lack of care service provision, which has consistently struggled to match demand, even before the impact of the Covid-19 Pandemic.

Keith and Speyside Locality Plan – draft 2023 / 2026

The Keith and Speyside Locality (Figure 57) Plan (draft Plan available online – see links to evidence section) for 2023 to 2026 covers the areas of the National Park under the care of the Moray health and social care partnership. The Plan is for people living in the Keith and Speyside area of Moray who currently have access to health and social care services and also for those who may require care and support in the future.

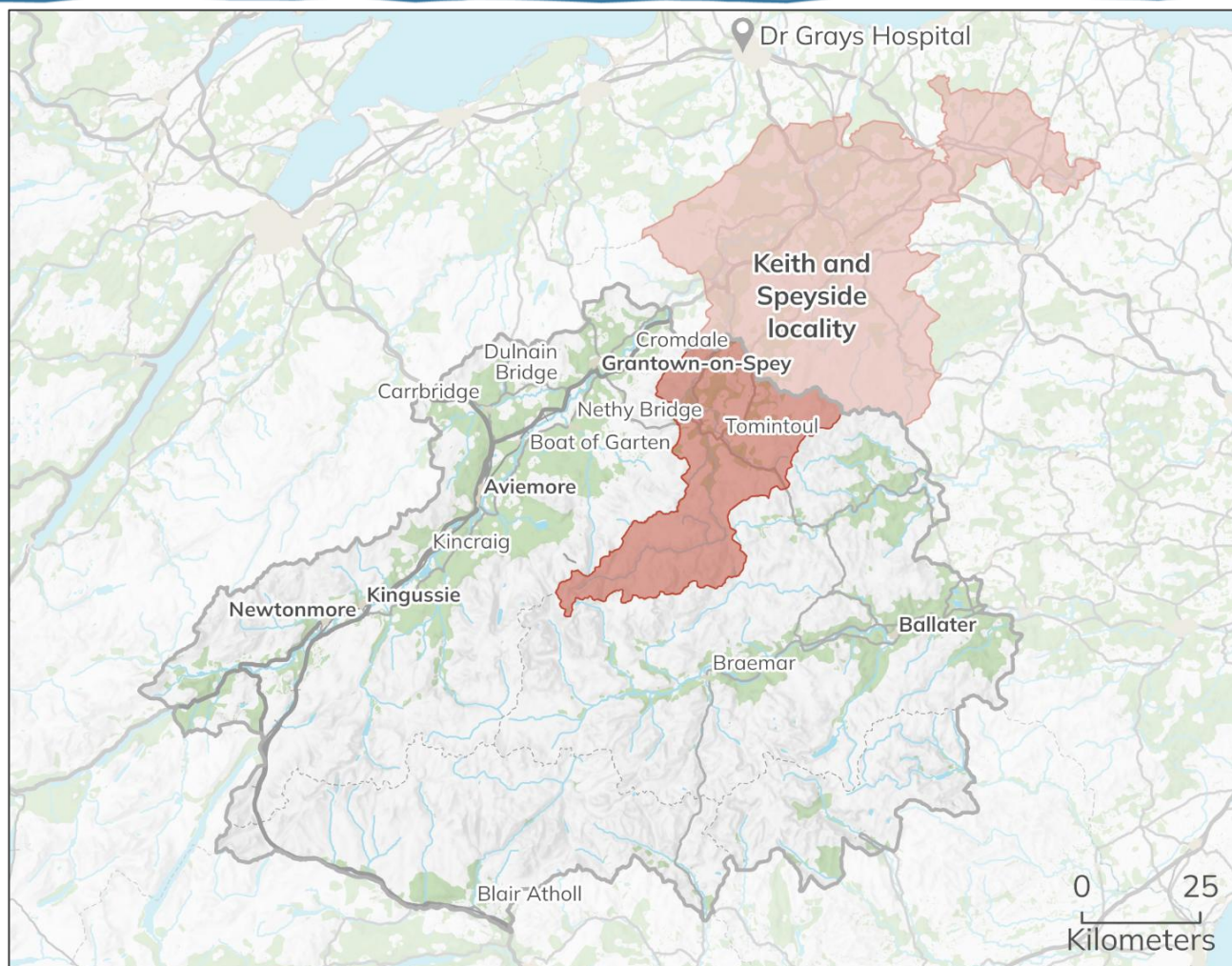


Figure 57 Map showing the Keith and Speyside locality administration area in the Cairngorms National Park. Reproduced by permission of Ordnance Survey on behalf of His Majesty's Stationery Office. © Crown copyright and database right 2025. All rights reserved. Ordnance Survey Licence number AC0000821810, Cairngorms National Park Authority.

The following area statistics for the Keith and Speyside locality are taken from the Scottish Public Health Observatory online profiles, accessed in February 2025 to give a snapshot of the health of the district profile:

- Male life expectancy at birth in Keith and Speyside is 76.8 years, only marginally higher than the Scottish average of 76.5 years. Female life expectancy at birth in Badenoch and Strathspey is 82.7 years, higher than the Scottish average of 80.7 years (figures based on a five-year aggregate 2019 to 2023).
- The percentage of people in Keith and Speyside prescribed drugs for anxiety, depression or psychosis is 19.7% slightly lower than the National average of 20.9% (2023 / 2024 financial year).
- In terms of drug and alcohol abuse, in the Locality 17.3 people per 100,000 people (based on 2019 to 2023 calendar years; five-year aggregates) suffered alcohol-



specific deaths, below the national rate of 21.8 people per 100,000. There were 309 people per 100,000 people alcohol related hospital admissions (age-sex standardised rate per 100,000) for 2023 / 2024 financial year, which is significantly below the national figure of 548.5 people per 100,000. In terms of drug-related hospital admissions, there were 79.1 people per 100,000 (age-sex standardised rate for 2020/21 to 2022/23 financial years; 3-year aggregate) which is also significantly lower than the national figure of 201.8 people per 100,000 people.

- Road traffic casualties in the area at 98.8 people per 100,000 population, significantly higher than the national average of 51 people per 100,000 population (based on a three-year aggregate 2021 to 2023).

The Keith and Speyside Locality (Figure 57) is in close proximity to Dr Gray's Hospital, the only acute hospital in Moray. In Speyside the Health and Social Care Partnership are in the process of conducting 'Let's talk health, wellbeing and communities' events. One of the desired outcomes is to provide a holistic overview of community's needs and expectations to support locality planning and collaborative working. In Speyside the latest reported in the Plan, stated that this work was ten percent complete as of September 2024.

Aberdeenshire Health and Social Care Partnership

The Aberdeenshire Health and Social Care Partnership (AHSCP) (Figure 58) covers the Aberdeenshire area of the Cairngorms National Park.

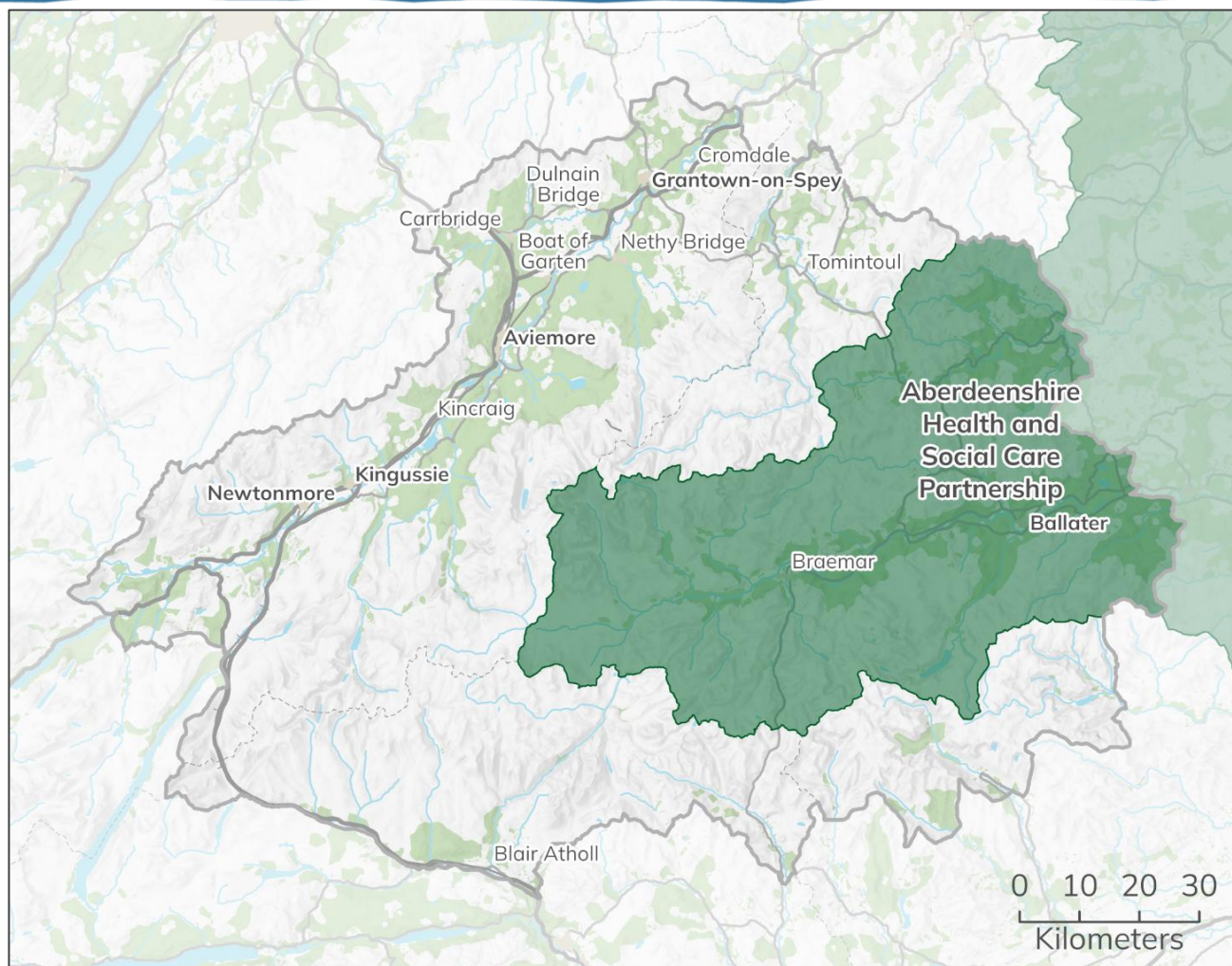


Figure 58 Map showing the Aberdeenshire Health and Social Care Partnership area in the Cairngorms National Park. Reproduced by permission of Ordnance Survey on behalf of His Majesty's Stationery Office. © Crown copyright and database right 2025. All rights reserved. Ordnance Survey Licence number AC0000821810, Cairngorms National Park Authority.

The Aberdeenshire Health and Social Care Partnership Annual Performance Report 2022 – 2023³⁹ which sets out how the Partnership has performed over the last year, builds on the information provided in previous annual reports and provides information on how services are progressing. The report highlights that:

- Aberdeenshire is a largely rural area covering 6,313km² with the sixth highest population of 262,690 (National Records of Scotland) out of all 32 Scottish Local Authorities.

³⁹ <http://publications.aberdeenshire.gov.uk/dataset/ea72b747-b903-4098-bf65-78848b7fde41/resource/c073e219-de13-4371-a4fe-c53b755c096e/download/annual-performance-report-22-23.pdf>



- Aberdeenshire is served by ten community hospitals, eight local authority care homes, six very sheltered housing units, 30 GP practices and a wide range of other primary care, community and day services.
- A major concern, in relation to care provision is the fact that in Aberdeenshire the population is ageing more rapidly than in Scotland as a whole. Over the last decade it had the second highest growth rate nationally in the over 65 years age group, with an increase of 30%. During the same period the population aged 0- 15 increased by 2% and the population aged 16-64 decreased by 3%⁴⁰.

Marr Locality profile (April 2024)

The Marr locality (Figure 59), managed by the Aberdeenshire health and social care partnership, covers the Aberdeenshire area of the Cairngorms National Park.

⁴⁰ Aberdeenshire Health and Social Care Partnership: Annual Performance Report 2022 – 2023.

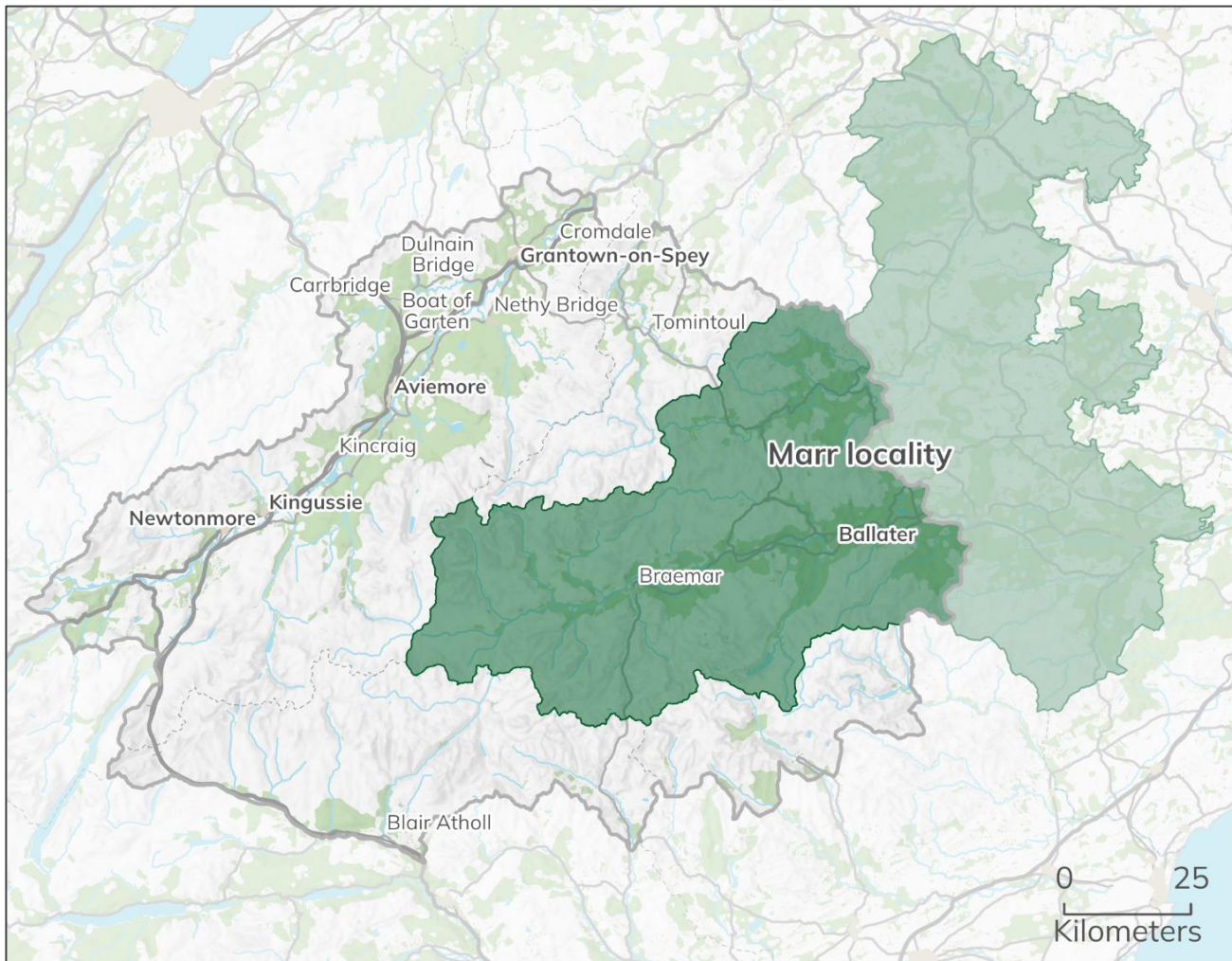


Figure 59 Map showing the Marr locality health administration area in the Cairngorms National Park. Reproduced by permission of Ordnance Survey on behalf of His Majesty's Stationery Office. © Crown copyright and database right 2025. All rights reserved. Ordnance Survey Licence number AC0000821810, Cairngorms National Park Authority.

The following area statistics for the Marr locality are taken from the Scottish Public Health Observatory online profiles, accessed in February 2025 to give a snapshot of the health of the district profile:

- Male life expectancy at birth in the Marr Locality is 80.3 years, higher than the Scottish average of 76.5 years. Female life expectancy at birth in Marr is 83.8 years, also higher than the Scottish average of 80.7 years (figures based on a five-year aggregate 2019 to 2023).
- The percentage of people in Marr prescribed drugs for anxiety, depression or psychosis is 17.4% below the national average of 20.9% (2023 / 2024 financial year).
- In terms of drug and alcohol abuse, in the Locality 9.4 people per 100,000 people (based on 2019 to 2023 calendar years; five-year aggregates) suffered alcohol-specific deaths, significantly below the national rate of 21.8 people per 100,000.



There were 231.3 people per 100,000 people alcohol related hospital admissions (age-sex standardised rate per 100,000) for 2023 / 2024 financial year, which is also significantly below the national figure of 548.5 people per 100,000. In terms of drug-related hospital admissions, there were 35 people per 100,000 (age-sex standardised rate for 2020/21 to 2022/23 financial years; 3-year aggregate) also significantly lower than the national figure of 201.8 people per 100,000 people.

- Road traffic casualties in the area at 80.3 people per 100,000 population, higher than the national average of 51 people per 100,000 population (based on a three-year aggregate 2021 to 2023).

NHS Grampian engagement

NHS Grampian were contacted to provide a list of NHS assets, GPs, dentists, care homes etc serving residents in the National Park area covered by NHS Grampian. This included a request for information on any assets outwith the National Park that serve residents living within the National Park. Also including any available capacity data, and condition information for your assets in addition to information on planned upgrades / development of further assets that will serve the residents in the National Park.

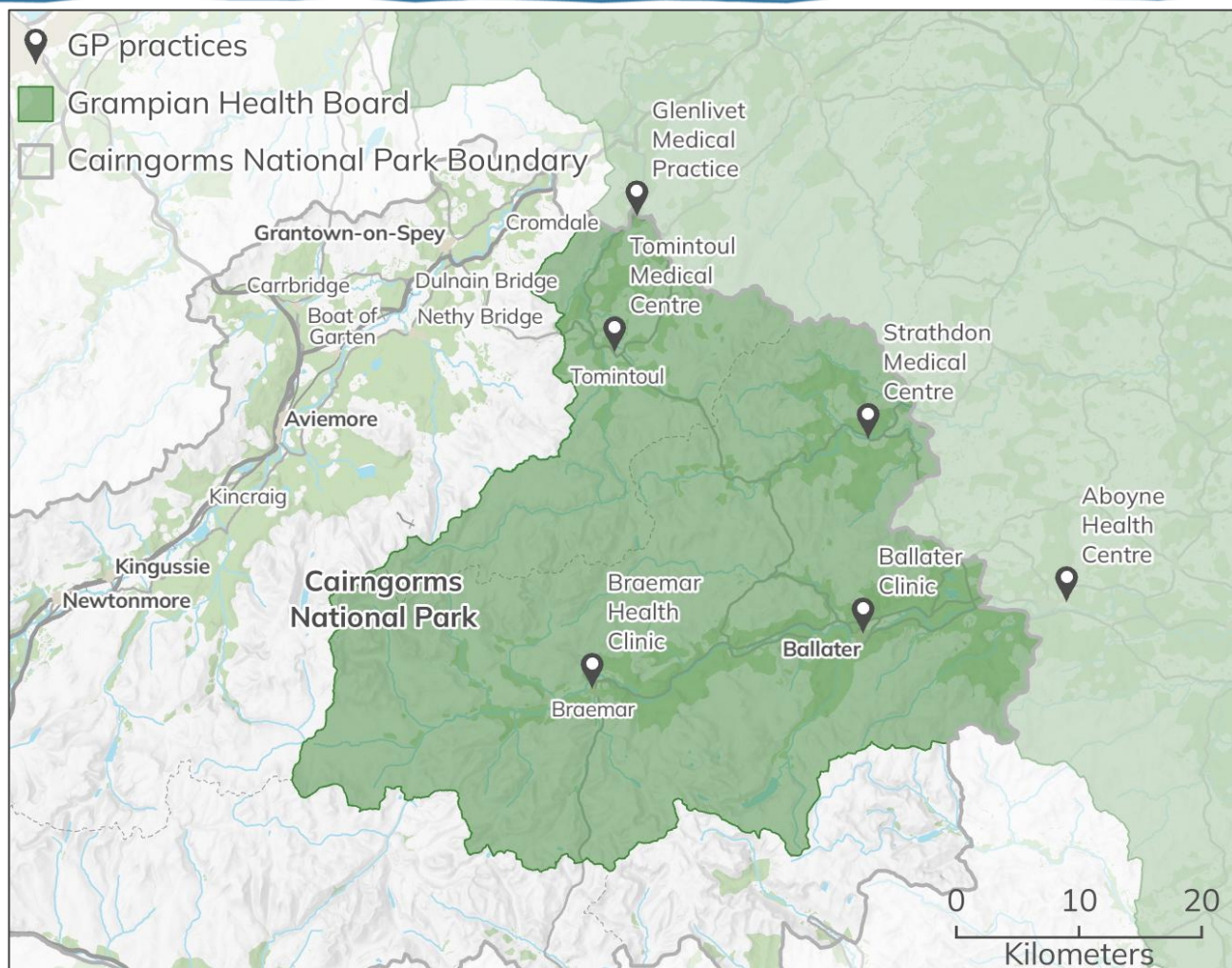


Figure 60 Map showing the Medical Clinics in the Grampian Health Board area serving residents in the Cairngorms National Park. Reproduced by permission of Ordnance Survey on behalf of His Majesty's Stationery Office. © Crown copyright and database right 2025. All rights reserved. Ordnance Survey Licence number AC0000821810, Cairngorms National Park Authority.

In terms of medical centres (Figure 60) NHS Grampian reported that in Aberdeenshire:

- The Strathdon Medical Practice is currently over capacity though no plans for expansion due to small levels of growth / housing numbers within the area.
- At the Aboyne Medical Practice there are existing pressures on Health Centre accommodation. An extension will be required if there is population growth in Aboyne and surrounding area. Aboyne Medical Practice have requested alterations to increase capacity. Therefore, the premises are currently under review by NHS Grampian and the Aberdeenshire Health and Social Care Partnership.
- The Ballater Medical Practice is currently over capacity with further planned housing that would be served by the practice. Ballater Medical Practice have requested alterations to increase capacity. Therefore, the premises are currently under review by NHS Grampian and the Aberdeenshire Health and Social Crae Partnership.



- The Braemar Health Centre has recently had work undertaken and been completed to create additional capacity. There is still a small space shortfall.
- At the Aboyne Medical Practice – Tarland Surgery there is a shortfall in accommodation. However, the practice is part of the wider Aboyne Medical Practice where additional capacity could be created.

NHS Grampian reported that in Moray:

- The Glenlivet Medical Practice is currently over capacity though no plans for expansion due to small levels of growth / housing numbers within the area.
- The Rinnes Medical Centre (Tomintoul Surgery) is currently over capacity though there are no plans for expansion due to small levels of growth / housing numbers within the area.

NHS Grampian confirmed that in terms of community hospitals serving the residents of the National Park (Figure 61), in Aberdeenshire residents can access Aboyne Hospital. There are no community hospitals in Moray serving the residents in the National Park.

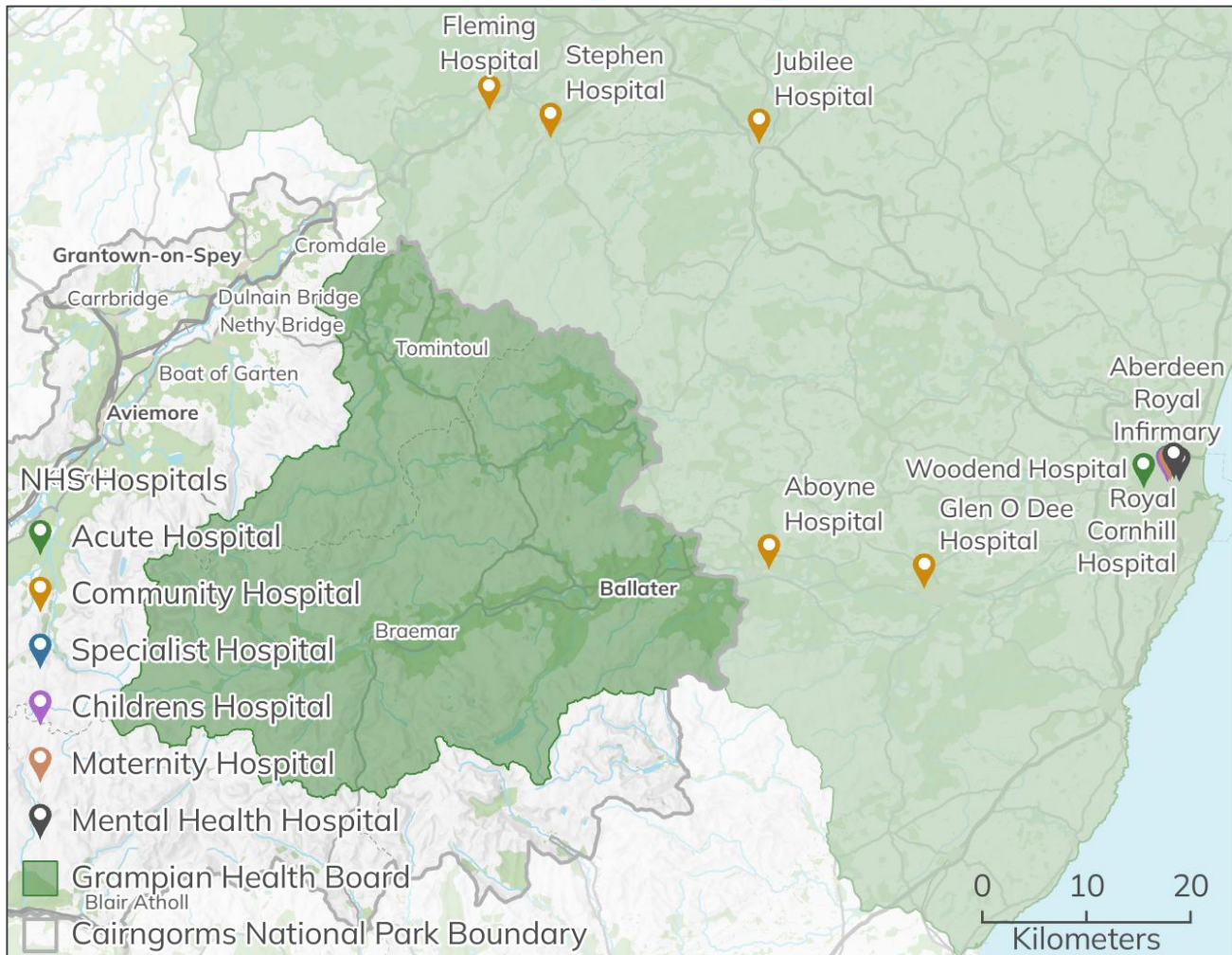


Figure 61 Map showing the Hospitals in the Grampian Health Board area serving residents in the Cairngorms National Park. Reproduced by permission of Ordnance Survey on behalf of His Majesty's Stationery Office. © Crown copyright and database right 2025. All rights reserved. Ordnance Survey Licence number AC0000821810, Cairngorms National Park Authority.

The Health Board also confirmed there are no care homes in this NHS health board area within the Cairngorms National Park. Care homes outwith the National Park in the NHS Grampian area include Alastrean House, Allachburn and Praesmohr (Figure 62).

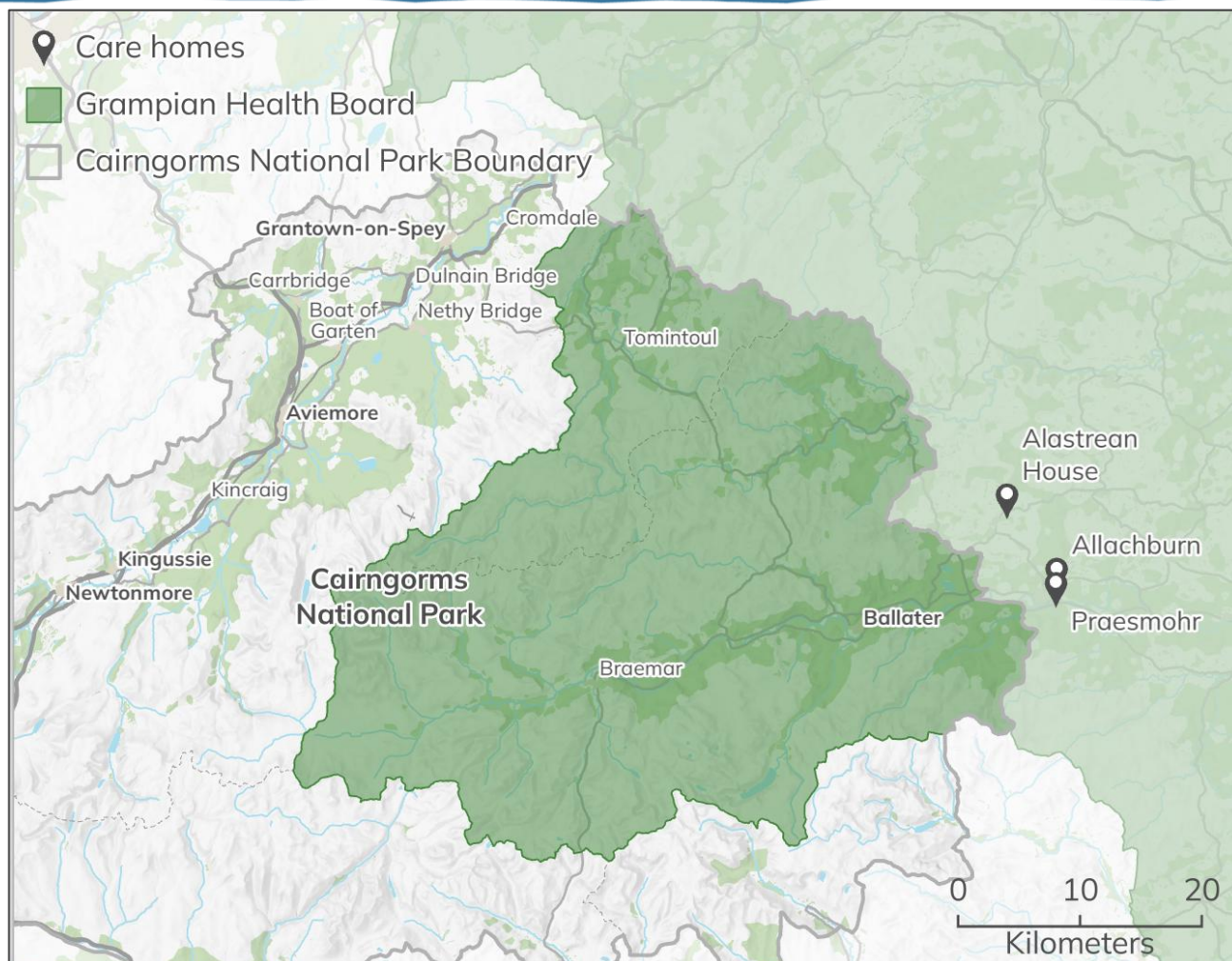


Figure 62 Map showing the Care homes closest to the area of Cairngorms National Park in the NHS Grampian area. Reproduced by permission of Ordnance Survey on behalf of His Majesty's Stationery Office. © Crown copyright and database right 2025. All rights reserved. Ordnance Survey Licence number AC0000821810, Cairngorms National Park Authority.

Table 6 List of NHS Grampian Assets in or serving the Cairngorms National Park. List provided by NHS Grampian, 2024.

Type of Service provided	Local Authority Area	Practice name / location
Dentist	Aberdeenshire	Fountain Dental Group (Aboyne)
Dentist	Aberdeenshire	Banchory Dental Practice
Dentist	Aberdeenshire	Fountain Dental Group (Banchory)
Dentist	Aberdeenshire	Deeside Dental Care (Banchory)
Dentist	Aberdeenshire	Young Smile Dental Care (Alford)



Type of Service provided	Local Authority Area	Practice name / location
Dentist	Moray	Speyside Dental Clinic, Aberlour
Dentist	Moray	8to8 Dental (Keith)
Pharmacy	Aberdeenshire	Braemar Pharmacy
Pharmacy	Aberdeenshire	Davidson Chemists, Ballater
Pharmacy	Aberdeenshire	Davidson Chemists, Aboyne
Pharmacy	Aberdeenshire	Tarland Pharmacy
Pharmacy	Aberdeenshire	Torphins Pharmacy
Pharmacy	Aberdeenshire	Alford Pharmacy
Pharmacy	Moray	Aberlour Pharmacy
Pharmacy	Moray	Dufftown Pharmacy
Pharmacy	Moray	Tomintoul Medical Centre (dispensing practice)
Pharmacy	Moray	Rothies Pharmacy

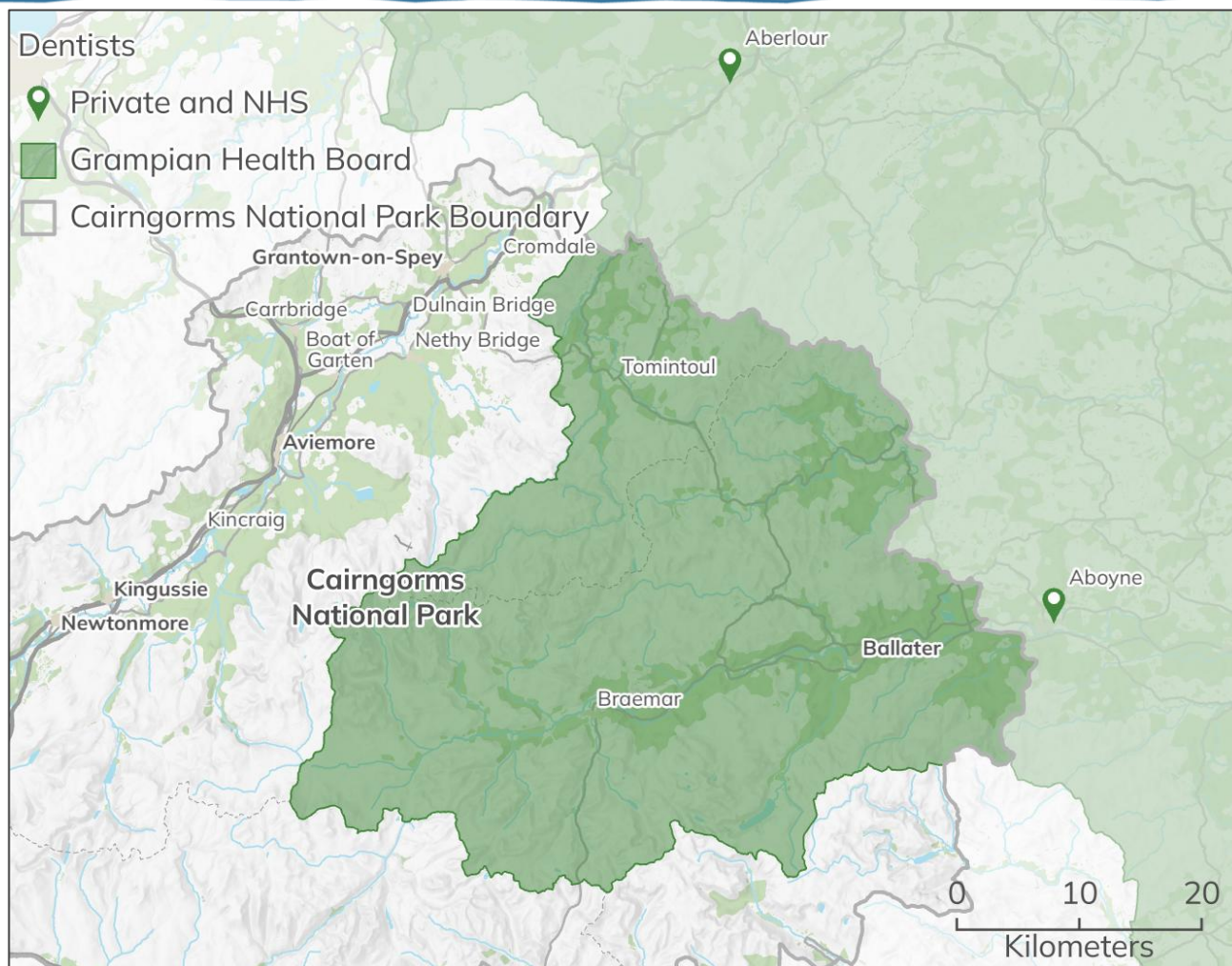


Figure 63 Map showing the dentists closest to the area of the Cairngorms National Park in the NHS Grampian area. Reproduced by permission of Ordnance Survey on behalf of His Majesty's Stationery Office. © Crown copyright and database right 2025. All rights reserved. Ordnance Survey Licence number AC0000821810, Cairngorms National Park Authority.

NHS Grampian confirmed that in relation to the condition and capacity of dentists (Figure 63) and hospitals, the health board reported that, that information is not currently available. They report although the dentists provide NHS services the buildings are not owned by NHS Grampian. They are currently working towards doing a review of its assets but cannot comment on the condition of the hospitals at this time. In relation to hospitals as they provide unscheduled care it is not straightforward to confirm their capacities. They did comment that at the moment Aboyne hospital does not have any inpatient i.e. bedded accommodation.



NHS Grampian pharmacies

There are two pharmacies in the NHS Grampian area of the Cairngorms National Park at Braemar and Ballater (Figure 64) (Table 6). In reality, it is probable that residents living in the northern area of the NHS Grampian area may access services at Grantown-on-Spey (Figure 55).

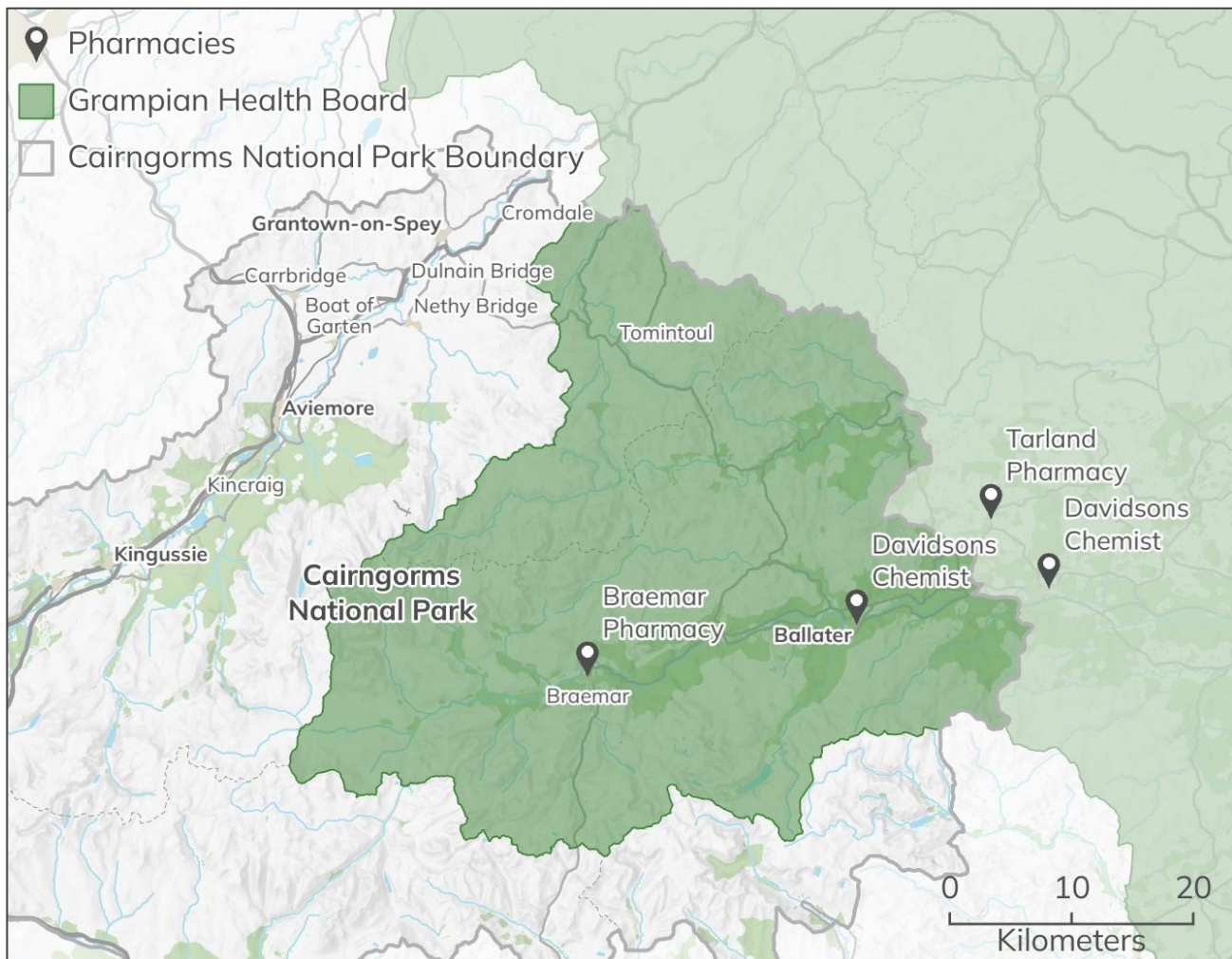


Figure 64 Map showing the dentists in and serving the residents of the Cairngorms National Park in the NHS Grampian area. Reproduced by permission of Ordnance Survey on behalf of His Majesty's Stationery Office. © Crown copyright and database right 2025. All rights reserved. Ordnance Survey Licence number AC0000821810, Cairngorms National Park Authority.



Hazards

National Planning Framework 4 aims to protect people and places from environmental harm and mitigate risks arising from safety hazards. Local development plans are to support this through their spatial strategies.

Crime

The commonly held conception of the rural idyll (Bell, 2006⁴¹) would seem to be supported by the Police Scotland data showing the relatively low levels of crime in the Cairngorms National Park compared with the five adjoining local authorities. The crime rate is also considerably below the Scottish average and currently declining at a rate comparable to National figures. The fact that there may be less crime should not support the misconception that it is not an issue for the local populace (Yarwood, 2001⁴²). It cannot be assumed that the perceived safety by the community is higher due to over-all lower rates of crime (Ceccato, 2015⁴³).

Crime rate figures are not available for geography of the Cairngorms National Park; therefore, the Scottish Index of Multiple Deprivation data has been presented here to represent the crime data for the National Park. In comparing the earlier years of Scottish Index of Multiple Deprivation data with newer years the 2001 data zones were used to calculate total reported crime figures (Figure 67 and Figure 68).

A comparison between the data zones in the Cairngorms National Park, the bounding local authorities and Scotland has been provided in Figure 66. The figures are calculated using the population and number of crimes data of the individual data zone values in the respective areas in the Scottish Index of Multiple Deprivation data (figures have been rounded up to provide whole numbers, relating to the nature of the data). The Cairngorms National Park has the lowest rates of crimes per 10,000 people (118 per 10,000 people) when compared to the other local authorities that traverse the National Park. It is significantly lower than the Scottish Index of Multiple Deprivation average calculated value for Scotland.

⁴¹ Bell, D. (2006), Variations on the Rural Idyll, in P. Cloke, T. Marsden and P. Mooney (eds), *Handbook of Rural Studies* (London: Sage), 149–160

⁴² Yarwood, R. (2001) Crime and policing in the British countryside: Some agendas for contemporary geographical research. *Sociologia Ruralis*, 41 (2).

⁴³ Ceccato, V.A. *Rural Crime and Community Safety* (2016) Routledge ISBN 978113806591



Factors often associated with this low level of crime (and prevalent in the Cairngorms National Park) include:

- Lower levels of deprivation (De Courson and Nettle, 2021⁴⁴).
- Small towns and villages located in rural areas generally tend to experience lower crime rates (Deller, S and Deller, M, 2010⁴⁵, Donnermeyer, J, 2007⁴⁶, Marsham, B and Johnson, S, 2005⁴⁷).

Data for individual data zones within the Cairngorms National Park it needs to be noted that due to the volatility of this small area data it is difficult to draw meaningful analysis (Figure 65). However it can be noted that the only data zone above the Scottish Average crime rates (in both 2016 and 2020) was the data zone including Aviemore (which had a crime rate of 321 per 10,000 people, in the 2020 Scottish Index of Multiple Deprivation data) town centre – this is an area that also suffers from income and educational deprivation and is the lowest scoring overall data zone for the National Park on the Scottish Index of Multiple Deprivation scale. Aviemore is also a popular tourist destination, with a large influx of seasonal visitors which may affect the increased crime rates recorded in the 2020 Scottish Index of Multiple Deprivation figures.

⁴⁴ De Courson, B., Nettle, D. Why do inequality and deprivation produce high crime and low trust? Sci Rep 11, 1937 (2021). <https://doi.org/10.1038/s41598-020-80897-8>.

⁴⁵ Deller S, Deller, M. 2010 .Rural Crime and Social Capital. Growth and change: A journal of Urban and Regional Policy. Vol 41, Issue 2.

⁴⁶ Donnermeyer, J . 2007. Rural Crime: Roots and Restoration. The Ohio State University. Available online at: https://www.researchgate.net/publication/228981592_Rural_Crime_Roots_and_Restoration.

⁴⁷ Marsham, and Johnson, S (2005). Rural Evidence Research Centre: Crime in Rural Areas: A review of the Literature for the Rural Evidence Research Centre. Jill Dando Institute of Crime Science, University College London.



SIMD 2020 crime rank decile

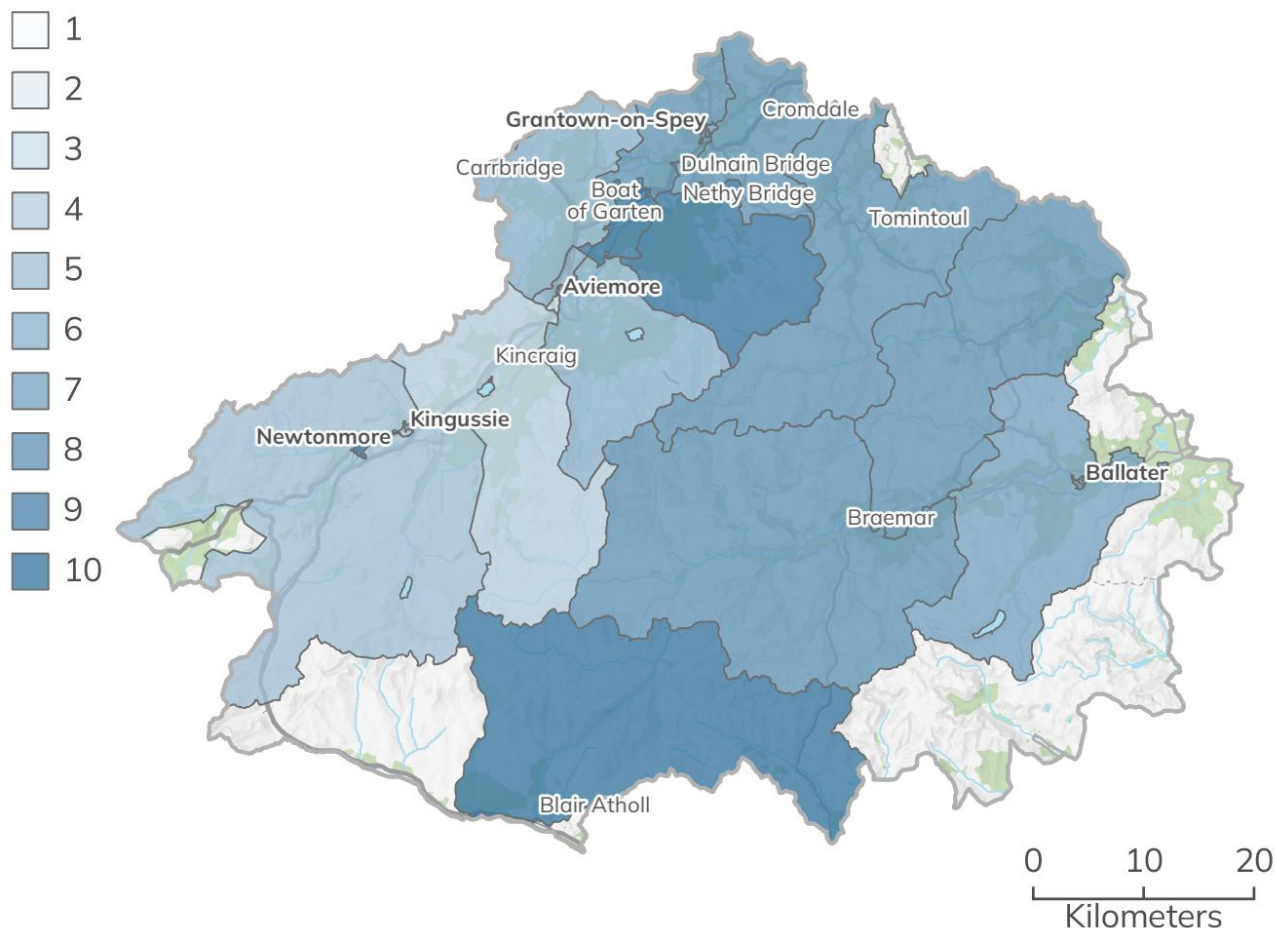


Figure 65 2020 Scottish Index of Multiple Deprivation (SIMD) Crime domain rankings for the Cairngorms National Park data zones. Reproduced by permission of Ordnance Survey on behalf of His Majesty's Stationery Office. © Crown copyright and database right 2025. All rights reserved. Ordnance Survey Licence number AC0000821810, Cairngorms National Park Authority.

In terms of the number of reported crimes (selected sample for Scottish Index of Multiple Deprivation data purposes) the data for the Cairngorms National Park is slightly at odds with the national (Scottish) declining trend (Figure 67 and Figure 68). In 2009 reported crimes increased then decrease the following year but recorded a higher level than before the increase. The only external factor that could be used to explain this was the national economic downturn in 2008 / 2009 coinciding with these results.

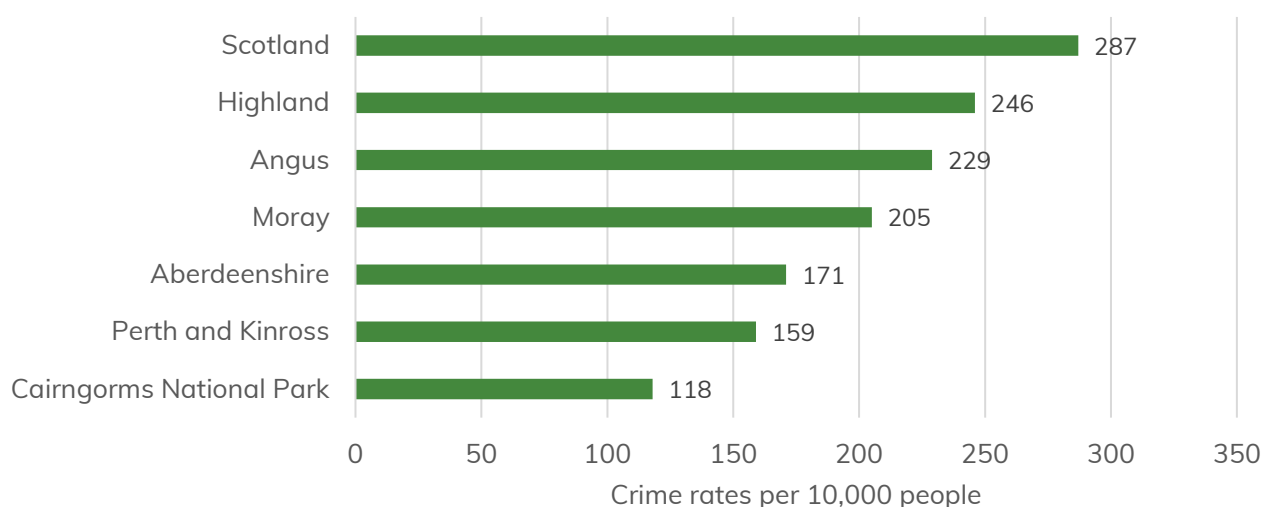


Figure 66 Recorded crime rates (selected categories⁴⁸) per 10,000 people in the Cairngorms National Park, Scotland and Local Authorities covering the National Park. Calculated using the Scottish Index of Multiple Deprivation 2020 data which draws on data from Police Scotland.

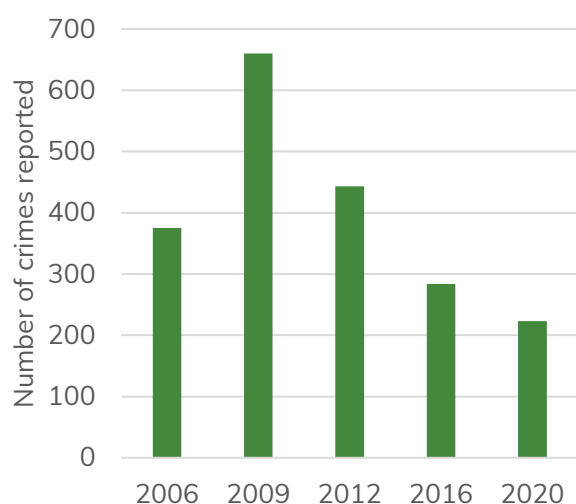


Figure 67 Number of reported crimes in the Cairngorms National Park. Scottish Index of Multiple Deprivation, 2006 – 2020.

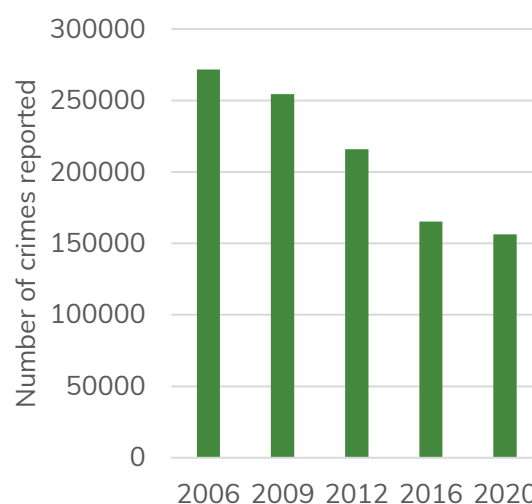


Figure 68 Number of reported crimes in Scotland. Scottish Index of Multiple Deprivation, 2006 – 2020.

While crime rates within the National Park are low and appear to be falling, methods to help reduce crime in the built environment, such as those promoted by the police's official Secured by Design initiative, may be implemented through the design of developments. The Park Authority will seek to engage with Police Scotland in the

⁴⁸ Recorded crime rate of selected crimes of violence, sexual offences, domestic housebreaking, vandalism, drug offences and common assault - sum of each SIMD crime per 10,000 population. Data source Police Scotland for 2017 – 2018.



preparation of the Proposed Plan to ensure that proposals do not reduce safety in this regard.

Road traffic casualties

This paper will briefly discuss road traffic casualties as presented by the Scottish Public Health Observatory at an intermediate data zone level, however more detail on road traffic casualties at specific locations in the Cairngorms National Park is discussed in the Sustainable transport evidence paper which is available here:

- <https://cairngorms.co.uk/wp-content/uploads/2024/11/Topic-Paper-Sustainable-transport-Engagement-version.pdf>

Figure 69 shows the data for patients discharged from hospital after an emergency admission or died as a result of a road traffic accident (based on three-year aggregates age-sex standardised rate per 100,000 population). For the latest period up to 2021 to 2023 the areas covering Badenoch and Strathspey North and South presented higher numbers of patients discharged from hospital after an emergency admission or died as a result of a road traffic accident (67.4 people and 116.9 people respectively) than national average figures (51 people per 100,000). For the latest period up to 2021 to 2023 the areas covering Badenoch and Strathspey North and South (Figure 69) presented higher numbers of patients discharged from hospital after an emergency admission or died as a result of a road traffic accident (67.4 people and 116.9 people respectively) than national average figures (51 people per 100,000). In the area of East Cairngorms, the figure for the same period was recorded at 34.5 people per 100,000, and the lowest ranking area was the Badenoch and Strathspey area, where there were just 21.1 people per 100,000 discharged from hospital after an emergency admission or died as a result of a road traffic accident.

Overall, since 2002 – 2022 and 2021 – 2023 the numbers of people patients discharged from hospital after an emergency admission or died as a result of a road traffic accident have fallen in all areas and nationally, however the data shows fluctuations in figures, most evident in the East Cairngorms area (Figure 69). Overall, through the greatest reduction has been in the East Cairngorms area from a high of 309 people discharged from hospital after an emergency admission or dying as a result of a road traffic accident in 2002 – 2004 to 34.5 people in 2021 to 2023. The smallest change can be seen Badenoch and Strathspey South from 121.5 people discharged from hospital after an emergency admission or dying as a result of a road traffic accident in 2002 – 2004 to 116.9 people in 2021 to 2023 (Figure 69).

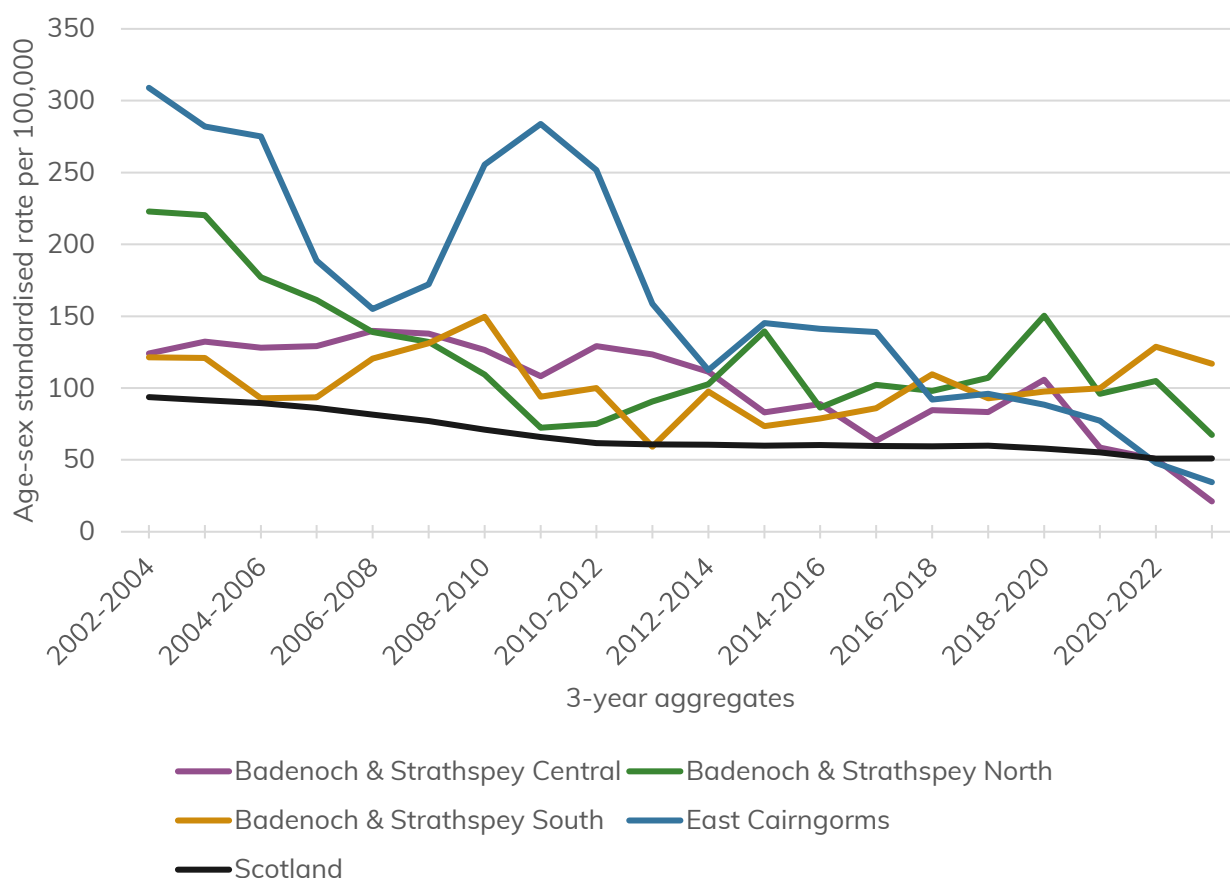


Figure 69 Road traffic accident casualties - Patients discharged from hospital after an emergency admission or died as a result of a road traffic accident: 3-year aggregates age-sex standardised rate per 100,000 population. Scottish Public Health Observatory data.

Flood risk

Flood risk in the Cairngorms National Park is covered in the Strategic Flood Risk Assessment:

- <https://cairngorms.co.uk/wp-content/uploads/2024/03/Cairngorms-Strategic-Flood-Risk-Assessment-2024.pdf>

This information and its implications will be summarised in the flood risk and water management section of the evidence report, to be engaged on later in 2025.

Wildfire risk

Information of wildfire risk and its implications will be summarised in the climate change section of the evidence report, to be engaged on later in 2025.



Air quality

Air pollution results from the introduction of a range of substances into the atmosphere from a wide variety of sources, including industry, transport and power generation.

The main source of air pollution in the Cairngorms National Park is road traffic. Therefore, the key evidence on air quality in the National Park and its effects on health is covered in the sustainable transport evidence paper, which is available here (see page 146):

- <https://cairngorms.co.uk/wp-content/uploads/2024/11/Topic-Paper-Sustainable-transport-Engagement-version.pdf>

Air pollution for other sources is very limited, however there are three sites within the National Park that are on the Scottish Pollutant Release Inventory (Table 7). The inventory is a Pollutant Release and Transfer Register and has the primary purpose of making publicly available officially reported annual releases of specified pollutants to air and water⁴⁹ from Scottish Environment Protection Agency regulated industrial facilities.

Table 7 Scottish Pollutant Release Inventory in the Cairngorms National Park.

National Identity Code ⁵⁰	Site name	Company name	Activity
2293	Granish Recyclg Ctr/TS, Granish Farm, Aviemore	David Ritchie and Sons Limited	Installations for the disposal of non-hazardous waste
99	Highland Coun, Granish L/F, Aviemore, Inverness	The Highland Council	Installations for the disposal of non-hazardous waste
2250	Tayside Contracts, Blair Atholl Roads Depot TS	Tayside Contracts	Installations for the disposal of non-hazardous waste

Only one of these sites, Granish Landfill Site (99) in Aviemore, has reached thresholds where reporting has been required. The site releases methane, which has a reporting threshold of 10 tonnes and is both an air and atmospheric pollutant. Annual emissions

⁴⁹ Water pollution will be covered in an evidence paper on flood risk and water management, to be engaged on later in 2025.

⁵⁰ The unique identifier for Scottish Pollutant Release Inventory sites.



have however seen a significant decline across the reporting period of 2007 – 2023 (Figure 70).

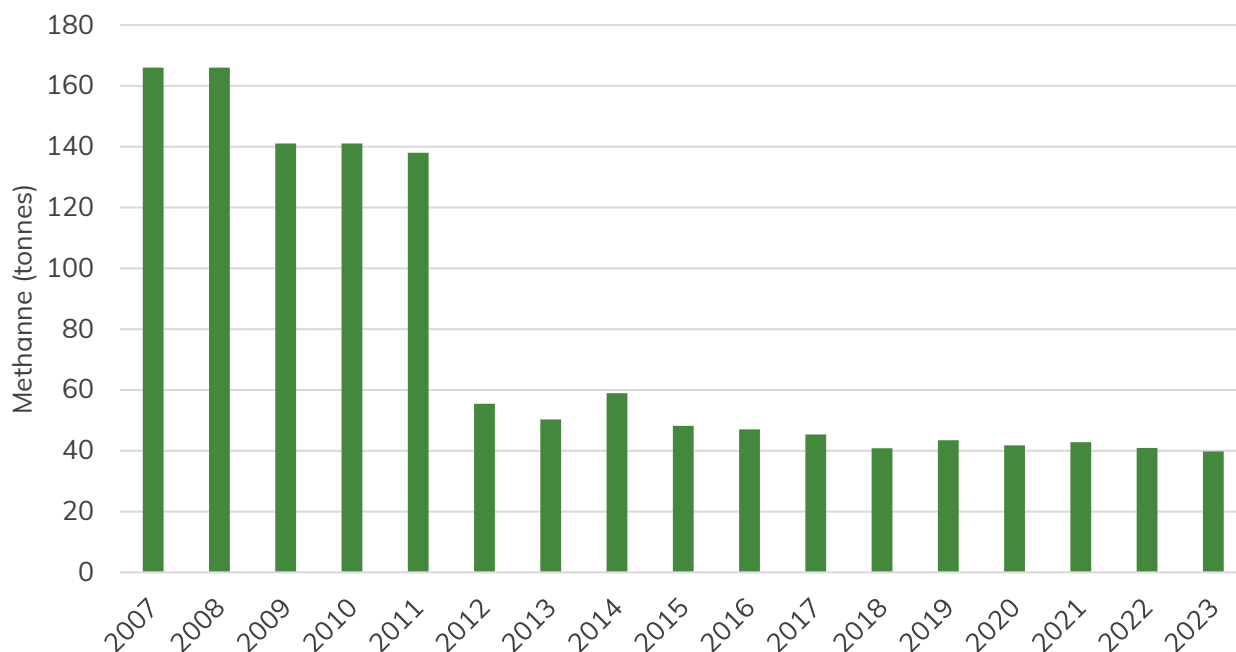


Figure 70 Methane emissions from Granish Landfill Site, Aviemore (Scottish Pollutant Release Inventory national identity code 99), 2007 – 2023 (Source: Scotland Environment Web, 2025).

This is unlikely to have an impact on the proposed plan's spatial strategy, however the proposed plan will need to consider Inventory sites when identifying sites for development, including what mitigation measures might be needed to reduce or eliminate any negative effects.

Further information on waste management and waste sites is covered in the zero waste evidence paper, which is available here:

- <https://cairngorms.co.uk/wp-content/uploads/2024/11/Topic-Paper-Zero-waste-Engagement-version.pdf>

Landslides and debris flows

Landslides and debris flows may present risk in certain areas of the National Park.

Transport Scotland have carried out studies to assess debris flow hazards on the Scottish road network and address the risks resulting from these as they affect Transport Scotland's road network and the road users. The output of this assessment was a list of high hazard ranking sites across Scotland, of which there are a number identified along the A9 and A86 within the Cairngorms National Park, combined covering around 22 kilometres of trunk road (Figure 71).



Hazard Ranking (Risk) Score
= Hazard × Exposure

- 120
- 125
- 175
- 225

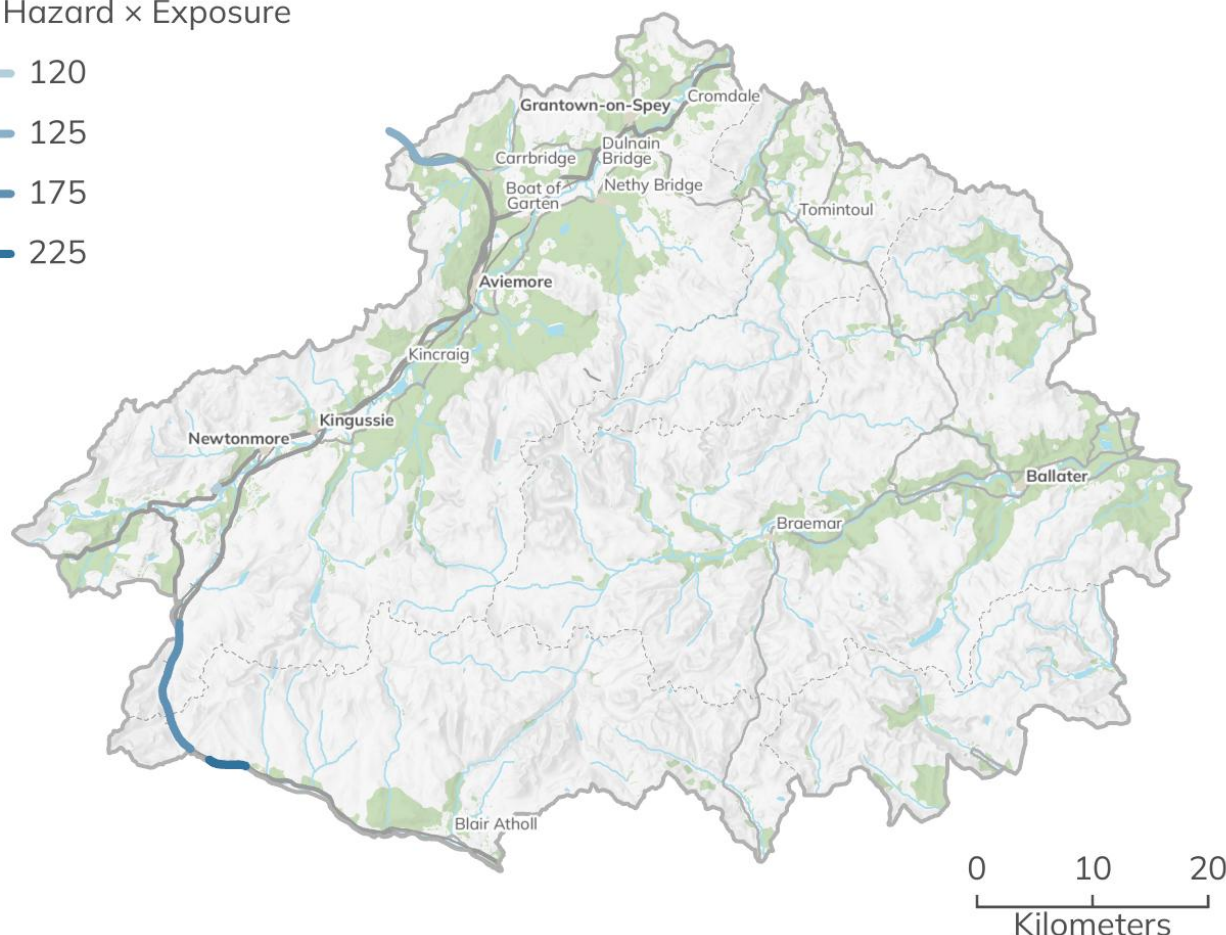


Figure 71 Sites that are at high risk (have a hazard ranking score of 100 or greater) of debris flows on the Cairngorms National Park. Reproduced by permission of Ordnance Survey on behalf of His Majesty's Stationery Office. © Crown copyright and database right 2025. All rights reserved. Ordnance Survey Licence number AC0000821810, Cairngorms National Park Authority. Contains data © Transport Scotland, 2025.

The study recommends two approaches to the management and mitigation of debris flow hazards:

- Exposure reduction, which involves for example education, warning, signing and road closure.
- Hazard reduction, which includes engineering measures that protect the road, reduce the opportunity for debris flow to occur, or involve realignment of the road.

Further information on the purpose and methodology of this study can be found here:

- <https://www.transport.gov.scot/media/23546/j10107.pdf>

The risk identified and management approaches within this context are unlikely to have direct implications for the local development plan as the areas identified are not within



areas where development is likely to be promoted through the spatial strategy. Further information, including the implications of landslide and debris flow risk, is covered in the Land-use, soil and resources evidence paper:

- <https://cairngorms.co.uk/wp-content/uploads/2024/11/Land-use-soil-and-resources-Engagement-version.pdf>

Noise pollution

Scottish Government are responsible for legislation on the control of statutory noise nuisance, with local authorities responsible for controlling and dealing with complaints about noise. Noise counts as a statutory nuisance if it either:

- Unreasonably and substantially interferes with the user or enjoyment of a home or other premises.
- Injures health or is likely to injure health.

Statutory provisions for noise pollution include The Public Health etc. (Scotland) Act 2008 updated the provisions of the 1990 Act by introducing new nuisances of light and insects, as well as other changes including how the Act is enforced.

Noise maps (Figure 72 and Figure 73) have been produced to show a geographical representation of noise levels across the entirety of Scotland for 2021, showing areas where people are exposed to high levels of environmental noise.

The Environmental Noise Directive requires, on a five yearly cycle, the Scottish Government to produce strategic noise maps. The Directive was transposed into Scottish legislation under the Environmental Noise (Scotland) Regulations 2006 and amended by the Environmental Noise (Scotland) Amendment Regulations 2018 following the United Kingdom's exit from the European Union.

The three main objectives Scottish Government through 'Scotland's noise', part of 'Scotland's environment' are delivering are:

1. To determine the noise exposure of the population through noise mapping.
2. To make information available on environmental noise to the public.
3. To establish action plans based on the mapping results, to reduce levels where necessary, and to preserve environmental noise quality where it is good.

More information on how the noise maps have been produced is available here:

- <https://noise.environment.gov.scot/summary.html>



The data indicates that there are no noise sources attributed to industrial noise within the Cairngorms National Park. Noise from rail use occurs along the Highland Mainline, which goes from Perth to Inverness and runs through the settlements of Blair Atholl, Dalwhinnie, Newtonmore, Kingussie, Kincaig, Aviemore and Carrbridge (Figure 72). Figure 72 and Figure 73 are extracts from Scotland's noise mapping resource detailing noise pollution caused by rail and road traffic in and around the National Park area.

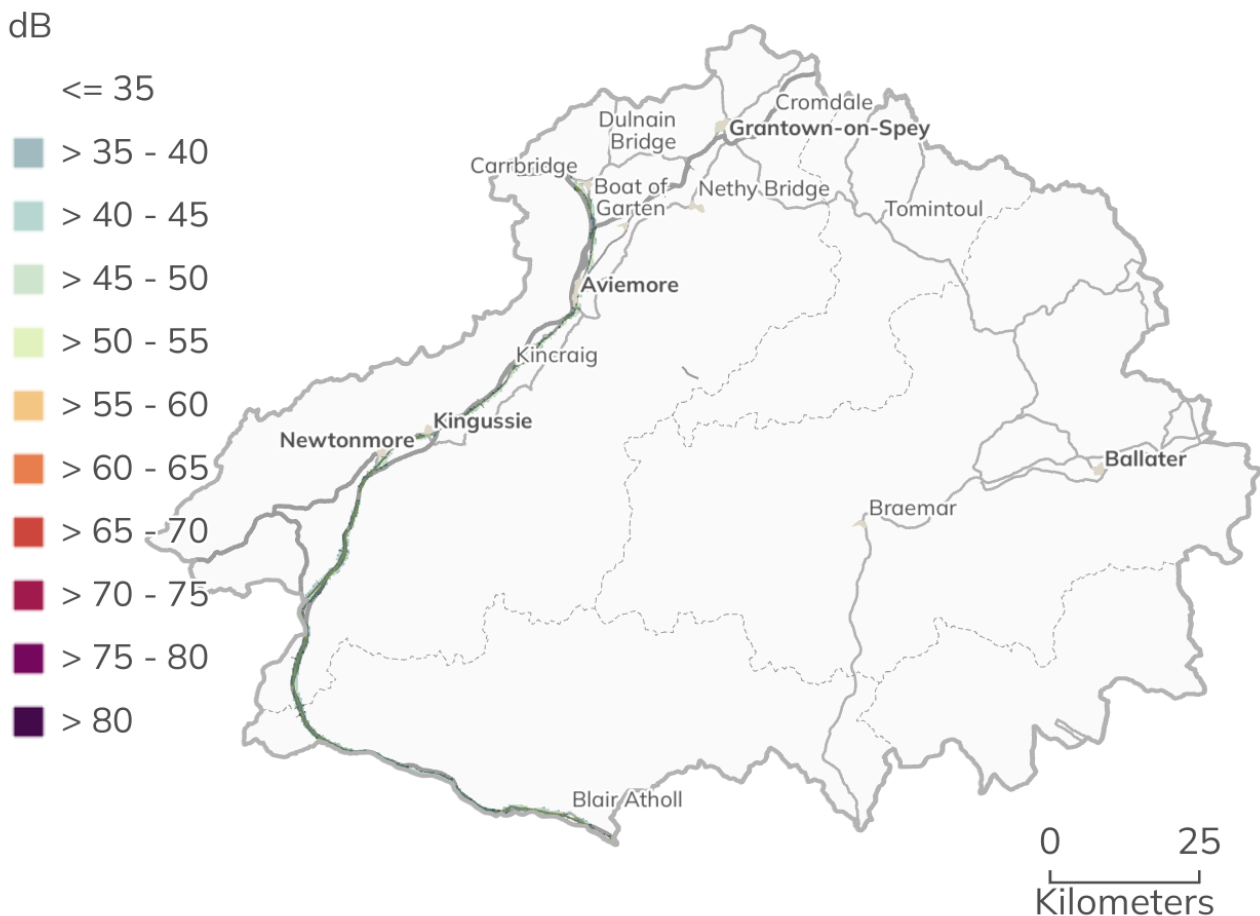


Figure 72 Map showing the day-evening-night level (Lden) noise indicator for overall annoyance based upon annual average A-weighted long-term sound over 24 hours, with a 5 dB(A) penalty for evening noise (19:00-23:00) and a 10 dB(A) penalty for night-time noise (23:00-07:00) attributed to rail use. Scotland's noise, 2024.



dB

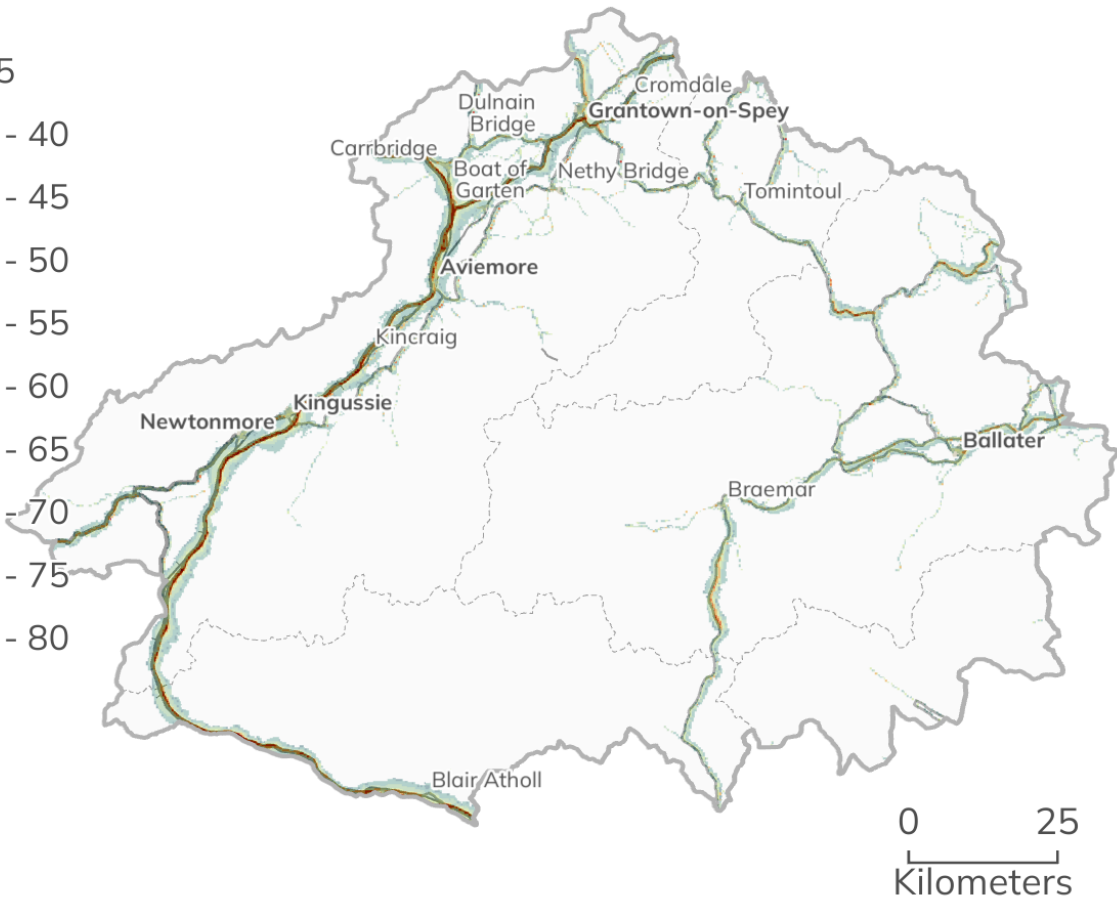
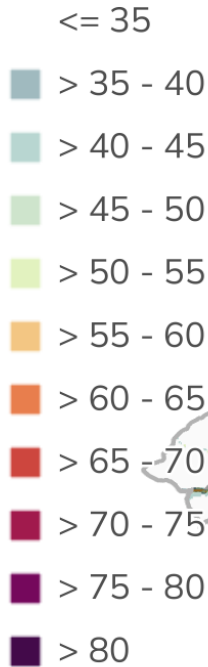


Figure 73 Map showing the day-evening-night level (Lden) noise indicator for overall annoyance based upon annual average A-weighted long-term sound over 24 hours, with a 5 dB(A) penalty for evening noise (19:00-23:00) and a 10 dB(A) penalty for night-time noise (23:00-07:00) attributed to road use. Scotland's noise, 2024.

Figure 73 Shows that the majority of noise pollution within the Cairngorms National Park from road use is attributed to the A9, A93 and the A95.

Transport related noise pollution

Placed in context, transportation noise is the biggest source of environmental noise in Scotland. The Scottish Noise Action Plans are a requirement of European Parliament and Council Directive for Assessment and Management of Environmental Noise 2002/49/EC. This Transportation Noise Action Plan (2019 – 2023), produced by Transport Scotland, was one of a series of eight Scottish Noise Action Plans implemented across Scotland. The noise mapping process identified sections across a number of transport corridors that fall within the Round Three Transportation Action Planning Process, which included sections of the A9 within the National Park.



Transport Scotland have informed the Park Authority (December 2024) that they are in the process of completing a Closure and Next Steps report and preparing the next Transportation Noise Action Plan for 2024 to 2028. The Proposed Plan and Spatial Strategy will take into account any emerging noise management plans that cover any part of the National Park.

Major hazard sites

Scottish Government's Local Development Planning Guidance states that 'Mine gases are hazardous to human health' and should... be taken into account during the preparation of the spatial plan. Therefore, in those areas within Scotland where coal mining has taken place in the past, planning authorities are expected to review the relevant maps produced by the Coal Authority that indicate where there are 'development high risk areas', and make reference to these in the Evidence Report.'

Coal mining has not taken place within the Cairngorms National Park and there are no major hazard sites within its boundary. Therefore, there are no implications in this regard for the preparation of the proposed plan.

Contaminated land

Other environmental or pollutant characteristics may be particularly relevant to an area, for example land that has been contaminated, and where known this should be taken into consideration during the preparation of the proposed plan's spatial strategy.

Information on contaminated land in the Cairngorms National Park is covered in the Land use, soil and resources evidence paper which is available here (see page 25):

- <https://cairngorms.co.uk/wp-content/uploads/2024/11/Land-use-soil-and-resources-Engagement-version.pdf>

Other nuisances

Other types of nuisances include odour from wastewater treatment works and light pollution. Where potential negative effects arising from light or odour pollution / nuisances can be determined, an operational management plan may be requested by the Park Authority to mitigate the effects.

Water pollution

Water pollution, including its sources and effects on water quality will be covered in an evidence paper on flood risk and water management, to be engaged on later in 2025.



Wastewater treatment works

The Sewerage Nuisance (Code of Practice) (Scotland) Order 2006, along with supporting documents, entitles assessment and control of odours from wastewater treatment works. The code of practice applies for the purposes of assessing, controlling and minimising odour nuisance. It applied to all new and existing wastewater treatment works. The code of practice requires an operational management plan to be prepared with control; measures appropriate to the management and control of the odours arising from the wastewater treatment works.

Details on wastewater infrastructure in the National Park will be provided in an evidence paper on flood risk and water management, to be engaged on later in 2025.

Light pollution

Light pollution describes artificial light that is excessive or has an adverse effect on the environment.

Guidance to accompany the Statutory Nuisance Provisions of the Public Health etc (Scotland) Act 2008 states that a key control method for minimizing the impact of new or substantially changed lighting schemes is through planning controls. Planning conditions may cover such matters as:

- Hours of illumination.
- Light levels.
- Column heights.
- Specification and colour treatment for lamps and luminaires.
- The need for full horizontal cut-off.
- No distraction to the highway.
- Levels of impact on nearby dwellings.
- Use of demountable columns.
- Retention of screening vegetation.
- Use of planting and bunding to contain lighting effects.
- Erection of demonstration luminaires.
- Review of lighting impacts after installation.

The extent of artificial lighting in the Cairngorms National Park is very limited. Where artificial lighting is displayed, this is largely confined to along the main straths, focussed around settlements and areas of industry, in particular security lighting for whiskey distilleries warehouses.



The Tomintoul and Glenlivet Dark Sky Park is certified as part of the International Dark Sky Places Program by the International Dark Sky Association. Further information on Dark Skies, including maps showing the location of the Tomintoul and Glenlivet Dark Sky Park and implications for the local development plan, is covered in the landscape evidence paper which is available here:

- <https://cairngorms.co.uk/wp-content/uploads/2024/07/Topic-paper-Landscape-Engagement-version.pdf>

Food environment

Scottish Government's local development planning guidance states that evidence on the food environment may include, food availability and food deserts; food outlet clusters; local and community food growing; food markets; market gardens; and non-agricultural commercial food growing.

Poor diet is one of the leading contributors to poor health globally⁵¹, with poor dietary habits learned in childhood leading to detrimental behaviours later in life. Scottish Government define food security as being a lack of access to enough or appropriate food due to a lack of resources⁵². Food insecurity is associated with a number of physical and mental health conditions. Increases in the cost of living, including food prices, have placed additional economic pressure on households, widening inequalities and increasing the likelihood of turning to less healthy but cheaper foods⁵³. Eating well is a Public Health Priority for Scotland set out in the policy document: A Healthier Future: Scotland's Diet and Healthy Weight Delivery Plan (2018).

Hot food takeaways, alcohol and tobacco retail

It is generally accepted that health for all can only be achieved if the environment in which people live is itself health promoting and that commercial factors are, in themselves, determinants of people's health⁵⁴.

⁵¹GBD 2019 Risk Factor Collaborators (2020). Global burden of 87 risk factors in 204 countries and territories, 1990-2019: a systematic analysis for the Global Burden of Disease Study 2019, The Lancet; 396(10258): p1223-1249. Available at: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30752-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30752-2/fulltext)

⁵² Food insecurity and poverty - United Nations: Scottish Government response. 2021. Available at: <https://www.gov.scot/publications/scottish-government-response-un-food-insecurity-poverty/pages/4/>

⁵³ Scottish Health Survey 2023. 2024. Available at: <https://www.gov.scot/publications/scottish-health-survey-2023-volume-1-main-report/>

⁵⁴ Available at: <https://www.who.int/europe/publications/i/item/9789289061162>



Public Health Scotland and the Scottish Directors of Public Health have jointly published a position statement – Better Places⁵⁵ in August 2024. The document outlines how those operating in the public, private, third voluntary and community sectors can adopt place-based approaches, which will support improvements in health for local people.

It affirms that in Scotland there is huge variation in the quality of its places and communities, contributing to rising levels of poor health and widening health inequalities⁵⁶. People living in the poorest areas have more alcohol and tobacco outlets, bookmakers and takeaways, meaning there is greater exposure to health-harming activities⁵⁷. The Better places statement calls for stronger action through supportive policy to lessen the existing and future impacts of the built environment on health, warning if it does not happen ‘these differences will remain and will probably widen’.

Alcohol harm and availability

In all four intermediate data zones alcohol related hospital admissions (age-sex standardised rate per 100,000) have been lower than the Scottish average since 2008 / 2009 (Figure 74). Looking at the linear trends in all four intermediate zones there is a decreasing trend in the number of alcohol-related hospital admissions in the Cairngorms National Park. It should be noted that as with the data on road casualties there are fluctuations in the numbers throughout the period show in Figure 74.

⁵⁵ Available at: <https://publichealthscotland.scot/media/28759/better-places-position-statement-english-august2024.pdf>

⁵⁶ Marmot M, Allen J, Boyce T et al. Health equity in England: The Marmot Review 10 years on. London: Institute of Health Equity; 2020

⁵⁷ Macdonald L, Olsen JR, Shortt NK et al. Do ‘environmental bads’ such as alcohol, fast food, tobacco, and gambling outlets cluster and co-locate in more deprived areas in Glasgow City, Scotland? Health & Place 2018 51:224–231.

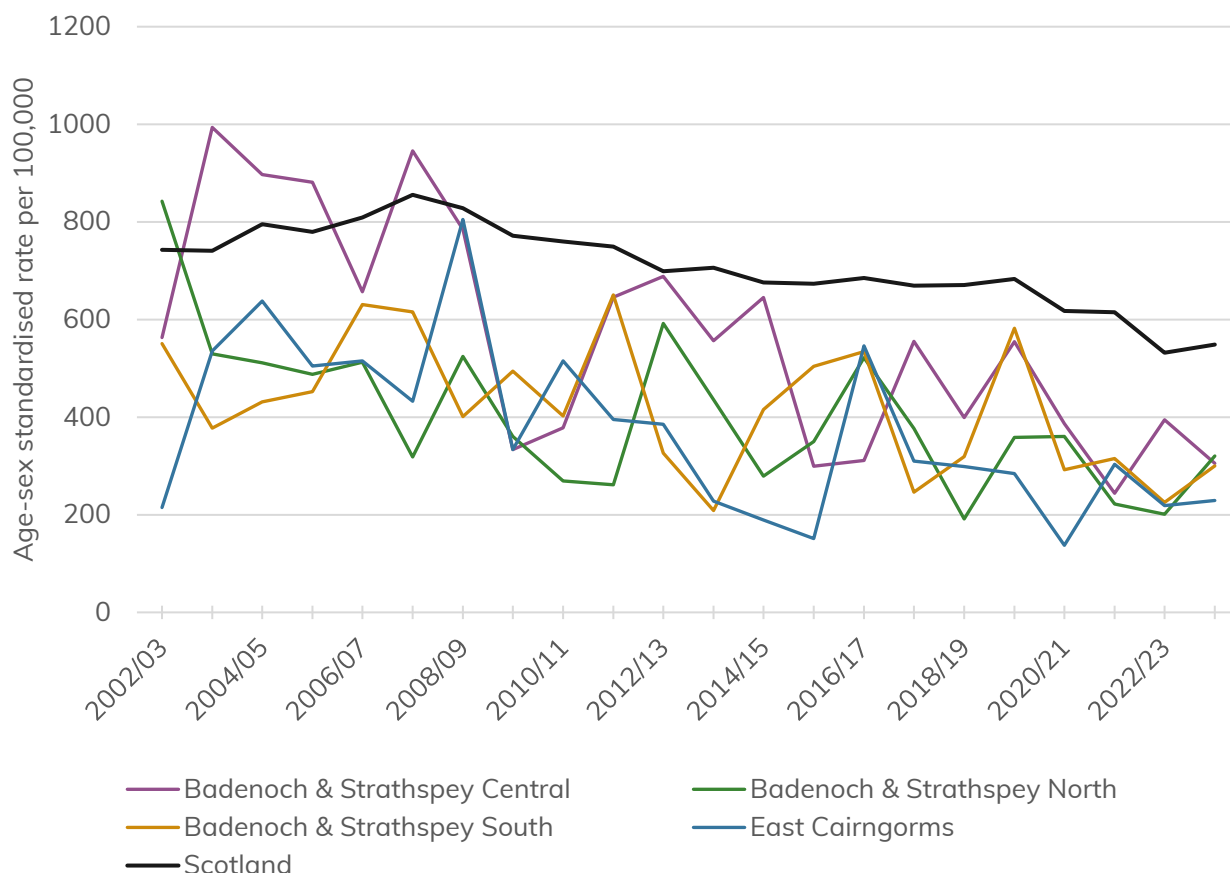


Figure 74 Alcohol-related hospital admissions - Age-sex standardised rate per 100,000 people. Scottish Public Health Observatory data.

Looking at the most recent reported years 2023 / 2024, the figures for Scotland were recorded at 548.5 alcohol-related hospital admissions per 100,000 people significantly above the areas in the National Park which ranged from 320.5 in Badenoch and Strathspey North to a low of 229.3 in the East Cairngorms area.

There is evidence to suggest that greater alcohol outlet density is associated with increased alcohol consumption and related harm and therefore the regulation or reduction of alcohol availability in terms of points of access may be a useful tool for the reduction of excessive alcohol consumption and related harms⁵⁸. In the Cairngorms National Park there are estimated to be at least 230 alcohol licenced premises where residents can potentially buy alcohol, the majority being in the Highland area of the

⁵⁸ Carla Alexia Campbell, Robert A. Hahn, Randy Elder, Robert Brewer, Sajal Chattopadhyay, Jonathan Fielding, Timothy S. Naimi, Traci Toomey, Briana Lawrence, Jennifer Cook Middleton, The Effectiveness of Limiting Alcohol Outlet Density as a Means of Reducing Excessive Alcohol Consumption and Alcohol-Related Harms, American Journal of Preventive Medicine, Volume 37, Issue 6, 2009, Pages 556-569, Available at: <https://doi.org/10.1016/j.amepre.2009.09.028>. Accessed 21 February 2025.



National Park (140), with 16 in the Moray area, 17 in Perth and Kinross area and 57 in the Aberdeenshire area (Figure 75). In terms of settlements Aviemore stands out, as having 49 licenced premises, followed by Ballater which has 29. This may in part be due to the settlement's popularity as tourist destinations (Figure 75).

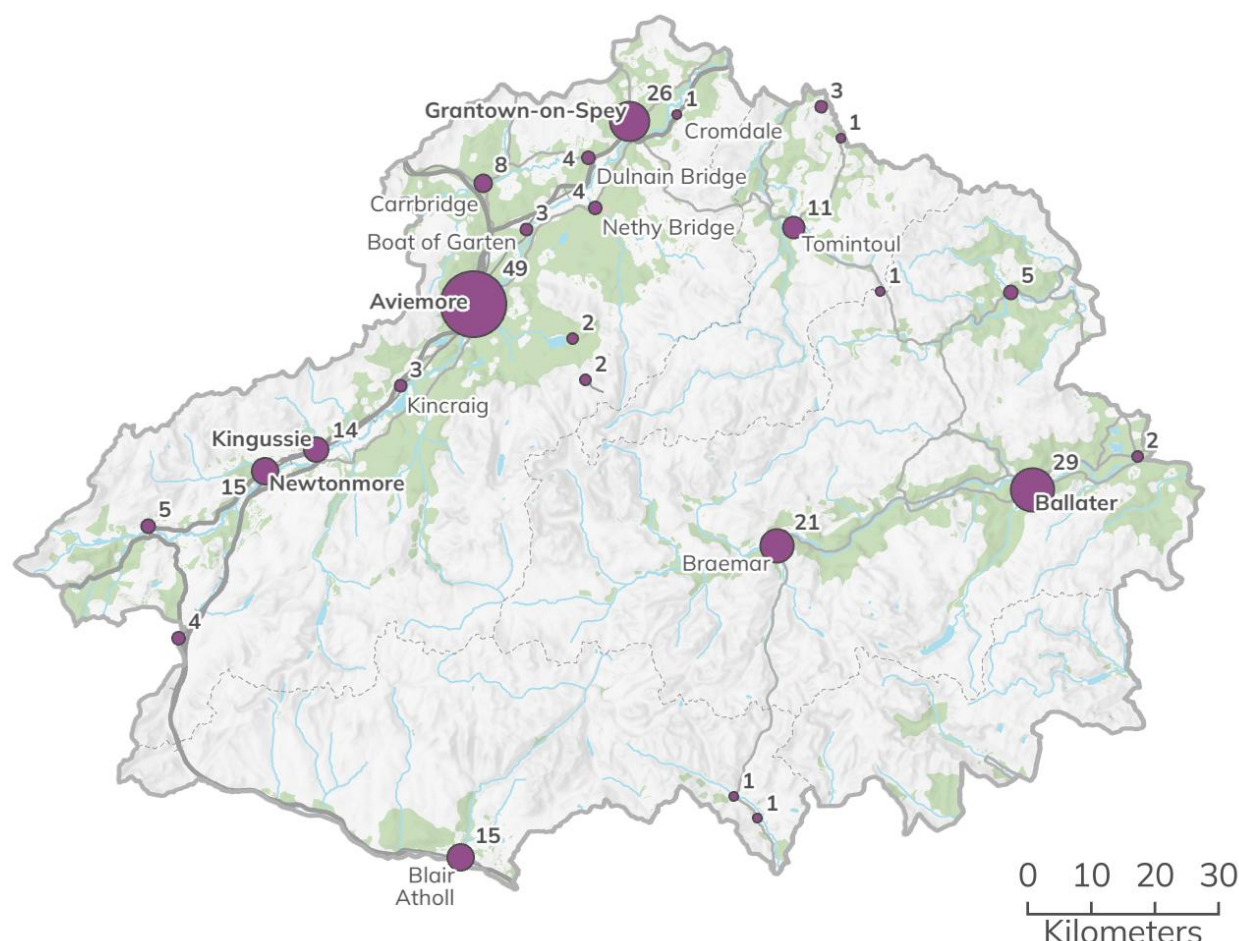


Figure 75 Location and number of licenced premises selling alcohol in the Cairngorms National Park in February 2024. Reproduced by permission of Ordnance Survey on behalf of His Majesty's Stationery Office. © Crown copyright and database right 2025. All rights reserved. Ordnance Survey Licence number AC0000821810, Cairngorms National Park Authority.

Tobacco harm and availability

In 2023 around one in seven (15%) adults in Scotland were current smokers, the same proportion as in 2022. Smoking is the cause of around one in five deaths and a leading cause of premature death, ill health and disability in Scotland⁵⁹. Scottish Government's

⁵⁹ The Scottish Health Survey 2023 - volume 1: main report. Available at: <https://www.gov.scot/publications/scottish-health-survey-2023-volume-1-main-report/pages/13/#notes>



new Tobacco and Vaping Framework: a roadmap to 2034⁶⁰, launched in November 2023, outlines interventions and policies that aim to ensure Scotland is raising a tobacco-free generation by 2034 (defined as 'a smoking prevalence among the adult population of 5% or lower').

Under the domain of smoking related deaths one key indicator that can be used as a proxy for harm caused by smoking is the incidence of chronic obstructive pulmonary disease (COPD). The most significant risk factor for of chronic obstructive pulmonary disease is cigarette smoking⁶¹. Despite a considerable decline in smoking rates over the past 25 years, morbidity and mortality due to of chronic obstructive pulmonary disease in Scotland remain high (Scottish Public Health Observatory, 2024). Another indicator of smoking prevalence in the population can be drawn from the data collected on women smoking while pregnant.

Although historically some areas in the Cairngorms National Park have experienced higher than national average figures in terms of the incidences of chronic obstructive pulmonary disease patient hospitalisations, since 2012 / 2013 – 2013 / 2014 all the data zones in the National Park have been below Scottish averages (Figure 76). There has been a downward trend in all areas including Scotland between 2002 / 2003 – 2004 / 2005 to 2021 / 2022 – 2023 / 2024 (Figure 76).

Looking at the most recent years data (2021 / 2022 – 2023 / 2024) all four areas are significantly below the national average of 210.1 chronic obstructive pulmonary disease patient hospitalisations per 100,000 people. In the National Park Badenoch and Strathspey South had the highest incidence at 95.5 chronic obstructive pulmonary disease hospitalisations per 100,000 people, and East Cairngorms had the lowest at 51.3 chronic obstructive pulmonary disease hospitalisations per 100,000 people in the most recent years data (Figure 76).

⁶⁰ <https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2023/11/tobacco-vaping-framework-roadmap-2034/documents/tobacco-vaping-framework-roadmap-2034/tobacco-vaping-framework-roadmap-2034/govscot%3Adocument/tobacco-vaping-framework-roadmap-2034.pdf>

⁶¹ Chronic obstructive pulmonary disease (COPD): key points. ScotPHO. Available at: <https://www.scotpho.org.uk/health-conditions/chronic-obstructive-pulmonary-disease-copd/key-points/#:~:text=The%20most%20significant%20risk%20factor%20for%20COPD%20is,mortality%20due%20to%20COPD%20in%20Scotland%20remain%20high.>

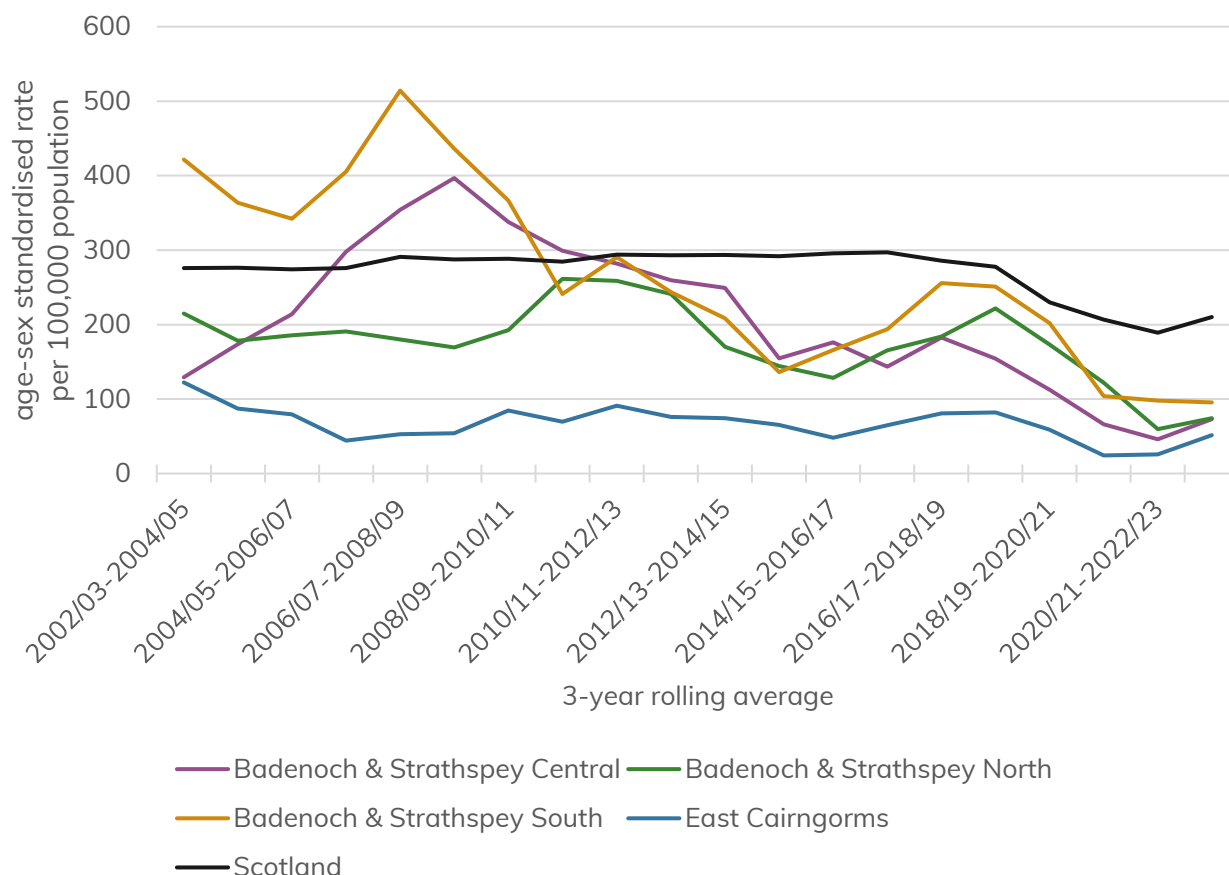


Figure 76 Chronic obstructive pulmonary disease (COPD) patient hospitalisations. Age-sex standardised rate per 100,000 people. 2021 / 2022 to 2023 / 2024 financial years; 3-year aggregates. Scottish Public Health Observatory data 2024.

Another indicator of the prevalence of smoking in the Cairngorms National Park that can be used is the data provided by Scottish Public Health Observatory on women recorded as smoking during pregnancy (Figure 77). Women with known smoking status at 1st antenatal booking appointment who are recorded as a 'current smoker': 3-year rolling average number and percentage of all women with a known smoking status at first booking (those with a smoking status of 'unknown' have been excluded). This data is limited, in the sense that it is only available for two periods: 2020 – 2022 and 2021 – 2023, but useful none the less to show changes in recent years. It should be noted that longer term trends are not available for analysis at this geography, until further years data is collected.

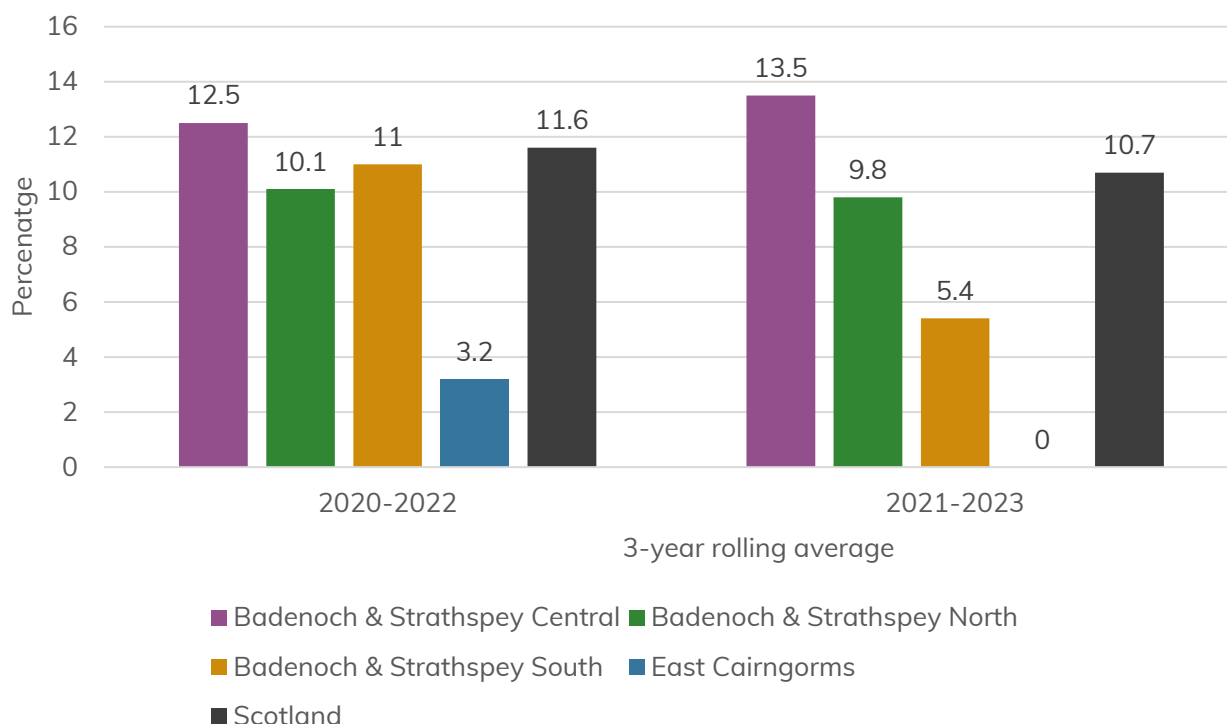


Figure 77 Percentage of women who at the 1st antenatal booking appointment are recorded as a 'current smoker' for the intermediate data zones and Scotland. Scottish Public Health Observatory data 2024.

In 2021 – 2023 the percentage of women who at the 1st antenatal booking appointment who are recorded as a 'current smoker' is higher in the Badenoch and Strathspey Central area (13.5%) than the Scottish average (10.7%). The Scottish average decreased from 2020 – 2022 to 2021 – 2023, however the incidence in Badenoch and Strathspey Central increased from 12.5% to 13.5%. All the other three areas have been below the Scottish average and also reduced from 2020 – 2022 to 2021 – 2023. There were significant reductions in Badenoch and Strathspey South and the East Cairngorms. It should be noted that alongside a lack of historical data, the areas have relatively small populations in a national context and therefore taking these two things into consideration no meaningful conclusions can be drawn from the limited data in itself.

The data that has been provided does however show there are still people smoking and suffering from smoking related illness in the National Park. Studies have shown that increased accessibility to cigarettes, such as through more retail outlets, is associated with higher smoking rates. For example, a study published in the journal Preventing Chronic Disease found that areas with a higher density of tobacco retailers had higher



smoking prevalence⁶². Figure 78 shows the location and number of retailers that sell tobacco products in the Cairngorms National Park. The area with the largest number (Aviemore) is also the site for the main transport connections in and out of the National Park and a popular holiday destination.

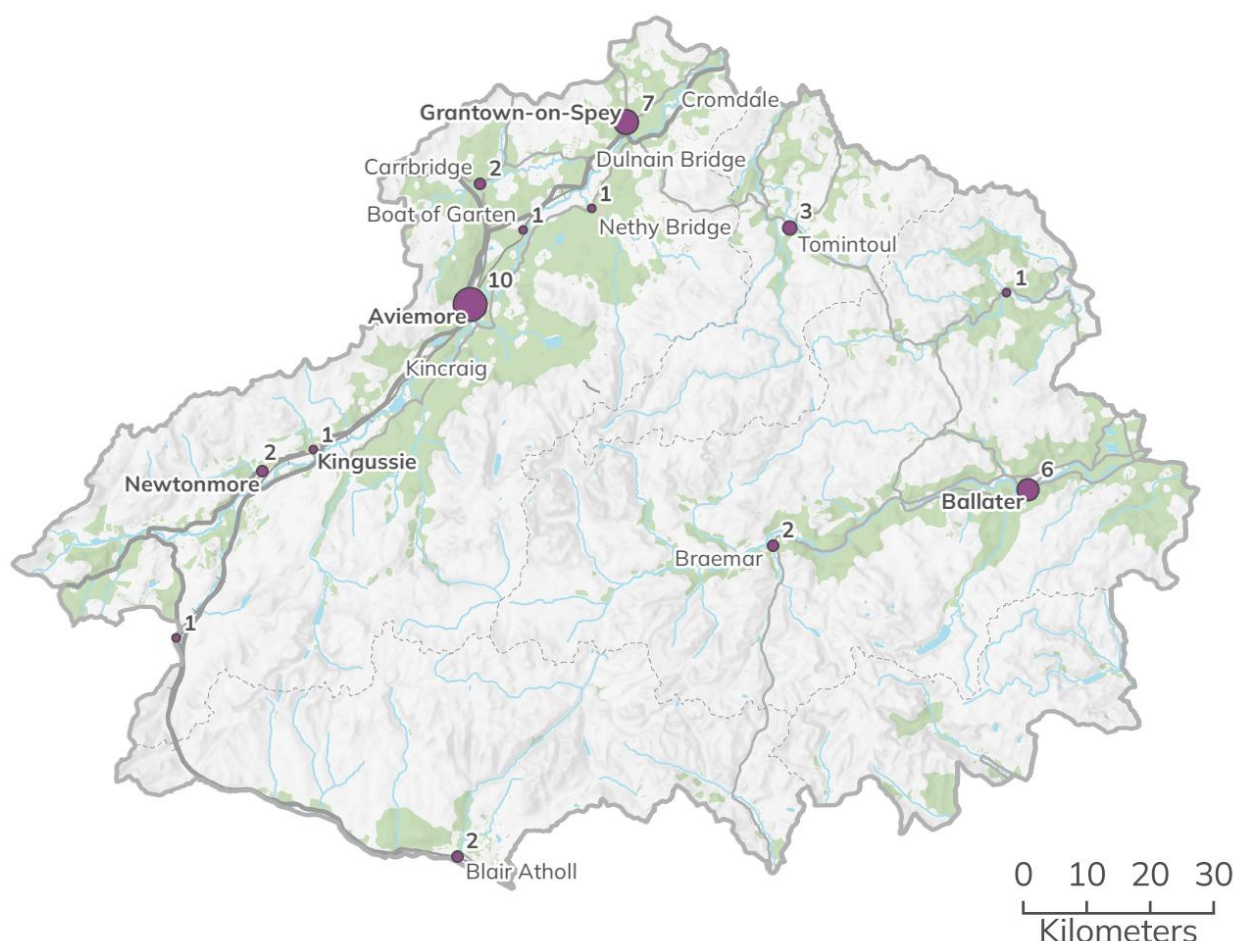


Figure 78 Location and number of retailers selling tobacco products in the Cairngorms National Park in February 2024. Reproduced by permission of Ordnance Survey on behalf of His Majesty's Stationery Office. © Crown copyright and database right 2025. All rights reserved. Ordnance Survey Licence number AC0000821810, Cairngorms National Park Authority.

Obesity risks and access to takeaways

Maintaining a healthy weight is a key public health priority for Scotland. A Healthier Future: Scotland's Diet and Healthy Weight Delivery Plan (2018), sets out a vision where everyone in Scotland has a healthy weight.

⁶² 20-Year Trends in Tobacco Sales and Self-Reported Tobacco Use in the United States, 2000–2020. Available at: https://www.cdc.gov/pcd/issues/2022/21_0435.htm



Obesity⁶³ is linked to a range of health outcomes including type 2 diabetes, cardiovascular disease (CVD), hypertension, asthma and high cholesterol, having the potential to worsen existing conditions and /or to lead to new ones developing (Scottish Health Survey 2023). There is also evidence that there is relationship between those living with obesity and increased incidence of mental health issues such as depression, anxiety, disordered eating, low self-esteem and reduced quality of life⁶⁴. Other studies have shown that those overweight or living with obesity are exposed to a higher risk of dementia or Alzheimer's disease in later life⁶⁵.

The Scottish Health Survey reports that in Scotland in 2023, almost a third of adults (32%) were living with obesity, the highest level in the time series. The Health Survey also reported that just under a fifth of children (17%) were at risk of obesity in 2023. Living with obesity at a young age tends to continue into adulthood and places individuals at increased risk of developing conditions such as cardiovascular disease and diabetes at a younger age⁶⁶

Data on obesity for the residents in the National Park is not readily available, however as a proxy for obesity risk, this report looks at the data provide by the Scottish Public Health Observatory for the intermediate data zones covering the National Park on child healthy weight in primary 1 (Figure 79). This is defined as the number and percentage of Primary 1 children (with a valid height and weight recorded) whose BMI is in the healthy weight range (between the 2nd and 85th centile based on the UK 1990 reference range for their age and sex.

In 2021 / 2022 all four intermediate zones recorded higher than (Scottish) average percentages of healthy weights for Primary 1 children, meaning more children (Primary one age) on average in these data zones in this year were of a healthy weight when compared to the Scottish average (Figure 79). The Scottish average percentage of primary one children in 2021 / 2022 was 74.7%, in the East Cairngorms it was 85.7%, in

⁶³ Obesity is classified as having a Body Mass Index (BMI) of 30 kg/m² or more.

⁶⁴ Sarwer, DB and Polonsky, HM. (2016). The Psychosocial Burden of Obesity. *Endocrinology and Metabolism Clinics of North America*, Vol 45(3), pp. 677-688. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6052856/pdf/nihms980694.pdf>

⁶⁵ Flores-Cordero, JA, Perez-Perez, A, Jiminez-Cortegana, C, Alba, G, Flores-Barragan, A and Sanchez-Margalet. (2022). Obesity as Risk Factor for Dementia and Alzheimer's Disease: The Role of Leptin. *International Journal of Molecular Sciences*, Vol 23(9) [Online]. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9099768/>

⁶⁶ Balasundaram, P and Krishna, S. (2023). Obesity Effects on Child Health. *National Center for Biotechnology Information* [Online]. Available at: <https://www.ncbi.nlm.nih.gov/books/NBK570613/>



Badenoch and Strathspey Central it was 80%, North it was 81.2% and South it was 77.8% (Figure 79).

In terms of trends between 2008 / 2009 and 2021 / 2022 nationally the proportion of children of primary one age with health weight is decreasing. This is also the case for Badenoch and Strathspey Central where the proportion of children at primary one age with a healthy weight is also decreasing. In the Badenoch and Strathspey North and South and the East Cairngorms areas the proportion of primary one age children with healthy weights are increasing.

It should be noted that between 2008 / 2009 and 2021 / 2022 in relation to being better or worse the figures for the percentages of Primary one children with health birth weights fluctuate considerable, between just under 56% and up to 96% for the four areas representing the Cairngorms National Park (Figure 79).

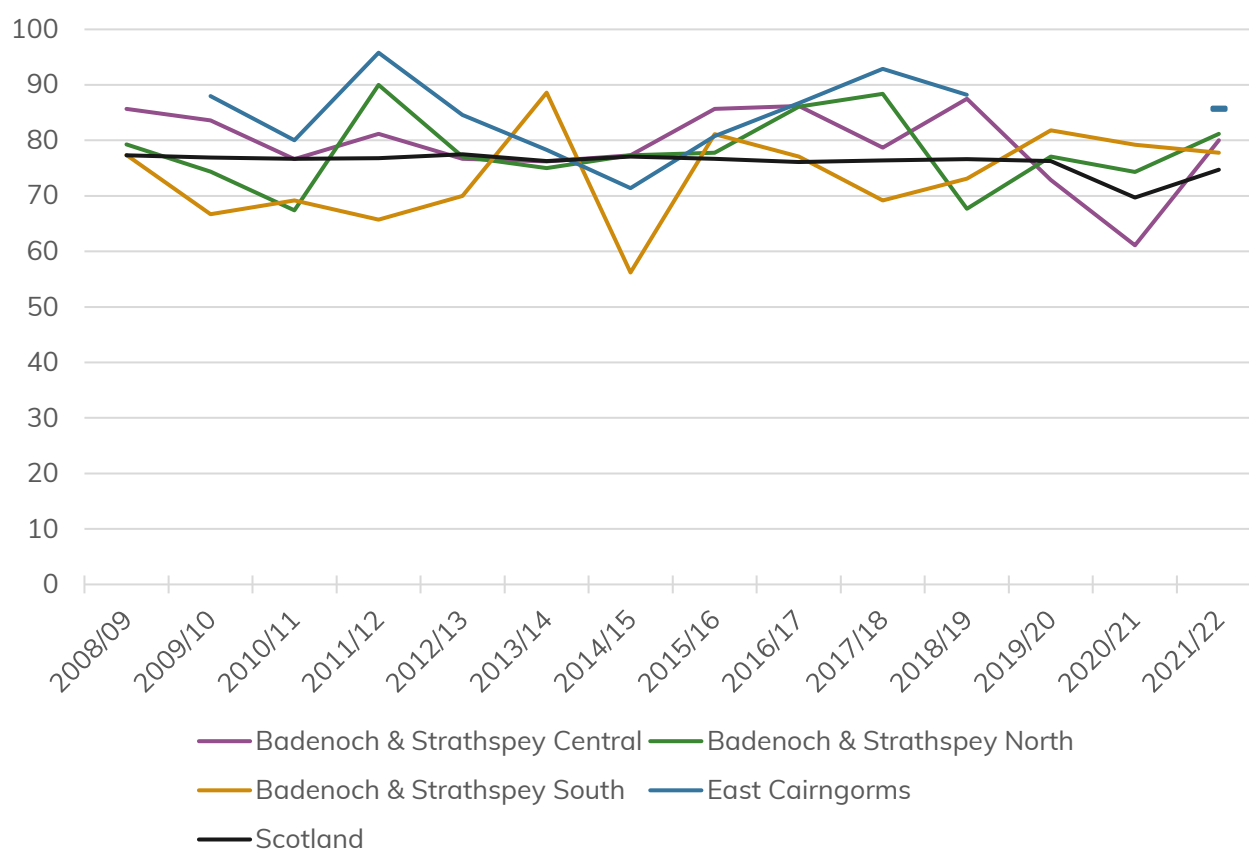


Figure 79 Proportion of children in P1 with healthy weight (2nd-85th centile based on 1990 UK reference range). Scottish Public Health Observatory data 2024.



A project funded by the funded by the National Institute for Health and Care Research (NIHR) Public Health Research Programme⁶⁷ has developed a practical guide to managing takeaways near schools. The project highlighted the fact that there is evidence that healthy neighbourhoods help people make healthy choices to live well. Takeaway management zones are one way to achieve this. They work by allowing local authorities to stop new takeaways opening near schools. The project and related research showed that there is strong evidence that takeaway management zones change local environments for the better. Takeaway management zones can have positive impacts on health, benefit local economies, and are seen as acceptable and necessary by local communities.

Children at the High Schools in the Cairngorms National Park often use takeaways at lunch time and after school. Research has shown associations between having physical access to more takeaways, eating takeaway food more frequently and living with obesity in the UK⁶⁸. There is also evidence that exposure to takeaway food increases the risk of obesity for people in working adults⁶⁹.

In the Cairngorms National Park the majority of takeaway food retailers are located in the some of the key settlements in the National Park; Aviemore, Grantown-on-Spey and Ballater (Figure 80). There are also tourist destinations. Aviemore and Ballater, are popular tourist destinations. When considering the number of takeaways in the two settlements that are also the locations for the High Schools Grantown-on-Spey has a significantly higher number of takeaway options available to school age children. There are 14 takeaway options in Grantown-on-Spey compared to 4 in Kingussie.

In Grantown-on-Spey there are no food takeaways within 400m of the High School, however there are eight within 800m of the school and a further five a short distance further. In Kingussie there are takeaway food retailers within 400m of the High School. At both locations many of the school children use the local takeaways during school time for Figure 82) lunch time meals. This in turn also supports the local economy and the viability of the High Streets in these two settlements.

⁶⁷ Hassan S, Burgoine T, Cummins S et al (2024) Managing takeaways near schools: a toolkit for local authorities. 10.5281/zenodo.13341617

⁶⁸ Lake, A.A., E.J. Henderson, and T.G. Townshend, Exploring planners' and public health practitioners' views on addressing obesity: lessons from local government in England. *Cities & Health*, 2017. 1: p. 185-193.

⁶⁹ Burgoine, T., et al., Associations between exposure to takeaway food outlets, takeaway food consumption, and body weight in Cambridgeshire, UK: population based, cross sectional study. *British Medical Journal*, 2014. 348: p. 1-10.

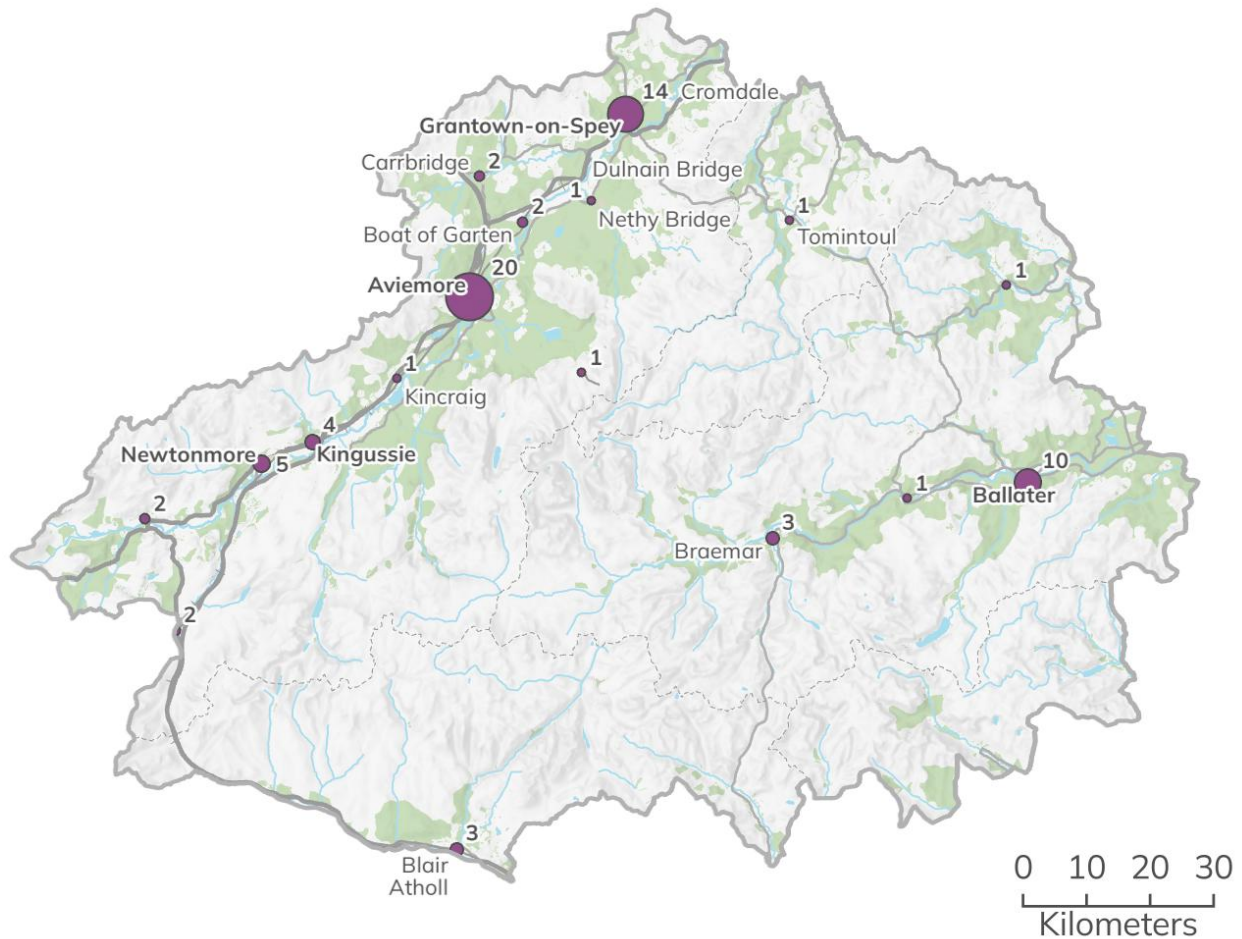


Figure 80 Location and number of retailers take away food in the Cairngorms National Park in February 2024. Reproduced by permission of Ordnance Survey on behalf of His Majesty's Stationery Office. © Crown copyright and database right 2025. All rights reserved. Ordnance Survey Licence number AC0000821810, Cairngorms National Park Authority.



Figure 81 Takeaway food retailers within 400m and 800m of Grantown Grammar School in the Cairngorms National Park 2024. Reproduced by permission of Ordnance Survey on behalf of His Majesty's Stationery Office. © Crown copyright and database right 2025. All rights reserved. Ordnance Survey Licence number AC0000821810, Cairngorms National Park Authority.

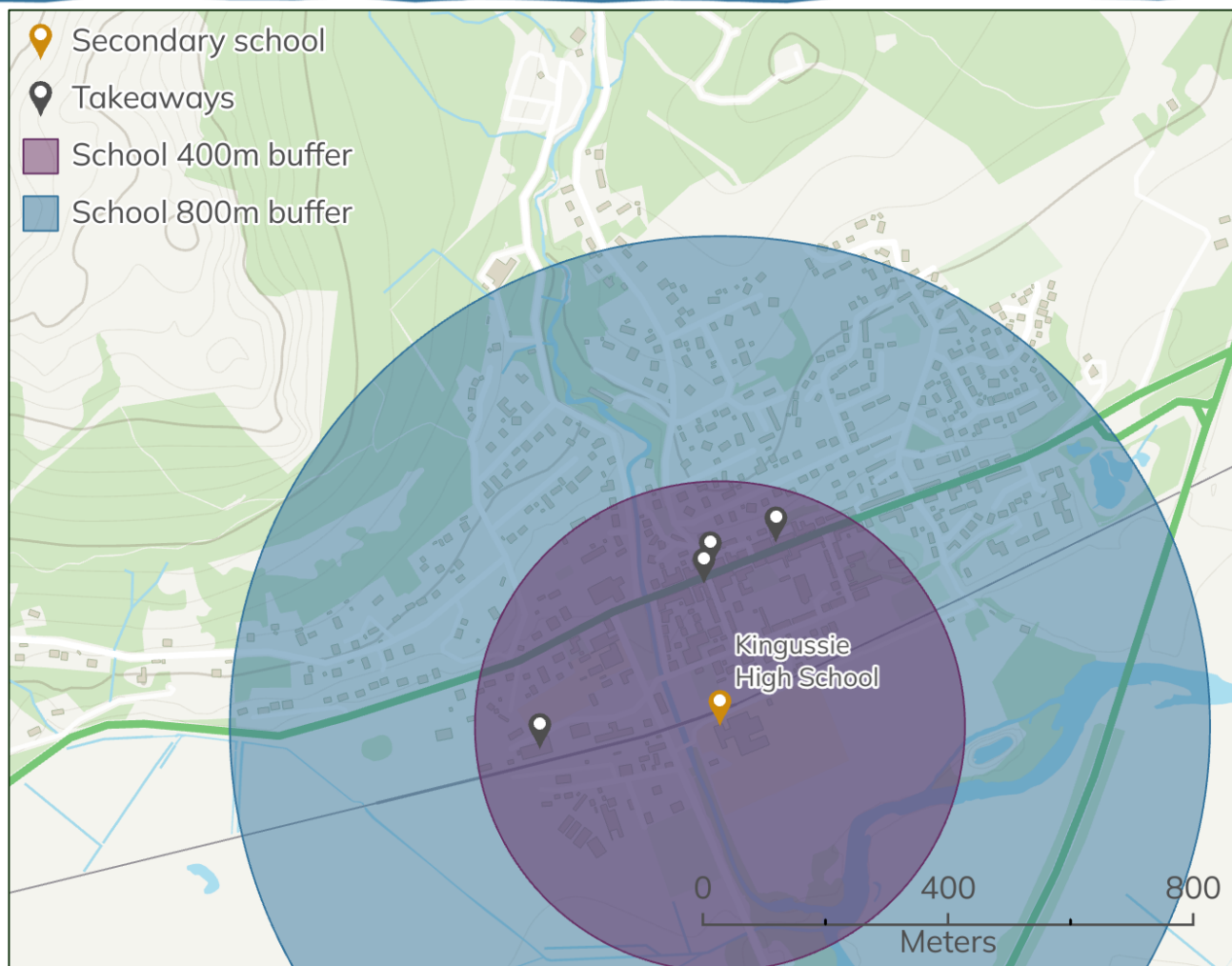


Figure 82 Takeaway food retailers within 400m and 800m of Kingussie High School in the Cairngorms National Park 2024. Reproduced by permission of Ordnance Survey on behalf of His Majesty's Stationery Office. © Crown copyright and database right 2025. All rights reserved. Ordnance Survey Licence number AC0000821810, Cairngorms National Park Authority.

Food deserts and food security

The Consumer Data Research Centre has produced the priority places for food index (version 2). It is a composite index formed of data compiled across seven different data domains relating to food insecurity risk for the four nations in the United Kingdom. The index was initially developed in response to the 2022 cost of living crisis which has put many of our communities under severe financial pressure and at an increased risk of food insecurity.

Building on the Consumer Data Research Centre e-food desert index (EFDI), but with additional domains relating to fuel poverty and family food support, the goal of the Priority Places for Food Index is to identify neighbourhoods that are most vulnerable to



increases in the cost of living and which have a lack of accessibility to cheap, healthy, and sustainable sources of food.

The seven data domains included in the priority places for food index include:

- Proximity to supermarket retail facilities.
- Accessibility to supermarket retail facilities.
- Proximity to non-supermarket food provision.
- Access to online deliveries.
- Fuel poverty.
- Socio-economic barriers.
- Need for family food support.

Places with the highest priority scores are those that experience the most difficulty in accessing food.

More detail on the methodology can be accessed here:

- <https://data.cdrc.ac.uk/dataset/priority-places-food-index-version-2/resource/data-profile-and-user-guide-ppfiv21>

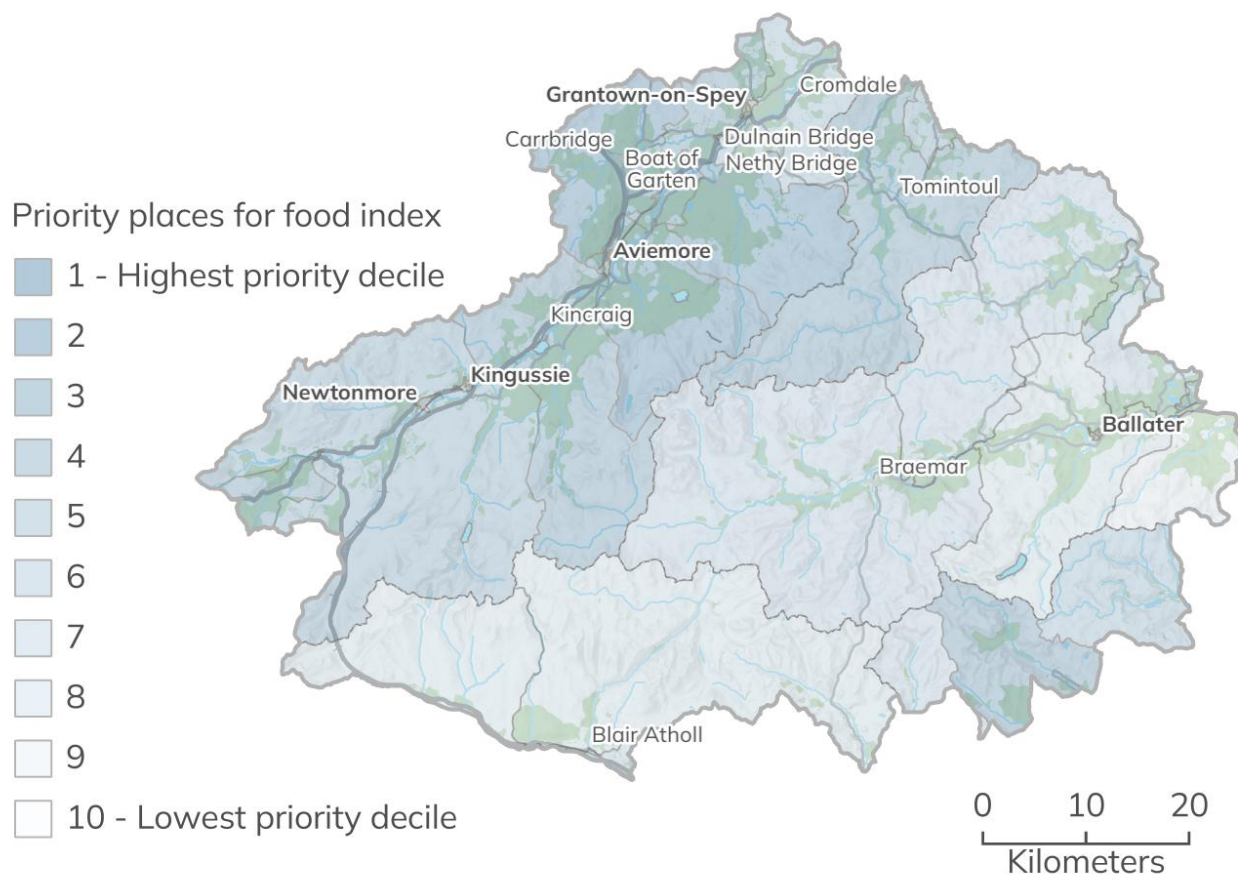


Figure 83 Map showing the priority places for food index (Version 2) identifying neighbourhoods that are most vulnerable to increases in the cost of living and which have a lack of accessibility to cheap, healthy, and sustainable sources of food. An output of the Consumer Data Research Centre, an ESRC Data Investment, ES/L011840/1; ES/L011891/1. Reproduced by permission of Ordnance Survey on behalf of His Majesty's Stationery Office. © Crown copyright and database right 2025. All rights reserved. Ordnance Survey Licence number AC0000821810, Cairngorms National Park Authority.

Overall, the highest priority areas are located in Badenoch and Strathspey, coinciding with the highest populated areas. Data is provided at a data zone level and Table 8 shows the breakdown of the seven data domains used to calculate the overall index ratings found in Figure 83.



Table 8 Table showing the priority places for food index (Version 2) seven data domain decile scores for the data zones in the Cairngorms National Park. An output of the Consumer Data Research Centre, an ESRC Data Investment, ES/L011840/1; ES/L011891/1.

Data zone	Super-market proximity	Super-market accessibility	Access to online deliveries	Socio – economic barriers	Non-super-market food proximity	Family food support	Fuel poverty
S01010531	1	7	3	7	2	10	1
S01010532	1	1	4	9	1	10	1
S01010533	1	10	3	6	2	10	1
S01010534	1	8	3	7	2	10	1
S01010535	1	3	4	9	1	9	1
S01010536	7	10	3	5	5	3	1
S01010537	8	10	4	6	5	3	1
S01010538	5	8	7	7	3	5	1
S01010539	2	3	5	8	2	8	1
S01010540	1	1	5	8	1	9	1
S01010541	1	1	5	8	1	9	1
S01010542	1	2	5	8	1	9	1
S01010543	1	8	4	7	4	10	1
S01010544	1	10	4	6	4	10	1
S01010545	1	1	5	9	1	10	1
S01010546	2	1	4	9	1	10	1
S01010547	5	3	5	10	1	6	3
S01006789	1	6	4	7	3	10	5
S01006790	1	5	3	7	3	10	4
S01006791	1	1	4	8	1	10	8
S01006792	1	4	3	8	2	10	5



Data zone	Super-market proximity	Super-market accessibility	Access to online deliveries	Socio – economic barriers	Non-super-market food proximity	Family food support	Fuel poverty
S01006793	1	2	4	6	2	4	3
S01011045	1	1	3	7	1	10	3
S01011981	1	1	5	9	1	10	6



Figure 84 shows the supermarket proximity rankings (decile score) for data zones in the Cairngorms National Park (Table 8). Due to the rural nature of the area, the majority of the data zones are in the highest priority decile as they are outwith settlements with supermarkets (Figure 84 and Table 8).

The data for supermarket accessibility (Figure 85 and Table 8) reflects interactions between residential neighbourhoods and physical grocery retail facilities. This indicator captures the average travel time for modelled individuals to carry out a food shop (including effects for store size, brand, and proximity). Although a large number of areas in the National Park are not within close proximity to a supermarket, the data on accessibility shows that residents in many of those areas are still able to access supermarkets and are not vulnerable to not being able to access food at supermarkets with transport.

The areas most at risk of not being able to access supermarkets by public transport include residents living in Dalwhinnie and Laggan and the surrounding rural areas (data zone S01010532), Boat of Garten, Mains of Garten and the surrounding rural areas north and south East (data zone S01010540), Carrbridge and the surrounding area (data zone S01010541), Strathdon and the surrounding rural area (data zone S01006791) and the areas of the National Park in the Moray Council area around Tomintoul and the Perth and Kinross Council area, including Blair Atholl.

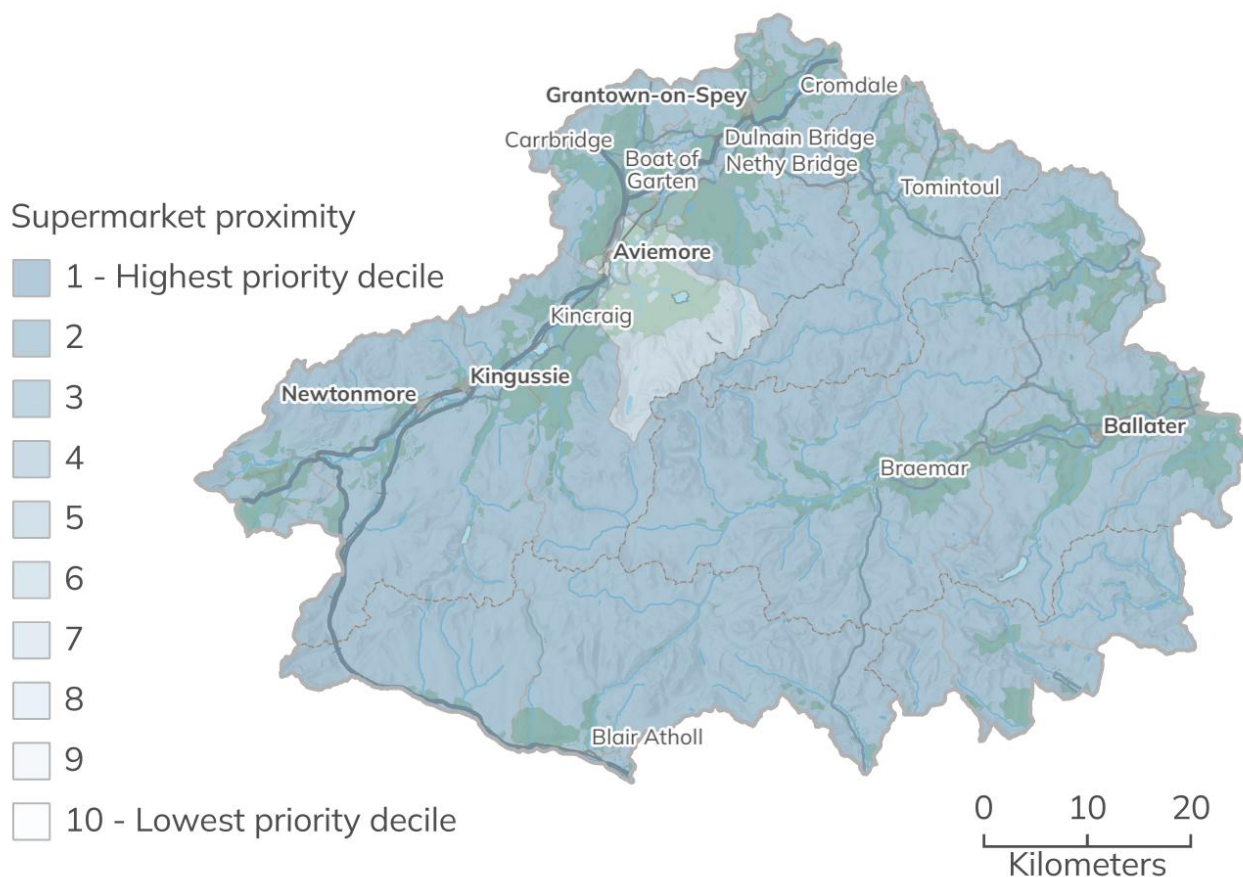


Figure 84 Map showing the supermarket proximity rankings (decile score) from the overall priority places for food index (Version 2) seven data domain decile scores for the data zones in the Cairngorms National Park. A data output of the Consumer Data Research Centre, an ESRC Data Investment, ES/L011840/1; ES/L011891/1. Reproduced by permission of Ordnance Survey on behalf of His Majesty's Stationery Office. © Crown copyright and database right 2025. All rights reserved. Ordnance Survey Licence number AC0000821810, Cairngorms National Park Authority.

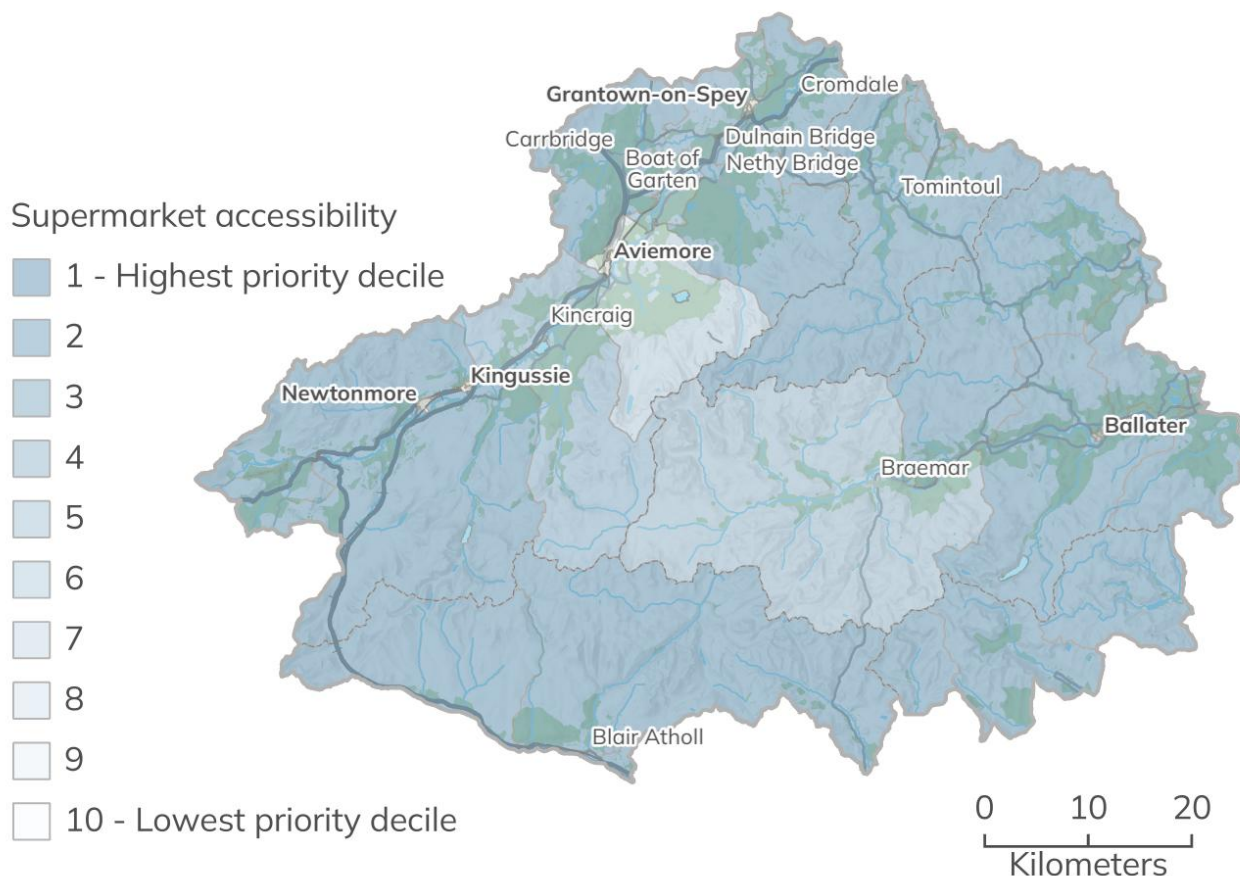


Figure 85 Map showing the supermarket accessibility rankings (decile score) from the overall priority places for food index (Version 2) seven data domain decile scores for the data zones in the Cairngorms National Park. A data output of the Consumer Data Research Centre, an ESRC Data Investment, ES/L011840/1; ES/L011891/1. Reproduced by permission of Ordnance Survey on behalf of His Majesty's Stationery Office. © Crown copyright and database right 2025. All rights reserved. Ordnance Survey Licence number AC0000821810, Cairngorms National Park Authority.

Due to the rural nature of the Cairngorms National Park, none of the areas are within the lowest priority range in terms of accessing online deliveries, that said no areas are within the highest priority areas either. (Figure 86).

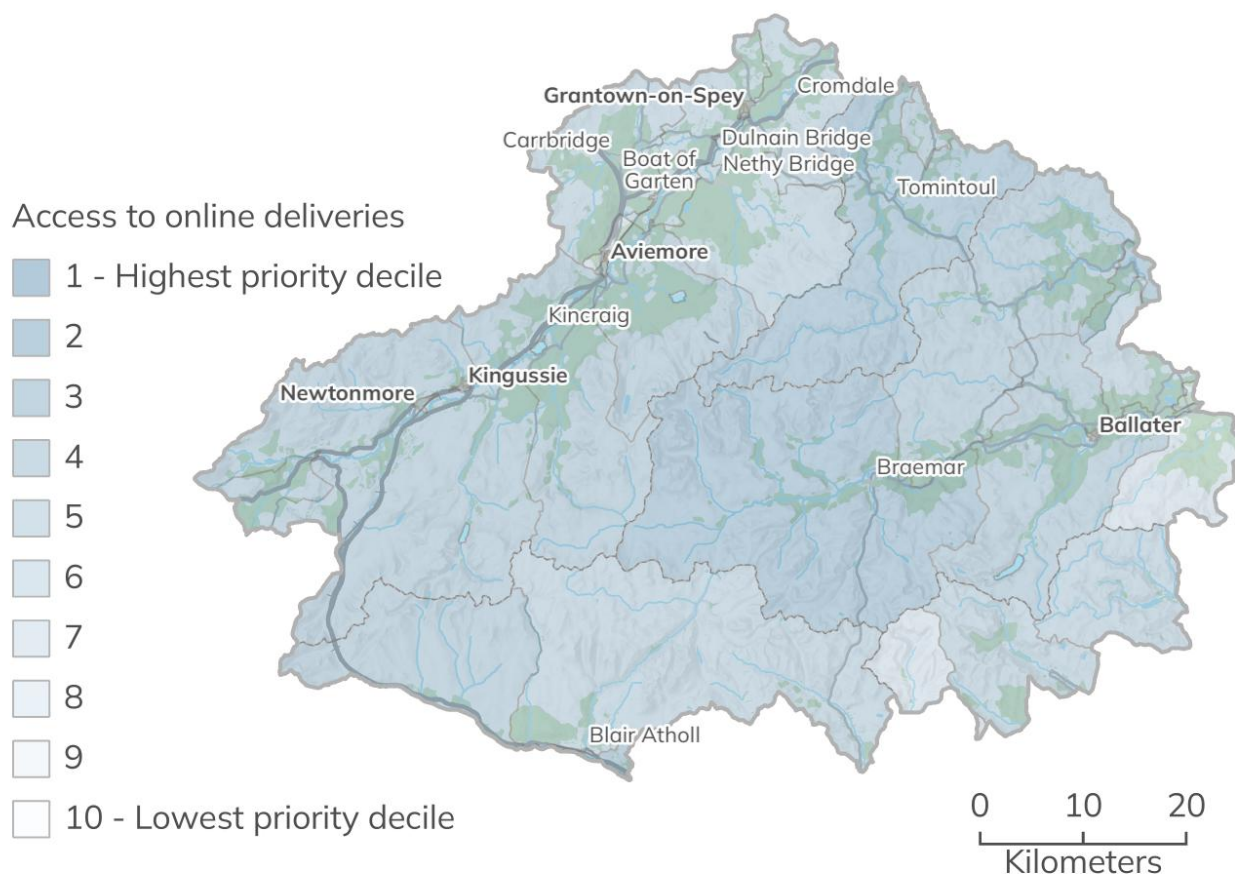


Figure 86 Map showing the access to online deliveries rankings (decile score) from the overall priority places for food index (Version 2) seven data domain decile scores for the data zones in the Cairngorms National Park. A data output of the Consumer Data Research Centre, an ESRC Data Investment, ES/L011840/1; ES/L011891/1. Reproduced by permission of Ordnance Survey on behalf of His Majesty's Stationery Office. © Crown copyright and database right 2025. All rights reserved. Ordnance Survey Licence number AC0000821810, Cairngorms National Park Authority.

For rankings of socio-economic barriers in the Cairngorms National Park (Figure 87) two indicators have been used – the proportion of population experiencing income deprivation and the proportion of the population with no car access. The data indicates that socio-economic barriers are low within the National Park.

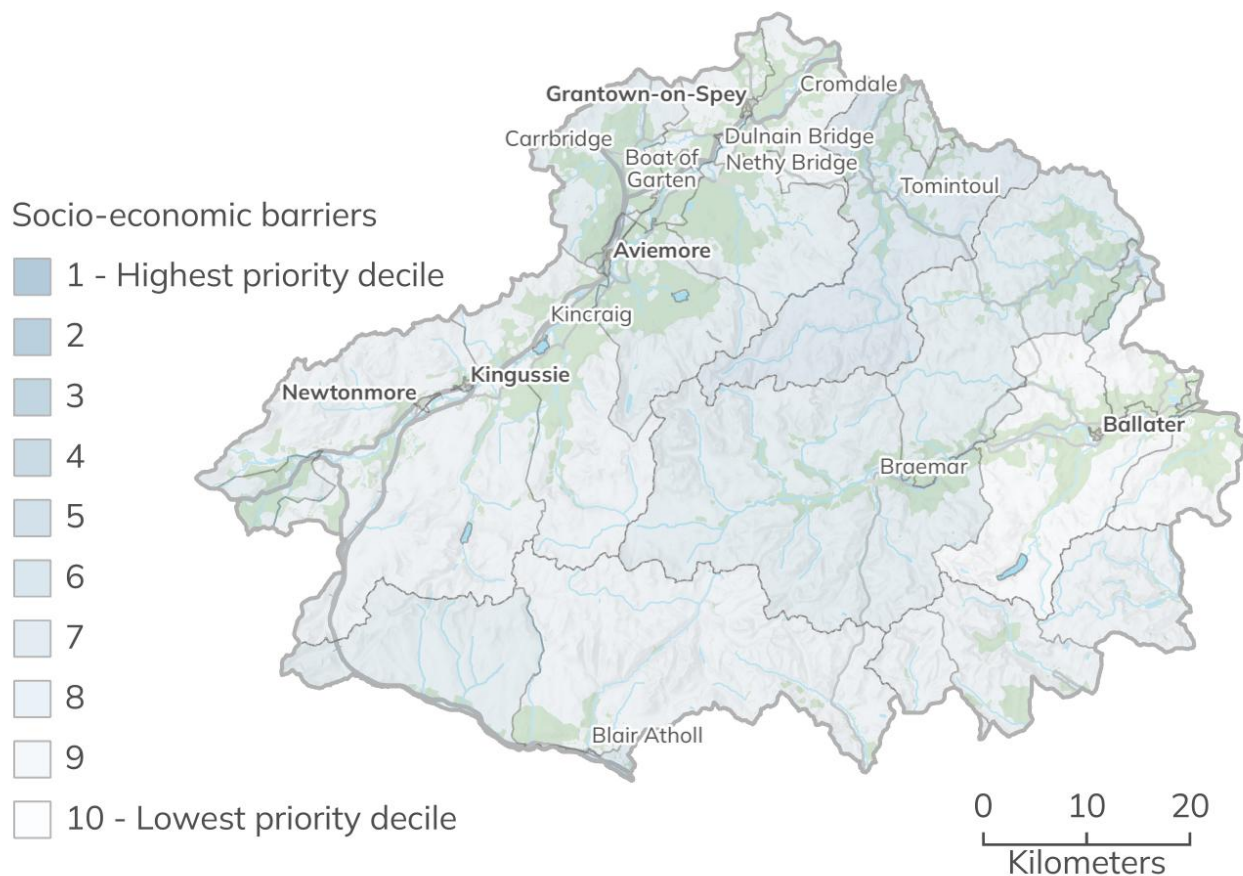


Figure 87 Map showing the socio-economic barriers rankings (decile score) from the overall priority places for food index (Version 2) seven data domain decile scores for the data zones in the Cairngorms National Park. A data output of the Consumer Data Research Centre, an ESRC Data Investment, ES/L011840/1; ES/L011891/1. Reproduced by permission of Ordnance Survey on behalf of His Majesty's Stationery Office. © Crown copyright and database right 2025. All rights reserved. Ordnance Survey Licence number AC0000821810, Cairngorms National Park Authority.



In terms of accessing non-supermarket food (Figure 88), the rural nature of the National Park, mean access is limited outwith settlements.

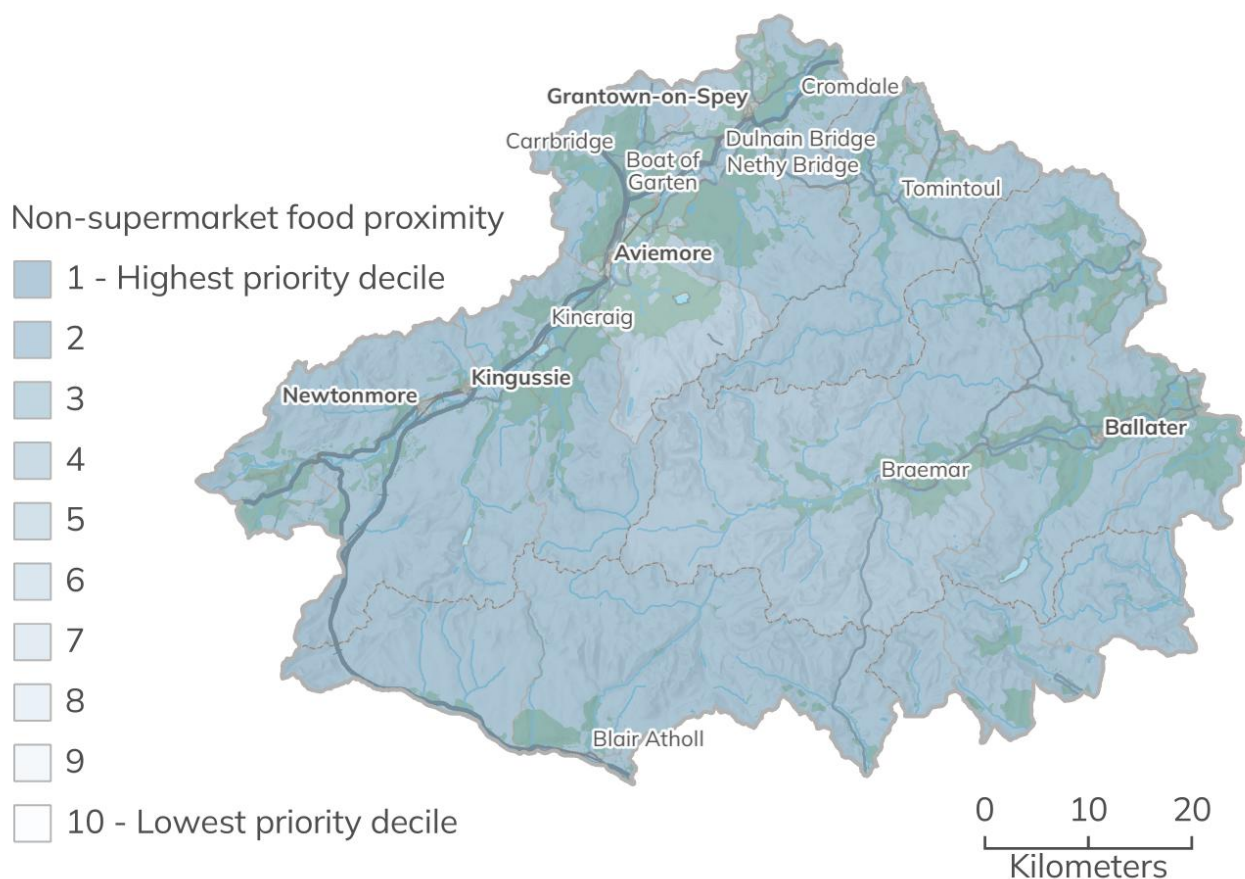


Figure 88 Map showing the rankings for non-supermarket food proximity (decile score) from the overall priority places for food index (Version 2) seven data domain decile scores for the data zones in the Cairngorms National Park. A data output of the Consumer Data Research Centre, an ESRC Data Investment, ES/L011840/1; ES/L011891/1. Reproduced by permission of Ordnance Survey on behalf of His Majesty's Stationery Office. © Crown copyright and database right 2025. All rights reserved. Ordnance Survey Licence number AC0000821810, Cairngorms National Park Authority.

The family food support domain is calculated with data that includes the distance from each postcode to the nearest foodbank. Most of the population in the National Park living in or near strategic settlements are in low priority areas (Figure 89). It should be noted there are 'food pantries' in some of the settlements in the National Park (as detailed later in this report) that due to the nature of the management may not have been taken into account when the decile scores were calculated.

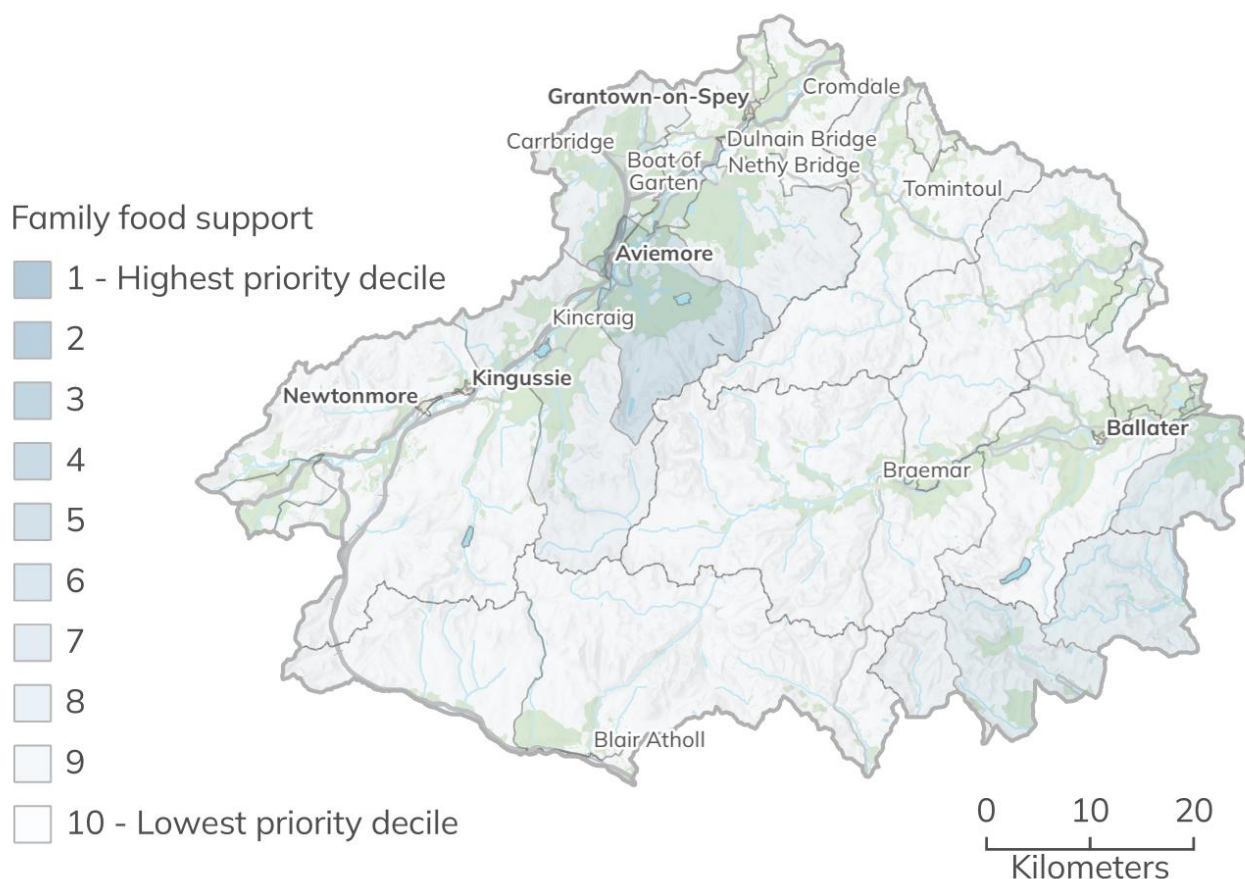


Figure 89 Map showing the rankings for family food support (decile score) from the overall priority places for food index (Version 2) seven data domain decile scores for the data zones in the Cairngorms National Park. A data output of the Consumer Data Research Centre, an ESRC Data Investment, ES/L011840/1; ES/L011891/1. Reproduced by permission of Ordnance Survey on behalf of His Majesty's Stationery Office. © Crown copyright and database right 2025. All rights reserved. Ordnance Survey Licence number AC0000821810, Cairngorms National Park Authority.

The fuel poverty domain is a combination of data on the proportion of households in fuel poverty and data on prepayment meter prevalence. The majority of the National Park's population fall within the highest priority for fuel poverty (Figure 90), with only the area including and surround Strathdon (data zone S01006791) and the area in the Perth and Kinross Council area (data zone S01011981) of the National Park including the settlement of Blair Atholl above the 5th highest priority deciles (Table 8).

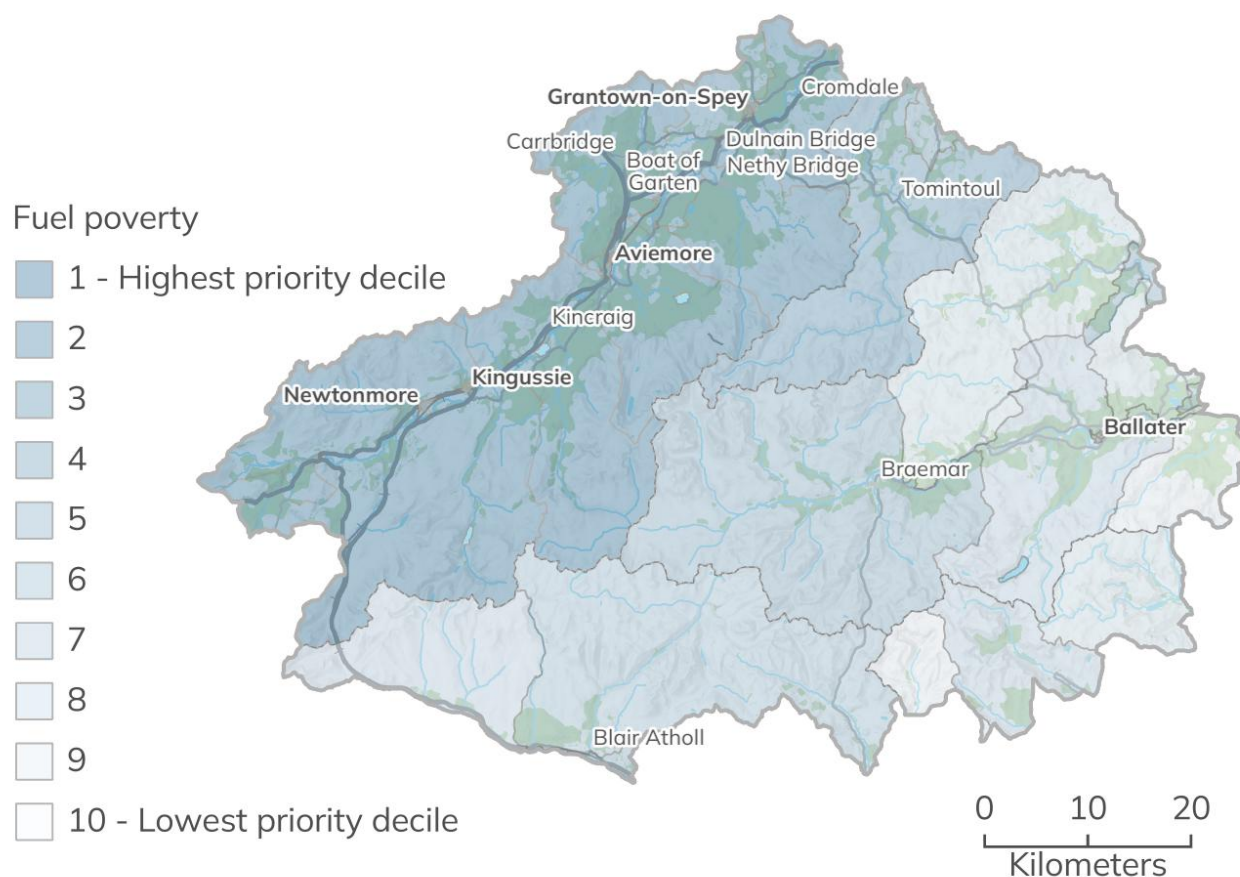


Figure 90 Map showing the rankings for fuel poverty (decile score) from the overall priority places for food index (Version 2) seven data domain decile scores for the data zones in the Cairngorms National Park. A data output of the Consumer Data Research Centre, an ESRC Data Investment, ES/L011840/1; ES/L011891/1. Reproduced by permission of Ordnance Survey on behalf of His Majesty's Stationery Office. © Crown copyright and database right 2025. All rights reserved. Ordnance Survey Licence number AC0000821810, Cairngorms National Park Authority.

Long-term food security

Scottish Government's Cash-First: Towards ending the need for food banks in Scotland (Plan) (2023) presents the Nations long-term ambition for a Scotland without the need for food banks. It outlines some of the targeted steps Scottish Government will collectively take over the next three years (2023 – 2026) to move closer to this by improving the response to financial hardship.

This Plan sets out nine actions that we will take forward over the next three years to improve the response to household financial crisis. Action Four sets out the Governments ambition to support wellbeing through community food approaches. It highlights that community food organisations have a clear role to play in promoting



wellbeing and providing person-centred support to people experiencing food insecurity, including vital social contact.

Scottish Government will provide direct funding to community and third sector organisations responding to food insecurity through the Investing in Communities Fund (ICF). The Fund is a three-year fund being delivered from 1 April 2023 to 31 March 2026 and which will invest around £10 million each year in local organisations working to tackle poverty and inequality; developing place-based approaches; supporting community-led regeneration; and working to ensure a just transition to net zero.

Highland

One of the key principals which inform food and nutrition practice in the Highland Council's school food, nutrition and health policy⁷⁰ (2020) is the environmental impact. The Policy states that 'the growing, production, transport and preparation of food have environmental impacts whether in food miles, animal welfare, waste or pesticide use. Where practicable these impacts will be minimised'.

The Good Food Partnership is the Regional Food Group for the Highlands (since 2021). Regional Food Groups are a network of local organisations, representing food and drink businesses. The network is managed by Scotland Food and Drink and funded by the Scottish Government. The task of the Regional Food Groups is to "enable sustainable growth and collaboration in local, Scottish markets".

Highland Good Food Partnership in collaboration with Highland Third Sector Interface has produced a map to show food activity and community food provisions across Highland. The purpose of the Highland Food Activity Map⁷¹ is to help people find food and drink produced by those who share our aims for a Highland food system which is good for food businesses, their customers, and the environment. The map includes organisations within the Highland Council region who align with the Highland Good Food Charter⁷². Table 9 shows the food based businesses listed / promoted on the Good Food Map.

⁷⁰ Available at: https://www.highland.gov.uk/downloads/file/180/school_food_nutrition_and_health_policy

⁷¹ Available at: <https://highlandgoodfood.scot/food-map/>

⁷² Available at: <https://highlandgoodfood.scot/charter/>



Table 9 Food activity and community food provision in the Highlands area of the National Park (source: Highland Good Food Partnership, 2024) (allotments and therapy gardens in Kingussie not included in table as they are covered later in the report. Primarily alcohol-based businesses are also not included).

Organisation	Operating area	Type of service	Service description	Address
Cairngorm Farmers Market	Cairngorms	Market	A regular Sunday market selling fresh, locally produced foods and crafts.	The Square, Granttown on Spey PH26 3HF
Community Food Table	Granttown and surrounding area	Community table	Open Monday and Friday 11am-1pm and Wednesday 6.30-8pm. Local delivery available	Granttown Community Centre, 80 High Street, Granttown-on-Spey PH26 3EL
Balliefurth Farm Shop	Nethy Bridge	Farm Shop	The Balliefurth Butcher and Farm Shop stocks prime beef and lamb direct from Balliefurth Farm. It also sells a wide variety of meats and poultry, delicious deli foods such as pies and cheeses, fresh locally grown fruit and vegetables and other locally sourced farm shop products.	Balliefurth Farm, Nethybridge Road, Granttown-on-Spey PH26 3NH
Lynbreck Croft	Cairngorms	Meat box, eggs, honey	A wide range of delicious produce that includes pork, beef, eggs and honey	Tomintoul Road, Granttown-on-Spey PH26 3NN
Carrbridge Community Orchard	Carrbridge	Community Orchard	The Carrbridge Community Orchard aspires to meet the ambitions identified in the Community Action Plan for a more Socially Connected Carrbridge	Battanropie House, Station Rd, Carrbridge PH23 3AL



Organisation	Operating area	Type of service	Service description	Address
			and a Climate Conscious Carrbridge	
Boat of Garten Community Hall	Boat of Garten	Community Garden	Managed by volunteers who meet once a month for an hour or so.	Reidhaven Park, Craigie Avenue, Boat of Garten. PH24 3BL
Badenoch and Strathspey Food Bank	Badenoch & Strathspey	Food Bank	Open Thursday 11.30am-1.30pm. Delivery available.	St Andrews Church Hall, Grampian Road, Aviemore PH22 1RH
Knock of Clune Croft	Newtonmore	Online farm shop	Eggs and meat	Strone Road, Newtonmore
Speyside Kitchen Ltd	Cairngorm National Park and Speyside Region	Meal service	Provide a catering and delivery service of made-to-order menus, oven-ready dishes and much, much more.	Badaguish Events Centre, Glenmore, Aviemore PH22 1AD
Pro – Fish Services	East Highlands	Fish Van, deliveries and shop	Delivery service available for local Fresh and smoked Scottish fish and shellfish.	Pro-Fish Services, Myrtlefield Shopping Centre, Aviemore. PH22 1RH

Moray

Moray Food Plus provides a variety of services to those either experiencing or at risk of food insecurity. They also work with partners to reduce the amount of local food waste taking surplus food and redistributing it amongst the community. The organisation report that food poverty is on the increase in Moray⁷³. The organisation runs a Food Bank service and in exceptional circumstances, or for remote locations, they can deliver to people's houses, to a referrer, an agreed collection point, or parcels can be collected from the office (Elgin). Between April 2023 and March 2024, the organisation received 4,184 referrals and supported 9,460 people – of these, 33% were aged 16 years and under. Much of the food needed to enable this is donated by the Moray public.

⁷³ <https://www.morayfoodplus.org.uk/index.html#mission>



The Moray Food Plus also operated a mobile pantry service called Big Blue, that operated in rural Moray including visiting Glenlivet in the National Park.

The food growing strategy, prepared by Moray Council in partnership with NHS Grampian, Moray College UHI, Greenfingers, Moray Food Plus, REAP and Elgin Allotment Association, aims to increase the number of good growing areas across Moray. It has identified land potentially suitable for allotments, community orchards, community gardens, vegetable patches, raised beds, planters and edible hedges.

Aberdeenshire

Fair Food Aberdeenshire⁷⁴ was established (2021) in response to the development of the Aberdeenshire Food Strategy. Fair Food Aberdeenshire believe everyone should have access to affordable and healthy food no matter where they live or how much they earn. The Fair Food Aberdeenshire became a member of the Sustainable Food Places network⁷⁵ in March 2022.

The group includes a cross-sector partnership with representatives from public, private and community sectors, with the aim of developing a holistic approach on tackling a range of food related issues. Partners include Aberdeenshire Council, North East of Scotland's Community Climate Action Network (NESCOAN), Aberdeenshire North Foodbank, Community Food Initiatives North East (CFINE), One Seed Forward, NHS Grampian, James Hutton Institute, Buchan Poverty Hub, University of Aberdeen and The Haven.

Fair Food Aberdeenshire have produced the Sustainable Food Plan 2023 – 2026⁷⁶. The Plan takes a whole system approach looking at six key areas, namely, security, environment, procurement, economy, culture and governance. By adopting whole systems approach the Plan aims to tackle social, environmental, and economic challenges, as well as understanding the landscape and barriers to developing a sustainable food system.

In terms of food security, the Plan sets a five-year objective to support continued development of community-based food projects which are sustainable and meet the

⁷⁴ <https://www.fairfoodaberdeenshire.co.uk/>

⁷⁵ More information is available at: <https://www.sustainablefoodplaces.org/about/what-are-sustainable-food-places/>

⁷⁶ Available at:

<https://static1.squarespace.com/static/65d5dcec9ced5e3ec93b40fa/t/65f1844bba08a334ba70ccea/1710326861088/Food+Plan.pdf>



needs of the communities. The Plan also aims to understand the current provision in Aberdeenshire for community growing, sites and levels of demand and encourage schools to develop food growing activities. In terms of changing food culture, the Plan aims to target resources to alleviate food poverty and social isolation.

In Ballater, the Ballater Food Pantry aims to reduce food waste and food share in the community. The Pantry is run by volunteers to distribute excess edible items to the community, helping to alleviate hunger while also reducing food waste.

Angus

Appetite for Angus is a network of food and drink businesses who are working together to promote what the area has to offer, to ensure everyone has access to local food, and to collaborate, support and help each other. The group covers all parts of the food chain including farmers, primary producers, wholesalers, retailers, café owners, restaurateurs, and professional services. The organisation aims to make it easy for people in Angus to shop locally. Projects that the Angus residents in the National Park can access include the Brechin Community Pantry⁷⁷ and the Sustainable Kirriemuir project⁷⁸. The Sustainable Kirriemuir Project included the Kirriemuir Community Garden project a local community growing resource in Angus. Within the National Park in the Angus area there are not currently any community growing spaces or support for food insecurity.

Perth and Kinross

In the Perth and Kinross area of the National Park, residents can access the foodbank services at Blairgowrie and Rattray at St Catherine's Community Centre.

Community growing areas






National Planning Framework 4 notes that local development plans should create healthier places through opportunities for exercise, healthier lifestyles, land for community food growing and allotments. It is recognised that allotments and food growing spaces provide valuable community spaces and improve access to healthy, locally produced food, which has a role to play in combating growing rates of obesity within the National Park.

⁷⁷ More information available at: <https://www.facebook.com/BrechinCommunityPantry>

⁷⁸ More information available at: <https://www.facebook.com/sustainablekirrie>



Community growing spaces

-  Allotments
-  Community orchard
-  Therapy garden
-  School orchard
-  Community garden

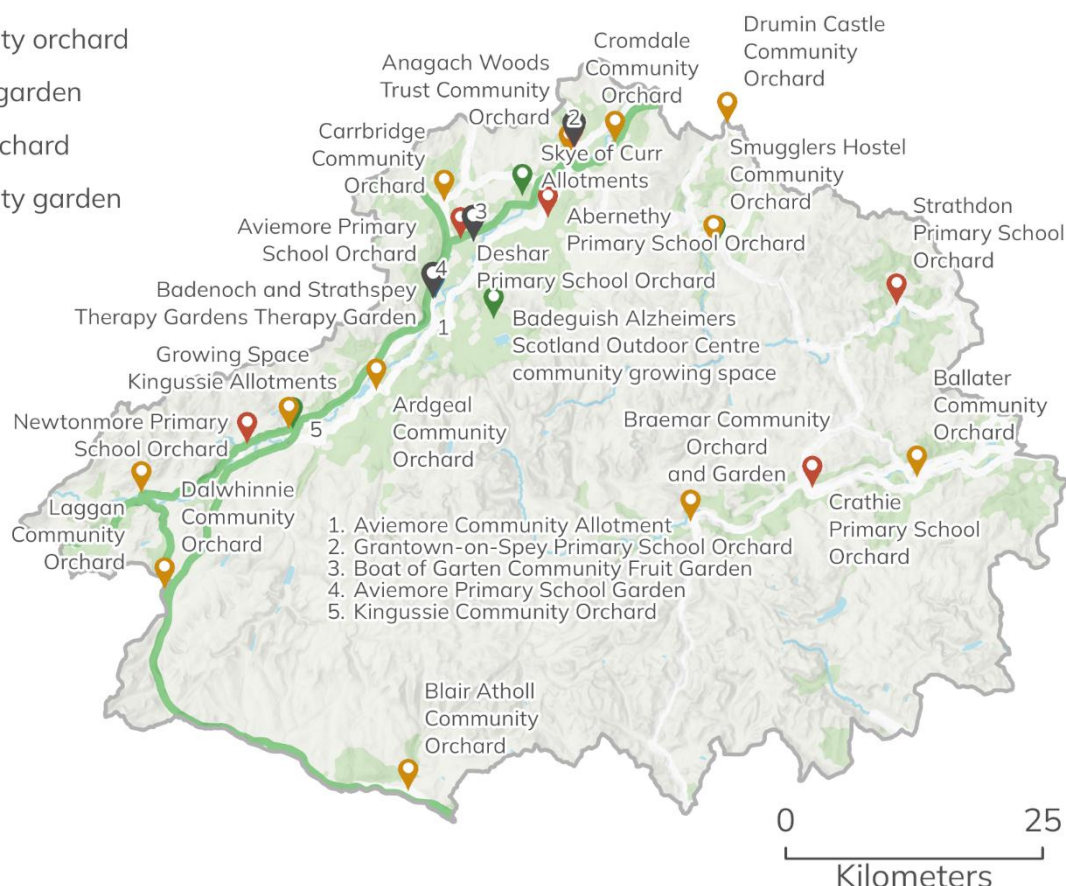


Figure 91 Map showing the community growing spaces in the Cairngorms National Park. Reproduced by permission of Ordnance Survey on behalf of His Majesty's Stationery Office. © Crown copyright and database right 2025. All rights reserved. Ordnance Survey Licence number AC0000821810, Cairngorms National Park Authority.

Existing local development plan allocation for community use

The adopted Local Development Plan 2021 sets out site allocations in settlements for community use. Community use allocations have been identified at a few sites to help communities develop proposals which support their needs. A wide range of uses are considered to fall into this category including, but not limited to, play areas, community halls, sports facilities, affordable housing or other uses to sustain the community.

Table 10 Existing Community Use Allocations in the Cairngorms National Park Local Development Plan 2021 potentially suitable for Community growing spaces.

Settlement	Allocation	Size	Constraints / Notes
Aviemore	C1: Land at Dalfaber Drive	0.7ha	



Settlement	Allocation	Size	Constraints / Notes
Grantown-on-Spey	C1: Mossie Road	0.5ha	Adjacent to an existing playpark
Grantown-on-Spey	C3: Land at Mossie Road	0.22ha	Allocated for allotments
Kingussie	C3: Land west of Spey Street (Am Fasgadh)	1.9ha	Medium to high probability flood risk exists across the site.
Aviemore Hospital	C3: Land south of Dalfaber Industrial Estate	4.8ha	The majority of this site is developed but there remains some potential for additional growing spaces to be created.

Existing growing spaces and community growing projects

There are a number of community growing spaces across the National Park (Figure 91), including allotments, community orchards, school growing spaces and therapy gardens.

Orchards

Following a hugely successful campaign in 2013 to find orchard sites 18 sites in the Cairngorms National Park were selected to plant school and community orchards.

The idea behind the orchards was to encourage communities to use their green spaces and become more sustainable by growing their own food. Each orchard contains eight trees, a mixture of apple, plum and pear, all will be heritage varieties that are native to Scotland. The sites selected are as follows:

- Abernethy Primary School
- Anagach Woods Trust
- Ardgeal Community
- Aviemore Primary School
- Ballater Community
- Blair Atholl Community
- Braemar St. Andrew's Church
- Crathie Primary School
- Cromdale Community
- Dalwhinnie Community
- Deshar Primary School
- Glenlivet Community – Drumin Castle
- Grantown-on-Spey Primary School
- Kingussie Community
- Laggan Community



- Newtonmore Primary School
- Strathdon Primary School
- Tomintoul Community – Smugglers Hostel

Therapy gardens

The Badenoch and Strathspey Therapy Gardens Figure 91 is a registered Scottish charity, with a mission statement to:

- ‘to provide social and therapeutic horticultural activities in a safe and supportive environment for all members of the community, where everyone will be treated with respect’.

The organisation delivers weekly gardening sessions throughout the growing season (March to October) with a variety of groups in Kingussie and Aviemore. All of the gardeners are adults, some have disabilities, some are isolated, and they all benefit from being in the garden, doing gardening activities, socialising and chatting.

All of the gardeners are invited to become members of the therapy gardens (membership fee £3 per year). They can take home any produce that they can use – flowers, vegetable, fruit and herbs and from time-to-time excess plants.

Kingussie

The therapy garden in Kingussie is situated within the Kingussie allotments, between Duke Street and Manse Road and directly behind Kingussie Parish Church. The site is level and reasonably accessible and has been laid out with raised beds for growing a mixture of vegetables, fruit, flowers, and herbs. The allotment site is fenced and locked so access times are arranged in advance.

Aviemore

The therapy garden in Aviemore was developed at the same time as the new hospital (2021) and is fully accessible for all users. The site is open at all times and can be visited without prior arrangement. Raised beds and containers are used to grow a wide variety of plants to provide interest all year round.

Braemar

There is a community garden at the Old Church grounds in the village.

Allotments

There are currently only a few operating public allotments in the National Park which include:



- Kingussie -Manse Road, Kingussie, PH21 1JF. The allotments are owned by ARC (Kingussie) Ltd and are leased to The Kingussie Allotment Association.
- Skye of Cur Allotments initiated and run by Badenoch and Strathspey Community Connections¹
- Glenlivet Estate Community Allotment, Tomintoul Office.

In Aviemore the Aviemore Allotment Association, is a growing group of nearly 80 people who are interested in having allotments at the end of Aviemore Community Hospital³. They have set up a charitable trust and have four trustees on the board. Their aim is to develop a plot of land into at least 20 allotments initially, so that local families can grow their own vegetables and fruit. They are motivated in this initiative by creating space for people to be more sustainable in their food security, not relying so much on imported goods, and also by allowing people an opportunity to engage in an activity which is very beneficial for their mental as well as physical wellbeing.

In May 2024 members of the Ballater and Crathie community group, raised the topic of allotments on their Facebook page⁴. It was stated by a member that there had been 'a little' previous interest but it had never amounted to anything as there 'isn't land available'.

There is also some limited growing space at the Grantown High School which has a greenhouse and some fruit trees, which is managed and run by the school.

The Highland Council Allotments Annual Report (2024) details the data that the Highland Council holds regarding demand for allotments in Highland and the action being taken to support the provision and protection of allotments. There are no allotments listed in the report on council land in the National Park. The Aviemore project is mentioned as being in the 'development stage' – no further details are provided. The report does note an additional allotment run by the Dulnain Bridge Allotment Association, but again no further details are provided.

There are currently no allotment associations in the Perth and Kinross area of the National Park, however demand for an allotment site in Pitlochry was recognized during the writing of the Food Growing Strategy 2021. A proposal for a consultation has been discussed with members of the community, with plans to roll out the consultation (Perth and Kinross Council Allotment Report 2023 / 2024, July 2024⁷⁹).

⁷⁹ Download link available at: <https://www.pkc.gov.uk/foodgrowingstrategy>



Physical exercise

National Planning Framework 4, Policy 23 (a) states that 'Development proposals that will have positive effects on health will be supported. This could include, for example, proposals that incorporate opportunities for exercise (...)'. Open areas that can be used informally for exercise will be covered in the Blue and Green Infrastructure evidence paper. Information on play parks and outdoor recreation will be covered in the open space and play sufficiency assessments for the National Park. Further information on other forms of recreation can be found in the tourism evidence paper but could also apply here in relation to access to opportunities for exercise. The tourism evidence topic paper is available here:

- <https://cairngormsldp.commonplace.is/en-GB/proposals/tourism-in-the-national-park-survey/step1>

Leisure centres, gyms and swimming pools

There are numerous local authority run leisure facilities offering opportunities for exercise in and outwith the National Park. In addition, there are several private organisations offering leisure facilities. Data in Table 11 and Figure 92 is provided by Sports Scotland (Improvement Service dataset) and online searches.

Further detail on the outdoor exercise opportunities will be covered in evidence papers on open space and play sufficiency and green and blue infrastructure. These will be engaged on later in 2025.

Table 11 Indoor leisure facilities available to the public (including members clubs) in the Cairngorms National Park. Includes Sport Scotland data. 2025.

Settlement	Location	Provider name	Facilities offered
Laggan	Laggan Village Hall	Laggan Village Hall Committee	Sports hall
Newtonmore	Newtonmore Village Hall	Newtonmore Village Hall Committee	Sports hall
Kingussie	Badenoch Centre	High Life Highland (Highland Council)	Fitness suite, indoor sports courts, yoga and fitness classes
Blair Atholl	Blair Atholl Village Hall	Blair Atholl Village Hall Committee	Sports hall
Aviemore	Aviemore Community and Leisure Centre	High Life Highland (Highland Council)	Sports hall, fitness suite



Settlement	Location	Provider name	Facilities offered
Boat of Garten	Boat of Garten Community Hall	Boat of Garten Community Company	Sports hall
Dalnain Bridge	Dalnain Village Hall	Dalnain Village Hall Trust	Sports hall
Nethy Bridge	Abernethy Outdoor Centre	Abernethy Trust	Sports hall, swimming pool, outdoor sports
Grantown-on-Spey	Craig Maclean Leisure Centre	High Life Highland (Highland Council)	Swimming pool, fitness suite, indoor sports courts, yoga and fitness classes
Tomintoul	Richmond Memorial Hall	Tomintoul Richmond Public Memorial Hall Association	Sports hall
Glenlivet	Glenlivet Public Hall	Glenlivet Public Hall Committee	Sports hall
Strathdon	Lonach Hall	The Lonach Hall Community Association	Sports hall
Ballater	Victoria & Albert Halls	Victoria and Albert Halls Ballater Trust	Sports hall
Dinnet	Kinord Public Hall	Kinord Hall Management Committee	Sports hall
Newtonmore	Balavil Hotel, Main Street	Balavil Hotel	Fitness suite - weights, swimming pool
Blair Atholl	The Steadings Spa, River Tilt Leisure Park	River Tilt Retreat	Fitness suite, swimming pool
Grantown-on-Spey	YMCA Building, 80 High Street.	Katie White Yoga Studio	Yoga
Aviemore	Crossfit Cairngorm, Unit 9, Granish	Crossfit Cairngorm	Yoga, fitness classes, gym
Boat of Garten	Spey Bothy	Spey Pilates	Pilates
Braemar	Craigendarroch Country Club & Spa	Craigendarroch Owners' Club	Swimming pool and fitness suite, table tennis, includes



Settlement	Location	Provider name	Facilities offered
			outdoor tennis and children play area.
Cromdale	The Yoga Steading, Wester Rynabeallich	Yoga in the Highlands	Yoga and pilates

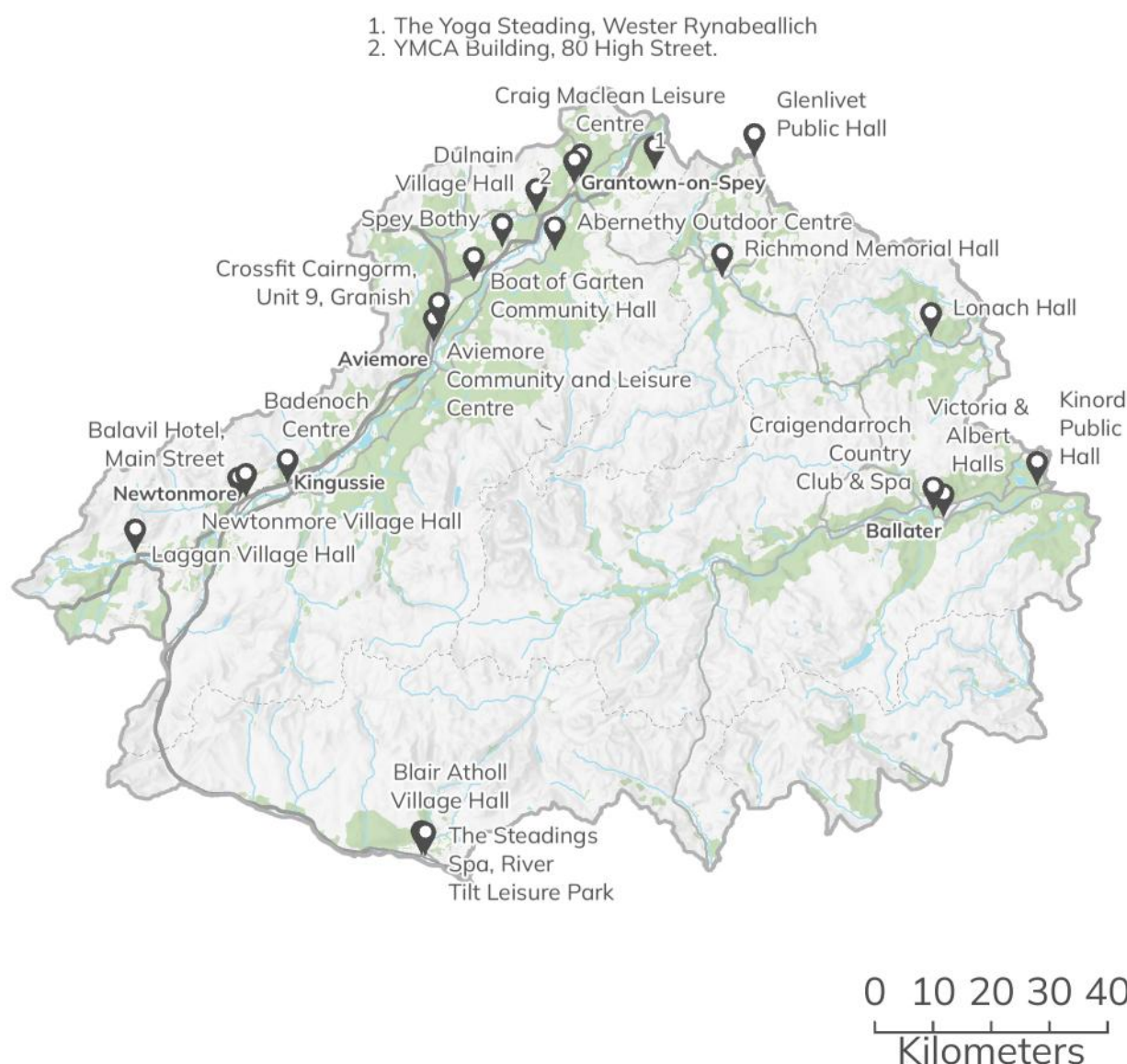


Figure 92 Map of indoor leisure facilities and village halls available to the public (including members clubs) in the Cairngorms National Park. Included Sports Scotland data. Reproduced by permission of Ordnance Survey on behalf of His Majesty's Stationery Office. © Crown copyright and database right 2025. All rights reserved. Ordnance Survey Licence number AC0000821810, Cairngorms National Park Authority.



For residents living in the Moray area of the National Park, the closest local authority run public leisure centres are located in Grantown-on-Spey. There are no local authority run leisure centres in Blair Atholl, with the closest local authority run public leisure centres located outwith the National Park at Pitlochry. Likewise for residents living in Ballater the closest local authority run public leisure centres are outwith the National Park located at Aboyne at the Deeside community centre and swimming pool.

There are a number of village halls in the National Park, that host additional leisure activities, for example soft play for children, or yoga.

Burial grounds

The Burial Grounds (Scotland) Act 1855 covers the provision and management of cemeteries by local authorities. This was reviewed with other related legislation in 2007 leading to the Burial and Cremation (Scotland) Act 2016 which determines that every council has a statutory duty to provide at least one burial ground and ensure adequate burial ground is available within its area. Burial grounds have a limited capacity and when full have to either be extended or 'closed' in terms of new lair provision. Nationally across Scotland in 2023 the percentage of people being cremated is 73.04%⁸⁰. Burial grounds have been categorised in this section by the following method (Table 12):

Table 12 Red – Amber – Green (RAG) method of categorising cemetery capacity.

Red	No current capacity for new lairs.
Amber	1 - 50 years capacity
Green	Over 50 years capacity

Moray

In the Moray area of the National Park there are five cemeteries outlined in the Future Cemetery Strategy (2018)⁸¹. The cemeteries in Speyside, Moray within the National Park (Figure 93) are:

⁸⁰ <https://www.cremation.org.ukc/progress-of-cremation-united-kingdom>

⁸¹ Future Cemetery Strategy 2018 available at:

<https://moray.cmis.uk.com/moray/Document.ashx?czJKcaeAi5tUFL1DTL2UE4zNRBcoShgo=awCydDa5MH9Djz1f%2bPNjcpuhGcptVCDe1G%2fNbX6oPwCmm%2bljY42LGA%3d%3d&rUzwRPf%2bZ3zd4E7lkn8Lyw%3d%3d=pwRE6AGJFLDNIh225F5QMqWcTPHwdhUfCZ%2fLUQzgA2uL5jNRG4jdQ%3d%3d&mCTlbCubSFFxsDGW9lXnlg%3d%3d=hFfIUdN3100%3d&kCx1AnS9%2fpWZQ40DXFvdEw%3d%3d=hFfIUdN3100%3d&uJovDxwdjMPoYv%2bAjvYtyA%3d%3d=ctNJfF55vVA%3d&FgPIIEJYlotS%2bYGoBi5olA%3d%3d=NHdURQburHA%3d&d9Qjj0ag1Pd993jsyOJqFvmyB7X0CSQK=ctNJfF55vVA%3d&WGewmoAfeN>



- Chapleton R.C. (Glenlivet)
- Drumin (Glenlivet)
- Kirkmichael (Tomintoul)
- St. Margaret's (Tomintoul)
- Tomintoul.

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Appendix Item 2 available at:

<https://moray.cmis.uk.com/moray/Document.ashx?czJKcaeAi5tUFL1DTL2UE4zNRBcoShgo=OLn1dHD%2by4vErv%2fhdZ%2b1JqMiL9c1zkvUTiI2LfVSnEqQQpqhzo2%2b8Q%3d%3d&rUzwRPf%2bZ3zd4E7lkn8Lyw%3d%3d=pwRE6AGJFLDNIh225F5QMaQWCtPHwdhUfCZ%2fLUQzgA2uL5jNRG4jdQ%3d%3d&mCTIbCubSFfXsDGW9IXnlg%3d%3d=hFfIUdN3100%3d&kCx1AnS9%2fpWZQ40DXFvdEw%3d%3d=hFfIUdN3100%3d&uJovDxwdjMPoYv%2bAjvYtyA%3d%3d=ctNJFf55vVA%3d&FgPIIEJYlotS%2bYGoBi5oIA%3d%3d=NHdURQburHA%3d&d9Qjj0ag1Pd993jsyOJqFvmyB7X0CSQK=ctNJFf55vVA%3d&WGewmoAfeNR9xqBux0r1Q8Za60lavYmz=ctNJFf55vVA%3d&WGewmoAfeNQ16B2MHuCpMRKZMwaG1PaO=ctNJFf55vVA%3d>

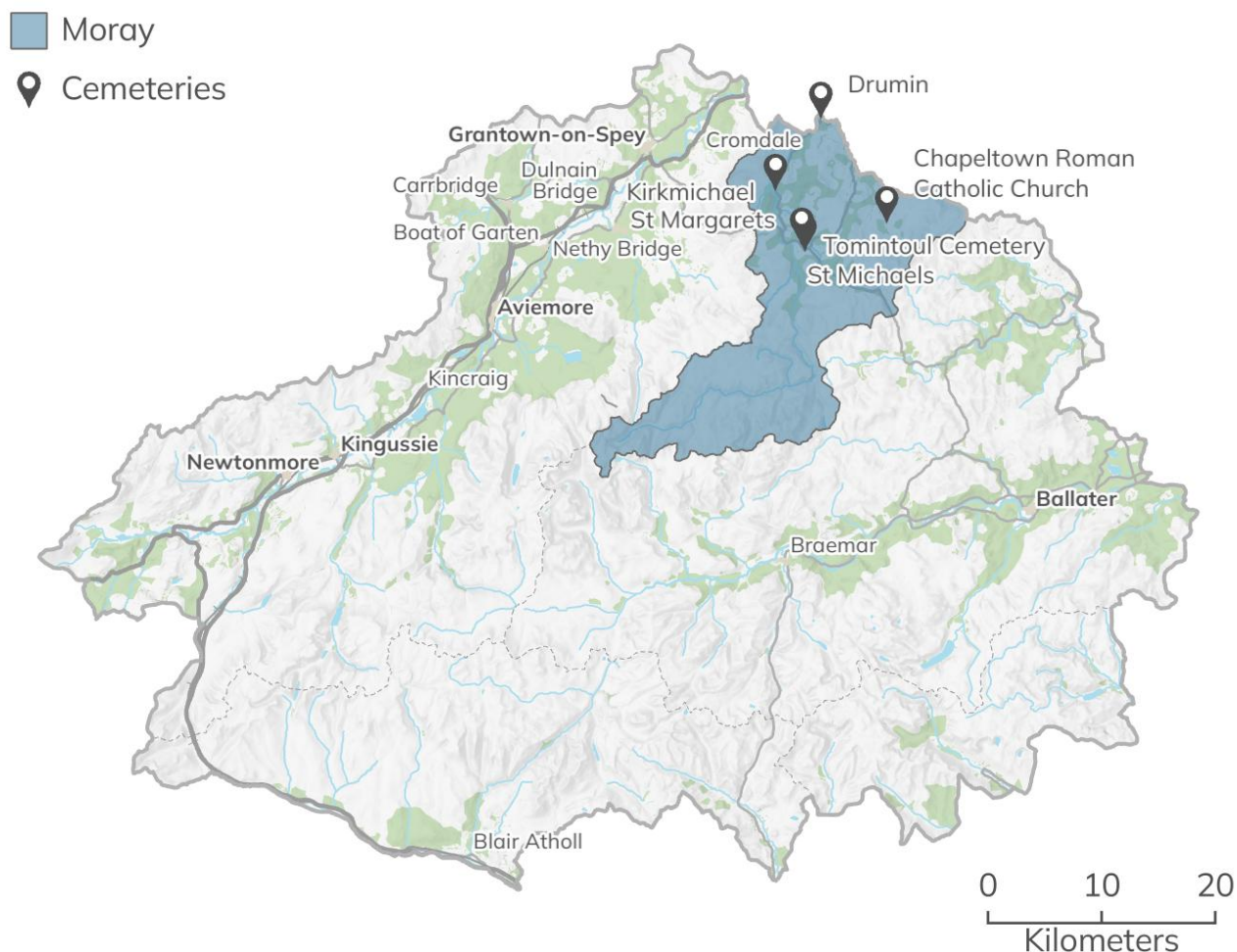


Figure 93 Cemeteries in the Moray Council area of the Cairngorms National Park. Reproduced by permission of Ordnance Survey on behalf of His Majesty's Stationery Office. © Crown copyright and database right 2025. All rights reserved. Ordnance Survey Licence number AC0000821810, Cairngorms National Park Authority.

Detail on the aforementioned cemeteries in Speyside, Moray in the National Park in terms of capacity taken from the Moray Council Future Cemetery Provision Strategy is shown below in Table 13. The Strategy provides detail on the Councils ten-year plan for the existing cemeteries. Tomintoul cemetery is covered by the Cemetery Strategy. The Cemeteries at Drumin and Kirkmichael will continue as current until no new lairs are available. There are no crematoriums in the Moray area of the National Park, there are ones at Burghead and near Buckie that are managed privately.



Table 13 Projected life expectancy of Moray Council's cemeteries within the Cairngorms National Park as of 1 April 2018.

Cemetery	Cemetery Life Expectancy April 2018	Lairs remaining 1 st April 2018	Comments	Communities covered / Miles
Chapletown R.C.	0	0	Roman Catholic Cemetery – replacement outwith Councils responsibility.	
Drumin Cemetery, Glenlivet	1805	401	New cemetery or Glenlivet. Lairs available at Aberlour and Dufftown	
Kirkmichael, Tomintoul	108	24	Additional capacity at Tomintoul and Drumin	
St. Michaels, Tomintoul	0	0	Roman Catholic Cemetery – replacement outwith Councils responsibility.	
St. Margarets, Tomintoul	0	0	No new lairs available. Replacement cemetery operational	
Tomintoul	115	192	Many years left. Extend when required.	Braes of Glenlivet – 7miles The Lecht – 7 miles Tomnavoulin – 6 miles Glenlivet – 9 miles Kirkmichael – 6 miles

In terms of cemetery infrastructure in Moray, In September 2024, the Council outlined plans to undertake an infrastructure condition survey of all the cemeteries in 2024 / 2025⁸².

⁸² Economic Development and Infrastructure Services Committee Report, 3 September 2024.



Aberdeenshire

In the Aberdeenshire area of the National Park there are eleven cemeteries (Figure 94 and Table 14) identified on Aberdeenshire Council's online map of burial grounds⁸³ which are:

- Braemar Cemetery
- Braemar Parish Churchyard
- Corgarff Cemetery
- Crathie Churchyard
- Galton Churchyard
- Glenbuchat Cemetery
- Glenbuchat Churchyard
- Glengairn Churchyard
- Glenmuick Churchyard
- Strathdon Cemetery
- Tullich Churchyard

Interments are also carried out at Newe Strathdon, a private burial ground.

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<https://gis.aberdeenshire.gov.uk/maps/Map.aspx?&mapname=burialgrounds&baseLayer=OSColour&&resolution=2&overlayname=BurialGrounds&schemacolumn=CentralAssetID&UID=00013682>



■ Aberdeenshire

📍 Cemeteries

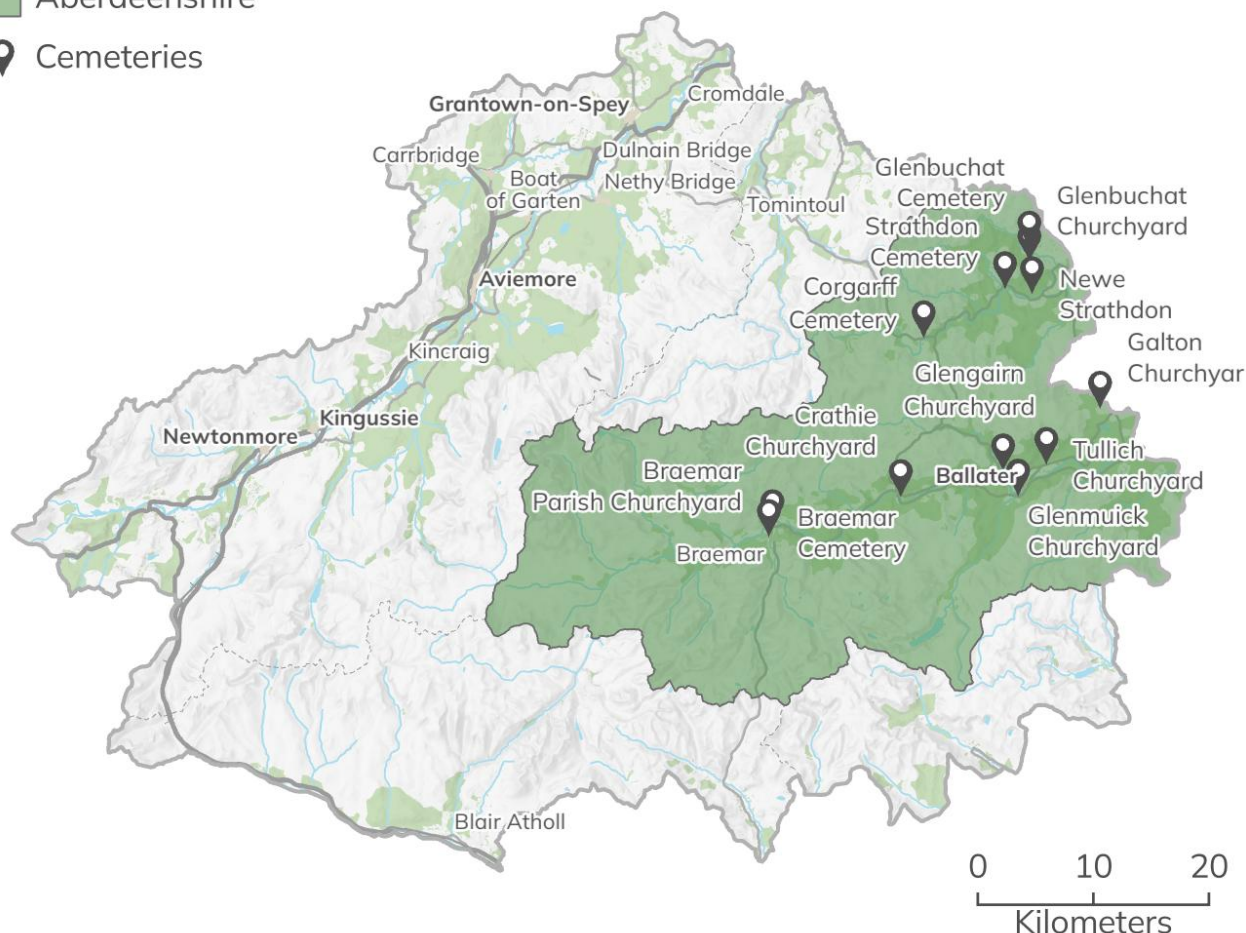


Figure 94 Cemeteries in the Aberdeenshire Council area of the Cairngorms National Park. Reproduced by permission of Ordnance Survey on behalf of His Majesty's Stationery Office. © Crown copyright and database right 2025. All rights reserved. Ordnance Survey Licence number AC0000821810, Cairngorms National Park Authority.

Aberdeenshire Council have confirmed there are no planned maintenance or expansions expected at any of the sites shown herein this report.

Table 14 Projected life expectancy of Aberdeenshire Council's cemeteries within the Cairngorms National Park as of January 2024

Cemetery	Cemetery Capacity as of January 2024	Expected annual usage	Expected years left
Braemar Cemetery	439	1	439 years
Braemar Parish Churchyard	0	0	0
Corgarff Cemetery	0	0	0
Crathie Churchyard	74	Less than 1	123 years



Cemetery	Cemetery Capacity as of January 2024	Expected annual usage	Expected years left
Galton Churchyard	0	0	0
Glenbuchat Cemetery	0	0	0
Glenbuchat Churchyard	0	0	0
Glengairn Churchyard (Ballater)	0	0	0
Glenmuick Churchyard (Ballater)	0	0	0
Strathdon Cemetery	150	More than 1 but less than 2	125 years
Tullich Churchyard ⁸⁴	332	1 every 2-3 years	830

Aberdeenshire council informed the National Park that annual demand across the whole of the Aberdeenshire Council area over the last five years for coffins was 417 per year equating to 90.65% and for cremation⁸⁵ was 67 per year equating to 9.34% of all burials.

Angus

In the Angus area of the National Park there are three cemeteries identified by Angus Council (Figure 95) which are:

- Lochlee New Churchyard
- Lochlee Old Churchyard
- Glen Clova Churchyard and Extension.

⁸⁴ Tullich Churchyard is a new cemetery extension and within the original cemetery still undertaking a lot of interments – usually second or third opens (if possible) and caskets so the demand on the extension is not yet at it's fullest.

⁸⁵ These figures only show cremations that have caskets buried or ashes scattered in Aberdeenshire. As the main Crematorium is in Aberdeen City it does not show Aberdeenshire residents cremated there with ashes scattered / buried elsewhere.

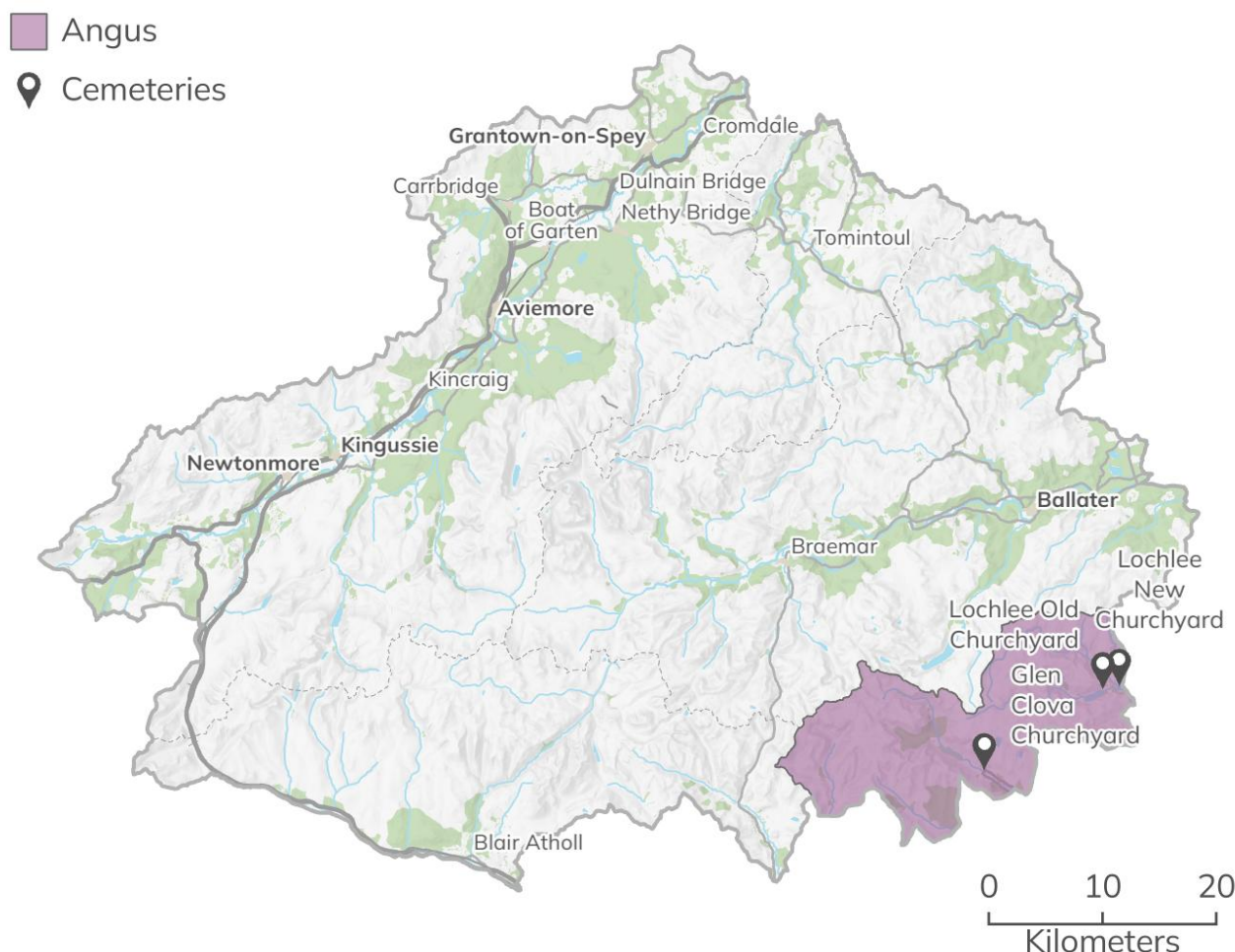


Figure 95 Cemeteries in the Angus Council area of the Cairngorms National Park. Reproduced by permission of Ordnance Survey on behalf of His Majesty's Stationery Office. © Crown copyright and database right 2025. All rights reserved. Ordnance Survey Licence number AC0000821810, Cairngorms National Park Authority.

Angus Council provided capacity information on these cemeteries in Table 15. The Council has advised (30 January 2025) that they are currently in the process of drafting a Cemetery Strategy which is expected to be approved and adopted later in 2025. Therefore, there are at present no implications for the spatial strategy with regards to new burial ground provision in this area. Should implications arise following the publication of the Cemetery Strategy the proposed plan will reflect them.



Table 15 Projected life expectancy of Angus Council's cemeteries within the Cairngorms National Park as of 29 January 2025.

Cemetery	Cemetery Life Expectancy as of 29 January 2025	Lairs remaining as of 29 January 2025	Comments / notes
Lochlee New Churchyard	169 years	90	
Lochlee Old Churchyard	0	0	Churchyard is closed to all interments
Glen Clova Churchyard and Extension	99 years	61	

Perth and Kinross

The Council's Bereavement Services published the Future Cemetery Provision Strategy⁸⁶ in 2016, which highlighted pressures on existing sites to support extensions, closures or new sites. Through the Strategy the Council aims to deliver extensions with a minimum of 20-year capacity. New sites serving a wider area would have 80-100 years capacity. The North Highland area of Perth and Kinross, which includes areas within the National Park, has been identified as being under pressure. Perth and Kinross publish burial grounds assets online on an interactive map⁸⁷ (data accessed 29 January 2025). Within the Cairngorms National Park, in the Perth and Kinross Council area are the following cemeteries (Figure 96):

- Spittal of Glenshee
- Kilmavonaig Churchyard
- Blair Atholl Churchyard.

⁸⁶ See [https://www.pkc.gov.uk/media/35399/16-03-23-Item-6/pdf/16.03.23_-_Item_6.pdf?m=635938200723230000#:~:text=It%20proposes%20an%20approach%20to,sustainable%20and%20appropriate%20resting%20places.&text=1.1%20The%20Burial%20Grounds%20\(Scotland,of%20cemeteries%20by%20local%20authorities.](https://www.pkc.gov.uk/media/35399/16-03-23-Item-6/pdf/16.03.23_-_Item_6.pdf?m=635938200723230000#:~:text=It%20proposes%20an%20approach%20to,sustainable%20and%20appropriate%20resting%20places.&text=1.1%20The%20Burial%20Grounds%20(Scotland,of%20cemeteries%20by%20local%20authorities.)

⁸⁷ See <https://www.pkc.gov.uk/article/14051/Map-of-burial-grounds>



Perth and Kinross

Cemeteries

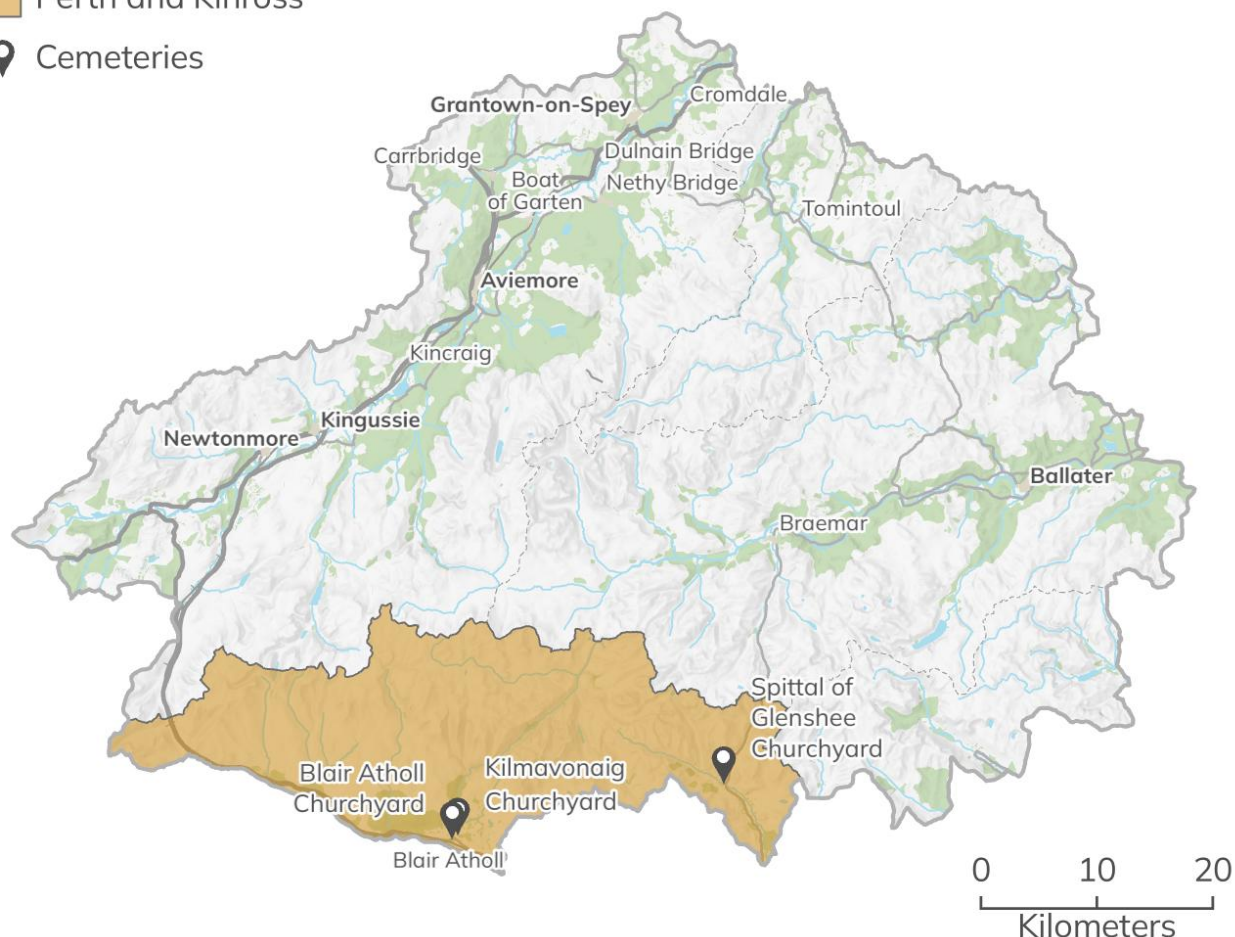


Figure 96 Cemeteries in the Perth and Kinross Council area of the Cairngorms National Park. Reproduced by permission of Ordnance Survey on behalf of His Majesty's Stationery Office. © Crown copyright and database right 2025. All rights reserved. Ordnance Survey Licence number AC0000821810, Cairngorms National Park Authority.

Perth and Kinross Council provided the following updates to the named cemeteries above in Table 16. They also confirmed that there are no plans to extend any of these burial grounds further. There are therefore no implications for the spatial strategy, with regards to new burial ground provision in this area.



Table 16 Projected life expectancy of Perth and Kinross Council's cemeteries within the Cairngorms National Park as of 29 January 2025.

Cemetery	Cemetery Life Expectancy as of 29 January 2025	Lairs remaining as of 29 January 2025	Comments / notes
Spittal of Glenshee Churchyard	0	0 – see notes	No new full or half lairs are available; only existing family lairs can be reopened.
Kilmavonaig Churchyard (Blair Atholl)	0 - see notes	0 – see notes	No new full lairs are available, but a limited number of half lairs remain. Reopens are permitted. The Blair Atholl Churchyard Extension is being used to accommodate this area.
Blair Atholl Churchyard	50 years +	150	An extension to the south of the current churchyard provides more than 50 years of burial capacity

Highland

There are 18 cemeteries on the highland area of the Cairngorms National Park (Figure 97). Highland Council provided information on the cemeteries managed by the Council area of the Cairngorms National Park in terms of capacity shown in Table 17.

Table 17 Cemetery capacity in the Highland Council area of the Cairngorms National Park.

Cemetery	Estimated Years Remaining Capacity	Lairs remaining as of 21 February 2025
Abernethy	5.4	33
Alvie	Closed	0
Ardverikie St Kenneth's	Closed	0
Banchor	61.8	448
Carrbridge	54.3	172



Cemetery	Estimated Years Remaining Capacity	Lairs remaining as of 21 February 2025
Cromdale	24.0	30
Duthil	Closed	0
Grantown-on-Spey	41.8	442
Insh	64.3	257
Inverallen	Closed	0
Kingussie High Street	Closed	0
Kingussie Mill Road	Closed	0
Kingussie New	6.7	29
Kingussie St Columba's	Closed	0
Laggan	112.8	47
Laggantygown	9.8	61
Rothiemurcus St John Episcopal	Closed	0
Rothiemurcus The Doune	Closed	0

Note that 'closed' in this context means the cemetery is closed to new lair sales but there could occasionally still be burials carried out in existing family lairs. Estimated capacity is also only comprising of existing lairs within the cemetery – some sites may have more capacity within the site boundary which has not been developed as of yet.

In general, when a burial ground hits ten years capacity or less, it is common practice for the Council to stop pre-selling lairs in advance to ensure capacity within the site for as long as possible. Further information on the Highland Council's management rules for burial grounds is available here:

- https://www.highland.gov.uk/downloads/file/23292/draft_management_rules_for_burial_grounds

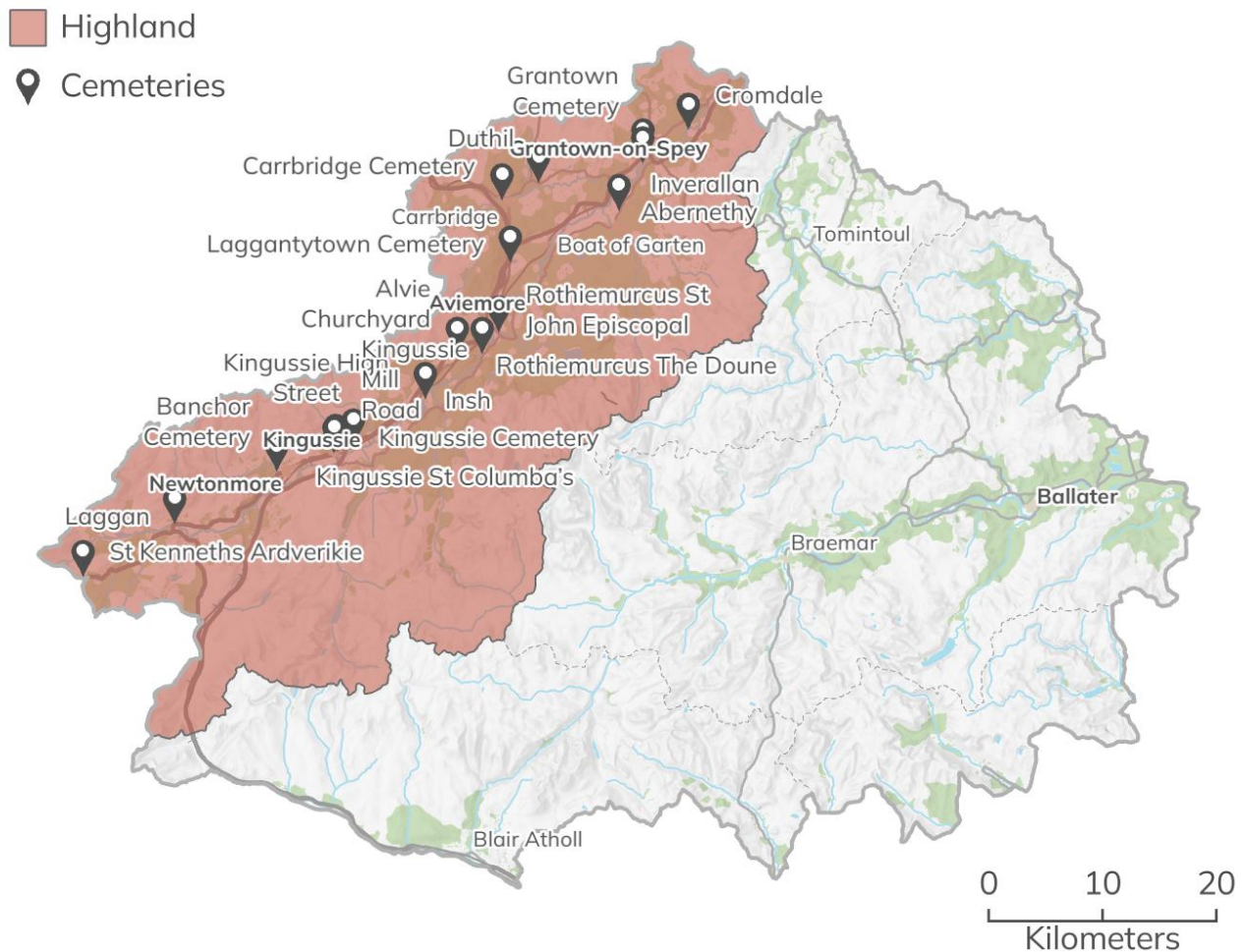


Figure 97 Cemeteries in the Highland Council area of the Cairngorms National Park. Reproduced by permission of Ordnance Survey on behalf of His Majesty's Stationery Office. © Crown copyright and database right 2025. All rights reserved. Ordnance Survey Licence number AC0000821810, Cairngorms National Park Authority.

Crematoriums

There are no crematoriums in the National Park (Figure 98). The closest crematoriums serving residents in the National Park are located at Inverness (Inverness Crematorium), Banchory (Baldarroch Crematorium), Buckie (Moray Crematorium), Perth (Perth Crematorium), Arbroath (Park Grove Crematorium) and at Dundee (Dundee Crematorium).

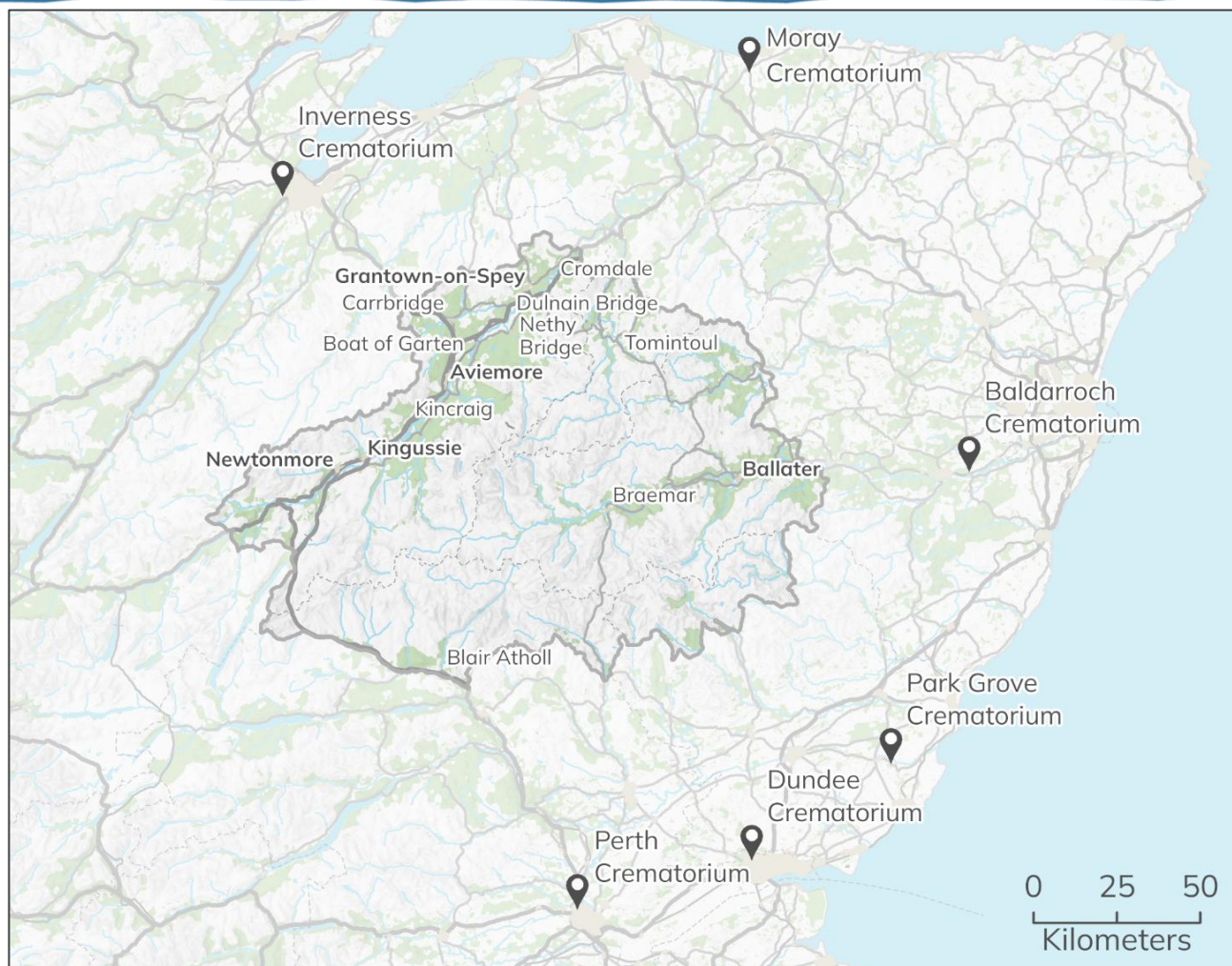


Figure 98 Map showing the crematoriums outwith the Cairngorms National Park, that potentially serve the National Park residents. Reproduced by permission of Ordnance Survey on behalf of His Majesty's Stationery Office. © Crown copyright and database right 2025. All rights reserved. Ordnance Survey Licence number AC0000821810, Cairngorms National Park Authority.

Natural burial grounds

Natural burials (sometimes referred to as green, eco or woodland burials) are becoming more popular as an alternative to a traditional burial or cremation. It involves the body's natural return to the earth in a bio-degradable coffin or ashes urn without the use of preservation chemicals that may pollute the ground. They have been increasingly used by eco conscious individuals seeking a more environmentally friendly end of life ceremony. It is worth noting that, if there is a shift in preference to natural burials going forward this may extend the expected lifespan of the traditional burials.

In terms of natural burial (sometimes referred to as green or woodland burial), in 2018 there is one privately owned facility available for natural burial in the National Park in Highland at Delliefure near Granttown-on-Spey (Figure 99).



There are several natural burial grounds outwith the National Park which residents may choose to use. There is one at Wilkies Wood in Findhorn, Moray. In Aberdeenshire there is a natural burial ground outwith the National Park at Cloverly Woods of Rest, Turriff⁸⁸ and Cothiemuir Hill Woodland Burial Ground at Castle Forbes. In Perth and Kinross there is a Natural Burial Ground at Stowan Woodland Cemetery in Crieff. In Angus, the CairnBrae Natural Burial Ground is located north of Dundee.

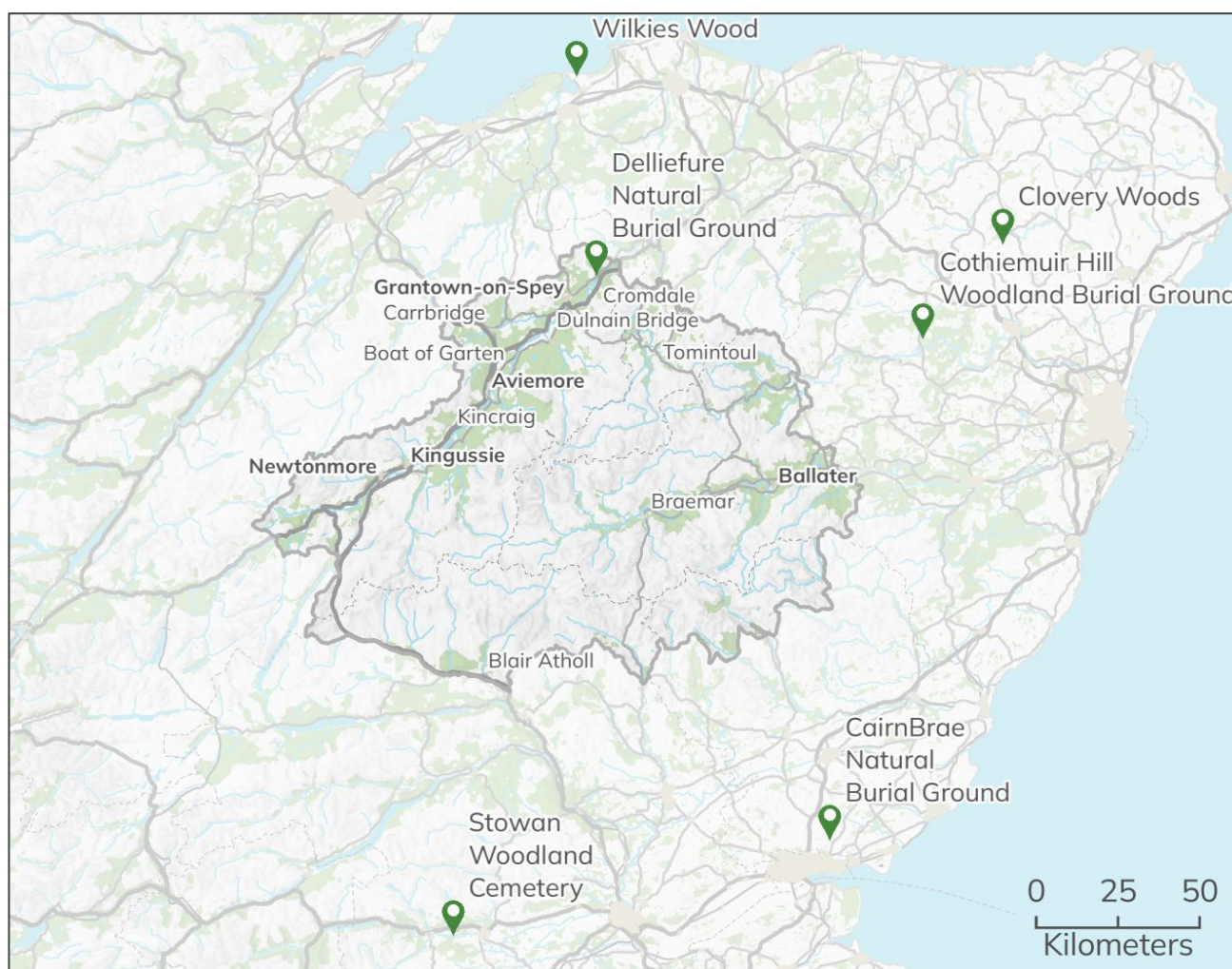


Figure 99 Map showing the natural burial grounds in and around the Cairngorms National Park area, that potentially serve the National Park residents. Reproduced by permission of Ordnance Survey on behalf of His Majesty's Stationery Office. © Crown copyright and database right 2025. All rights reserved. Ordnance Survey Licence number AC0000821810, Cairngorms National Park Authority.

⁸⁸ See

<http://www.naturaldeath.org.uk/index.php?mact=Products,cntnt01,details,0&cntnt01category=ANBG-members&cntnt01hierarchy=Scotland&cntnt01productid=176&cntnt01returnid=95>



Health in All Policies

Health in All Policies (HiAP) is a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas. It is aimed toward creating places (the physical and social environment) which support and generate good health. The goal of Health in All Policies is to ensure that all decision-makers are informed about the health, equity, and sustainability consequences of various policy options during the policy development process. This approach identifies the ways in which decisions in many sectors affect health, and how better health can support the achievement of goals in many sectors.

Health in All Policies can range from using a formal approach for example a Health Impact Assessment or Health Lens Analysis to assess the health impacts of a policy area, to a more fluid approach that focuses on building relationships between health and other policy areas – being ‘at the table’ to ensure the health issues are considered.

The Local Development Plan should seek to promote and support health equity. Health equity is achieved when every person has the opportunity to ‘attain his or her full health potential’ and no one is ‘disadvantaged from achieving this potential because of social position or other socially determined circumstances’⁸⁹ (World Health Organisation, 2015).

The potential impact of the local development plan on health will be assessed through the statutory strategic environmental assessment process. This Strategic Environment’s Scoping Report will be engaged upon with the consultation authorities later in 2025. Table 18 sets out the proposed objectives that will be used to assess the potential effects of the local development plan on these matters. The consultation authorities have already provided pre-consultation feedback on these objectives and are content that they are sufficient.

⁸⁹ More information available from the World Health Organisation position paper available at: <https://www.who.int/publications/m/item/what-you-need-to-know-about-health-in-all-policies--key-messages>



Table 18 Proposed strategic environment assessment objectives that will consider matters relating to health and safety.

Strategic Environmental Assessment topic	Objective	Sub-objectives	Inter-relationships with other topics
Population and human health	Promote opportunities that maximise the health and wellbeing of local people, visitors and communities.	<ul style="list-style-type: none">• Maintain the recreational value of the Cairngorms National Park.• Promote and maintain opportunities for people to enjoy physical recreation and lead healthy lifestyles.• Encourage walking or cycling as an alternative means of transportation.• Empower people to experience, learn about and share the Cairngorms National Park's historic, cultural and natural heritage.• Promote the improvement and maintenance of social and physical environments / facilities that provide opportunities to enhance health and wellbeing.	<ul style="list-style-type: none">• Landscape• Cultural heritage
	Support vibrant, safe and healthy communities.	<ul style="list-style-type: none">• Ensure the population and household growth is accommodated in appropriate locations.• Ensure a suitable affordable housing stock is available to meet needs.• Promote the design of settlements that improve social fabric by removing barriers and creating opportunities for positive interactions.	<ul style="list-style-type: none">• Climatic factors• Air• Water• Soil• Material assets• Biodiversity, fauna and flora• Landscape• Cultural heritage



Strategic Environmental Assessment topic	Objective	Sub-objectives	Inter-relationships with other topics
		<ul style="list-style-type: none">• Promote the inclusion of disadvantaged and minority groups.• Redress imbalances of inequality, deprivation and exclusion.• Provide easy access to high quality facilities and services.• Ensure that adequate healthcare premises are provided throughout the Cairngorms National Park.• Reduce burden of ill-health in the population.• Reduce the causes of accidents.• Ensure the quality of the built environment complements the high-quality natural environment.	



Summary of implications for proposed plan

The Park Authority will continue to engage the NHS Trusts throughout the preparation of the proposed plan.

The proposed plan needs to be prepared in accordance with:

- The four aims of the National Park as set out in The National Parks (Scotland) Act 2000), in particular the third aim to 'to promote understanding and enjoyment (including enjoyment in the form of recreation) of the special qualities of the area by the public' and the fourth aim 'to promote sustainable economic and social development of the area's communities'.
- The spatial strategy and principles of National Planning Framework 4.

In its preparation the proposed plan should seek to:

- Assess the potential impacts of the local development plan on the health and safety of all people through the strategic environmental assessment process and, where necessary, identify measures to avoid, mitigate, and / or compensate any potential negative effects.
- Reflect and show consideration for the direct and indirect health impacts of any proposed new developments on all potential users, recognising the effect the built environment can have on health and well-being.
- Consider how to limit development that is detrimental to human health, which may include restrictions on alcohol, tobacco and gambling establishments, especially in areas of low social economic standing. The Local Development Plan will consider if it is appropriate to include a policy to control the concentration of premises which are granted licences to sell alcohol and tobacco.
- Reflect information supplied by the local councils in relation to supporting the need for new or extensions to existing burial grounds to meet future capacity.
- Support development for health care infrastructure need identified during the preparation of the Proposed Plan, the Park Authority will continue to engage with local health providers and reflect any emerging need for additional capacity as required.
- Identify and safeguard land for burial grounds where need is identified.
- Give due consideration to the locations of concern for suicide, the proposed plan will take account of the information provided but will not publish the information. The proposed plan should encourage and support interventions that minimize the opportunity and possibility of future events linked to existing areas of concern. The



proposed plan must support the design of new development in line with the requirements of National Planning Framework 4 Policy 23 (f). The Park Authority will continue to engage with the Emergency Services and Health Partners throughout the development of the proposed plan.

- Protect and enhance dark skies special landscape qualities and the Tomintoul and Glenlivet Dark Sky Park and consider the need for lighting plans for applications that may have a negative impact on the Glenlivet Dark Sky Park.
- Identify where noise mitigation plans may be needed to support proposed development.
- Support development that incorporates leisure facilities in settlements where there is an established lack of existing provision.
- Support / allocate land for community use – allotments / community growing / orchards and expansion of existing community growing sites where a need has been identified.
- The proposed plan will consider how it may control the concentration of fast-food outlets and their proximity to schools.
- Support developer contributions in line with legislative requirements to support existing health care infrastructure where required. Full and detailed engagement on developer contributions in relation to health care provision has not been undertaken as part of evidence report preparation. This is because the Park Authority considers developer contributions a matter for proposed plan preparation. However, the Park Authority considers planning conditions will be applied, and where appropriate development contributions sought to ensure that, where new development (including windfall development) gives rise to a need, adequate provision is made for health care infrastructure.
- Reflect feedback from the emergency services providers (police, ambulance and fire) operating in the Cairngorms National Park.