



Cairngorms
National Park Authority

Ùghdarras Pàirc Nàiseanta a'
Mhonaidh Ruaidh

Formal Board Paper 1 Annex 1.18

13 March 2026

Paper 1

Annex 1.18



Cairngorms
National Park Authority
Ùghdarras Pàirc Nàiseanta a'
Mhonaidh Ruaidh

Liveable places

Schedule 18: Health and safety

Cairngorms National Park Local Development Plan: Evidence Report

March 2026





Schedule 18: Health and safety

March 2026

Schedule contents

Requirements addressed in this schedule	3
Links to evidence	5
Summary of evidence	14
Policy context	14
National Planning Framework 4	14
Legislation and national documents	15
Key agency documents	35
National Park Authority documents	42
Local authority documents	47
Community action plans	68
Baseline	76
This section provides baseline information on the following matters:	
• Demographic information, including:	
• Population characteristics, including trends, projections and age structure	76
• General health	83
• Unpaid care	91
• Birth rates, death rates and life expectancy	92
• Wellbeing	94
• Suicide risk	98
• Deprivation and access to healthcare	99
• Healthcare management and infrastructure, including:	
• Primary services	119
• General Practice (GP) capacity	124
• Other community and healthcare infrastructure	134
• Current approach to developer contributions for healthcare infrastructure	135
• Healthcare infrastructure implications for Proposed Plan	136
• Hazards, including:	
• Crime	140
• Road traffic casualties	144
• Air quality	145



• Noise pollution	147
• Light pollution	151
• Major hazard sites	152
• Landslides and debris flows	152
• Healthy living, including:	
• Food environment	155
• Food security	168
• Community growing spaces	187
• Physical exercise	192
• Burial grounds	196
Evidence gaps	213
Summary of stakeholder engagement	213
Summary of implications for Proposed Plan	215
Statements of agreement	218
Statements of dispute	219



Requirements addressed in this schedule

Table 1 Information required by the Town and Country Planning (Scotland) Act 1997, as amended (CNPA003), regarding the issue addressed in this schedule.

Section	Requirement
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,
Section 15(5)(f)	Any change which the planning authority think may occur in relation to any of the matters mentioned in paragraphs (a) to (eb).
Section 16(2)(a)	To take into account— <ul style="list-style-type: none">i. The National Planning Framework andii. Any local outcomes improvement plan (within the meaning of section 6 of the Community Empowerment (Scotland) Act 2015) for the part of their district to which the local development plan relates,iii. Any registered local place plan (see schedule 19) that is for the part of their district to which the local development plan relates.
Section 16(2)(b)	Are to have regard to such information and considerations as may be prescribed.
Section 16(2)(c)	May have regard to such other information and considerations as appear to them to be relevant.
Section 16B(3)(a)	The evidence report is to set out the planning authority's view on the matters listed in section 15(5) for land in the part of the authority's district to which the local development plan will relate,
Section 16B(3)(e)	Include such other matters as are prescribed.
Section 16B(4)(c)	The evidence report is also to include a statement on the extent to which the views expressed under paragraphs (a) and (b) have been taken into account in the report.



Section	Requirement
Section 264A	In the exercise, with respect to any land in a National Park, of any power under the planning Acts, special attention shall be paid to the desirability of exercising the power consistently with the National Park Plan as adopted under section 12(7)(a) of the National Parks (Scotland) Act 2000 (asp 10).

Table 2 Information required by the Town and Country Planning (Development Planning) (Scotland) Regulations 2023 (CNPA684), regarding the issue addressed in this schedule.

Section	Requirement
Regulation 9(2)(f)	the objectives of preventing major accidents and limiting the consequences of such accidents for human health and the environment,
Regulation 9(2)(g)(i)(bb)	The information and considerations are—... The need in the long term—... 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—... Major accident hazard pipelines,



Links to evidence

International documents

- CNPA002 - United Nations Sustainable Development Goals

Legislation

- CNPA003 - Town and Country Planning (Scotland) Act 1997
- CNPA004 - National Park (Scotland) Act 2000
- CNPA005 - Planning (Scotland) Act 2019
- CNPA389 - Environmental Protection Act 1990
- CNPA443 - The National Health Service (Pharmaceutical Services) (Scotland) Amendment Regulations 2011
- CNPA466 - Burial Grounds (Scotland) Act 1855
- CNPA634 - Natural Environment (Scotland) Bill as passed
- CNPA684 - Town and Country Planning (Development Planning) (Scotland) Regulations 2023
- CNPA685 - Health and Care (Staffing) (Scotland) Act 2019
- CNPA701 - Good Food Nation (Scotland) Act 2022
- CNPA749 - Local Government (Scotland) Act 1973
- CNPA754 - The Environmental Noise (Scotland) Amendment Regulations 2018
- CNPA755 - Public Health etc. (Scotland) Act 2008
- CNPA762 - The Sewerage Nuisance (Code of Practice) (Scotland) Order 2006
- CNPA875 - Roads (Scotland) Act 1984
- CNPA1194 - European Parliament and Council Directive for Assessment and Management of Environmental Noise 2002/49/EC
- CNPA1215 - Community Empowerment (Scotland) Act 2015
- CNPA1223 - The Environmental Noise (Scotland) Regulations 2006
- CNPA1224 Environmental Noise Directive
- CNPA1226 Burial and Cremation (Scotland) Act 2016

National documents

- CNPA008 - National Planning Framework 4
- CNPA009 - Scottish Government Local Development Planning Guidance
- CNPA084 - Scottish Biodiversity Strategy to 2045: Tackling the Nature Emergency in Scotland



- CNPA475 - Diet and Healthy Weight: Out of Home Action Plan
- CNPA547 - Circular 3 / 2012: Planning Obligations and Good Neighbour Agreements (revised November 2020)
- CNPA686 - Scotland's public health priorities
- CNPA698 - Cleaner Air for Scotland 2 – Towards a Better Place for Everyone
- CNPA687 - ScotPHO
- CNPA688 - Place and wellbeing: integrating land use planning and public health in Scotland
- CNPA689 - Place and Wellbeing Outcomes
- CNPA474 - A Healthier Future: Scotland's diet and healthy weight delivery plan
- CNPA692 - New dementia strategy for Scotland: Everyone's Story
- CNPA693 - Enabling, Connecting and Empowering: Care in the Digital Age. Scotland's Digital health and care strategy
- CNPA694 - Public Health Scotland: National guidance on action to address suicides at locations of concern
- CNPA695 - Mental Health Strategy 2017 – 2027
- CNPA696 - Scotland's Population Health Framework 2025 – 2035
- CNPA697 - National guidance on action to address suicides at locations of concern
- CNPA699 - Food and Drink Policy: Good Food Nation
- CNPA700 - National Good Food Nation Plan
- CNPA703 - General Practitioner Premises Direction Guidance Note Annexe 1
- CNPA704 - Premises Direction 2004: General Practitioner Unit Sizes
- CNPA705 - 2018 General Medical Services Contract in Scotland
- CNPA706 - Scottish Health Planning Notes 36 Part 1 General Medical Practice Premises
- CNPA707 - Scottish Health Planning Notes 36 Part 2 National Health Service Dental Premises
- CNPA708 - Scottish Health Planning Notes 36 Part 3 Community Pharmacies
- CNPA709 - NHS Scotland Operational Improvement Plan
- CNPA710 - North Regional Asset Management Plan 2019 to 2029
- CNPA716 - Care in the Digital Age Delivery Plan 2025 - 26
- CNPA724 - Health and Social Care Service Renewal Framework 2025 - 2035
- CNPA726 - Creating Hope Together: Scotland's Suicide Prevention Strategy 2022 – 2032
- CNPA729 - Creating Hope Together: Scotland's Suicide Prevention Action Plan 2022-2025



- CNPA756 - Nuisance provisions of the Public Health etc (Scotland) Act 2008: guidance
- CNPA757 - Cash-First: Towards ending the need for food banks in Scotland
- CNPA758 - Scottish Government Pollution Policy
- CNPA766 - Health in all policies: a primer
- CNPA1024 - NHS Public Health and Intelligence: Standardisation Guidance
- CNPA1026 - Long-term monitoring of health inequalities: March 2022 report
- CNPA1048 - Public Health Scotland: A position statement on behalf of the Scottish Public Health System
- CNPA1052 - Tobacco and Vaping Framework: Roadmap to 2034
- CNPA1053 - Chronic obstructive pulmonary disease (COPD): key points. ScotPHO

Key agency documents

- CNPA711 - NHS Grampian Strategic Plan A Plan for the Future
- CNPA712 - NHS Grampian Strategic Plan A Plan for the Future Delivery Plan 2024 – 2027
- CNPA713 – NHS Grampian Asset Management Plan 2020 – 2030
- CNPA714 - NHS Tayside's Digital Health and Social Care Strategy
- CNPA715 - Living life well: A lifelong approach to mental health in Tayside
- CNPA718 - Together we care: NHS Highland's 5-year Strategy 2022 – 2027
- CNPA720 - NHS Highland Pharmaceutical Care Services Plan 2023 / 24
- CNPA730 - Adult Services Strategic Plan 2024 – 2027: Highland Health and Social Care Partnership
- CNPA747 - NHS Highland Pharmacy Services Strategy 2025 – 2030
- CNPA759 - Transportation Noise Action Plan (TNAP) 2019 – 2023
- CNPA760 - NHS Tayside Pharmaceutical Care Services Plan 2023 – 2025
- CNPA761 - Scottish Road Network Landslides Study: Implementation
- CNPA765 - NHS Grampian Pharmaceutical Care Services Plan
- CNPA769 - Secured by Design: Designs Guides
- CNPA770 - Scottish Pollutant Release Inventory
- CNPA772 - Landscapes for people and health
- CNPA773 - Developing the contribution of the natural heritage to a healthier Scotland



National Park Authority documents

- CNPA010 - Cairngorms National Park Partnership Plan 2022 - 2027
- CNPA016 - Cairngorms National Park Local Development Plan 2021
- CNPA097 - Cairngorms National Park Authority Strategic Flood Risk Assessment
- CNPA211 - Strategic Environmental Assessment Scoping Report for the Local Development Plan
- CNPA334 - Cairngorms National Park Local Development Plan Delivery Programme 2025
- CNPA337 - Statistical areas used in the analysis of the Cairngorms National Park
- CNPA445 - Cairngorms National Park Authority Local Development Plan Developer Obligations Supplementary Guidance
- CNPA503 - Cairngorms National Park Authority Interactive 20 minute neighbourhood map
- CNPA528 - Cairngorms 2030
- CNPA1358 - Topic: Health and safety - engagement version

Local authority documents

- CNPA237 - Badenoch and Strathspey Area Committee Item 6: Badenoch and Strathspey Area Plan
- CNPA575 - Aberdeenshire Health and Social Care Partnership Strategic Plan 2020-2025
- CNPA723 - Aberdeenshire Health and Social Care Partnership Adult Mental Health and Wellbeing Strategy
- CNPA727 - Marr Community Food Plan
- CNPA728 - Aberdeenshire Council Allotment Strategy 2020- 2030
- CNPA731 - Highland Council Allotment Policy 2024
- CNPA732 - Growing our Future: Highland Council Community Food Growing Strategy
- CNPA734 - Perth and Kinross Community Mental Health and Wellbeing Strategy 2022-2025
- CNPA736 - Perth and Kinross Food Growing Strategy 2021
- CNPA737 - Perth and Kinross Food Growing Storymap (part of the Food Growing
- CNPA738 - Perth and Kinross Future Cemetery Strategy (2016)
- CNPA739 - Perth and Kinross Map of burial grounds



- CNPA741 - Angus Health and Social Care Partnership: North West Locality Improvement Plan 2023 - 2026
- CNPA742 - Angus Health and Social Care Partnership: North East Locality Improvement Plan 2023 - 2026
- CNPA744 - Angus Food Growing Strategy 2020 – 2025
- CNPA745 - Angus Food Growing Action Plan
- CNPA1110 - Angus Suicide Prevention Plan 2023 – 2026 Year 1 Update Report
- CNPA746 - Partners in Care: The Strategic Plan for Health and Social Care in Moray over the next 10 years (2022 – 2032)
- CNPA748 - Good Mental Health for all in Moray 2016 - 2026
- CNPA750 - The Moray Food Growing Strategy 2020
- CNPA751 - Moray Council Allotment Policy
- CNPA733 - Highland Council Allotments Annual Report 2024
- CNPA752 - Moray Future Cemetery Strategy (2018)
- CNPA753 - Moray Council. Economic Development and Infrastructure Services Committee Report, 3 September 2024
- CNPA818 - Growing Our Future - A Community Food Growing Strategy for Highland: Community Food Growing Strategy Guidance Document
- CNPA1061 - The Highland Council: School policies and guidance - child health and nutrition
- CNPA1074 - Aberdeenshire Council: Burial grounds mapping
- CNPA1075 - Perth and Kinross Council: Bereavement Services - Future Cemetery Provision Strategy
- CNPA1077 - The Highland Council: Management Rules for Burial Grounds
- CNPA1208 - Moray Council Local Development Plan 2020
- CNPA1019 - Health and Social Care in Moray: Strategic Delivery Plan 2025 - 2028
- CNPA1027 - Creating Hope Together in Highland Suicide Prevention Action Plan 2022 – 25
- CNPA1028 - The Perth and Kinross Primary Care Improvement Plan
- CNPA1029 - Perth and Kinross Health and Social Care Partnership Strategic Delivery Plan (Primary care)
- CNPA1031 - The Highland Council Growing Our Future – Community Food Growing Annual Report 2024/25
- CNPA1032 - Perth and Kinross Council Allotment Report 2023 / 2024, July 2024
- CNPA638 - 2024 – 2027 Highland Outcome Improvement Plan



- CNPA636 - Aberdeenshire Local Outcomes Improvement Plan 2017 – 2027 (website)
- CNPA637 - Angus Community Plan 2022 – 2030
- CNPA639 - Moray Local Outcomes Improvement Plan v2
- CNPA640 - Perth and Kinross Community Plan (Local Outcomes Improvement Plan) 2022 – 2032
- CNPA1091 – 2024 – 2027 Highland Outcome Improvement Plan – Delivery Plan

Community action plans

- CNPA063 - Aviemore, Rothiemurchus and Glenmore Community Action Plan: Looking to 2030
- CNPA064 - Blair Atholl Community Action Plan: Looking to 2030
- CNPA065 - Grantown-on-Spey Community Action Plan looking to 2030
- CNPA066 - Kingussie Community Action Plan Consultation Results: Looking to 2030
- CNPA133 - Strathdon Community Action Plan: Looking to 2030
- CNPA119 - Ballater and Crathie Community Action Plan 2023
- CNPA121 - Braemar Community Action Plan
- CNPA122 - Carrbridge Community Action Plan: Looking to 2030
- CNPA123 - Advie and Cromdale Community Action Plan
- CNPA125 - Dalwhinnie Community Action Plan: Looking to 2030
- CNPA127 - Kincaig and locality Community Action Plan: Looking to 2030
- CNPA130 - Mount Blair and Glenshee Community Action Plan
- CNPA131 - Nethy Bridge Community Action Plan: Looking to 2030
- CNPA132 - Newtonmore Community Action Plan: Looking to 2030
- CNPA374 - Boat of Garten Action Plan: Looking to 2030
- CNPA331 - Dulnain Bridge Community Action Plan: Looking to 2030

Other relevant documents

- CNPA515 - Scotland's Diet & Healthy Weight Delivery Plan. 5 years on, what has it achieved, and what is the current direction of travel?
- CNPA941 Rural Scotland Key Facts 2021
- CNPA1020 - Public Health England: Health and wellbeing in rural areas
- CNPA1021 - Journal of Rural Studies: Are rural residents happier? A quantitative analysis of subjective wellbeing in Scotland
- CNPA1022 - Office for National Statistics: Commuting and personal well-being



- CNPA1023 - Royal Society for Public Health. Health in a Hurray: The impact of rush hour commuting on our health and wellbeing
- CNPA1025 - Scottish Index of Multiple Deprivation 2006: Technical Report
- CNPA1036 - 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
- CNPA1037 - Yarwood, R. (2001) Crime and policing in the British countryside: Some agendas for contemporary geographical research. Sociologia Ruralis, 41 (2)
- CNPA1038 - Ceccato, V.A. Rural Crime and Community Safety (2016) Routledge ISBN 978113806591
- CNPA1039 - De Courson, B., Nettle, D. Why do inequality and deprivation produce
- CNPA1040 - Deller S, Deller, M. 2010 .Rural Crime and Social Capital. Growth and change: A journal of Urban and Regional Policy. Vol 41, Issue 2
- CNPA1041 - Donnermeyer, J . 2007. Rural Crime: Roots and Restoration. The Ohio State University
- CNPA1042 - 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
- CNPA1043 - Scotland's noise: How have the maps been produced?
- CNPA1044 - GBD 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
- CNPA1045 - Food insecurity and poverty - United Nations: Scottish Government response. 2021
- CNPA1046 - Scottish Health Survey 2023 – volume 1: main report
- CNPA1047 - Commercial Determinants of Noncommunicable Diseases in the WHO European Region
- CNPA1049 - Marmot M, Allen J, Boyce T et al. Health equity in England: The Marmot Review 10 years on. London: Institute of Health Equity; 2020
- CNPA1051 - 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



- CNPA1050 - 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
- CNPA1054 - 20-Year Trends in Tobacco Sales and Self-Reported Tobacco Use in the United States, 2000–2020
- CNPA1055 - Sarwer, DB and Polonsky, HM. (2016). The Psychosocial Burden of Obesity. *Endocrinology and Metabolism Clinics of North America*, Vol 45(3), pp. 677-688
- CNPA1056 - 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]
- CNPA1057 - Balasundarem, P and Krishna, S. (2023). Obesity Effects on Child Health. National Center for Biotechnology Information [Online]
- CNPA1058 - Hassan S, Burgoine T, Cummins S et al (2024) Managing takeaways near schools: a toolkit for local authorities
- CNPA1059 - 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
- CNPA1060 - 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
- CNPA1079 - World Health Organisation: What you need to know about Health in All Policies: key messages
- CNPA1065 - Fair Food Aberdeenshire
- CNPA1066 - Sustainable Food Places: What are Sustainable Food Places
- CNPA1067 - Fair Food Aberdeenshire – A Sustainable Food Partnership
- CNPA1068 - Facebook page: Sustainable Kirriemuir
- CNPA1062 - Highland Good Food Partnership: Highland Good Food Map
- CNPA1063 - Highland Good Food Partnership: Our Charter
- CNPA1064 - Moray Food Plus: Mission
- CNPA1073 - Planning for healthier communities: Opportunities in the Scottish planning system
- CNPA1082 - Burall Legacy Fund Engagement 2025 report



Data sources

- CNPA439 – Scotland’s Census
- CNPA441 - Scottish Public Health Observatory (ScotPHO) profiles tool
- CNPA533 - National Records of Scotland
- CNPA534 - Scottish Index of Multiple Deprivation 2020
- CNPA563 - Rebased population estimates, Scotland, mid-2011 to mid-2021
- CNPA670 - Sports facilities – Scotland (Sports Scotland data)
- CNPA764 - Mining Remediation Authority Mapping
- CNPA767 - The Natural Death Centre
- CNPA768 - The Cremation Society
- CNPA771 - Scottish Health Survey 2023
- CNPA919 - Scottish Household Survey
- CNPA1070 - The Cremation Society: Progress of Cremation in the British Isles
- CNPA1078 - List of Natural Burial Grounds
- CNPA1093 - Improvement Service GP Practices – Scotland
- CNPA1095 - Public Health Scotland: GP Practices and List sizes October 2025
- CNPA1090 - Public Health Scotland General practice – GP practice list sizes
- CNPA1094 - Public Health Scotland: General Practice - GP workforce and practice list sizes 2012 – 2022
- CNPA1083 - Public Health Scotland
- CNPA1084 - Scotland’s environment web
- CNPA1086 - Scotland’s Noise
- CNPA1072 - The Warwick-Edinburgh Mental Wellbeing Scales - WEMWBS
- CNPA763 - Priority Places for Food Index Version 2

Consultation material

- CNPA849 – Formal engagement with NatureScot on the health and safety topic paper
- CNPA1097 - Engagement (emails) with The Highland Council on burial grounds in the National Park
- CNPA1098 - Engagement (emails) with Perth and Kinross Council on burial grounds in the National Park
- CNPA1099 – Engagement (emails) with Angus Council on the burial grounds in the National Park



- CNPA1100 - Engagement (email) with Aberdeenshire Council on the burial grounds in the National Park
- CNPA1087 - Email from Moray Council regarding cemetery capacity (October 2025)
- CNPA1088 - Data from Aberdeenshire Council: Burial Ground Capacity and Availability (for Cairngorms)
- CNPA1089 - Final engagement (email) with NHS Grampian relating to GP data
- CNPA1107 - Final engagement (email) with NHS Highland relating to GP data
- CNPA1092 - Final engagement (email) with NHS Tayside relating to GP data
- CNPA1102 - Angus Health & Social Care Partnership regarding the Angus Suicide Prevention Action Plan (2023-2026)
- CNPA1340 - Evidence report engagement responses
- CNPA1369 - Engagement with Angus Health and Social Care Partnership relating to final approval of the inclusion of information on the Angus Suicide Prevention Local Action Plan

Summary of evidence

Policy context

National Planning Framework 4

National Planning Framework 4 (CNPA008) 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 (CNPA002). 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.

This schedule also has links with National Planning Framework 4 Policy 14: Design, Quality and Place where the six qualities of success include, for example, delivery healthy places can support the prioritisation of women's safety and improving physical and mental health.

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 schedule 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.

Legislation and national documents

National Park (Scotland) Act 2000

The National Park has four distinct aims as set out in The National Parks (Scotland) Act 2000 (CNPA004). As outlined in Schedule 1: Plan outcomes, these will be amended by the Natural Environment Scotland (Scotland) Bill (CNPA634) once enacted. These are, as to be amended by the Natural Environment (Scotland) Bill:



- To conserve and enhance the area's natural and cultural heritage.
- To promote sustainable management and use of the area's natural resources.
- To promote public understanding and enjoyment of the area's natural and cultural heritage.
- To promote sustainable economic, social and cultural development of the area's communities.

All of the aims are relevant to the matters discussed in this schedule. 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).

Health and Care (Staffing) (Scotland) Act 2019

The Health and Care (Staffing) (Scotland) Act 2019 (CNPA685) 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.



The implications of the Act in terms of health care infrastructure in the National Park may result in additional space being required for NHS services to comply with staffing requirements. The park Authority will continue to engage with the health boards (NHS Grampian, Tayside and Highland) during the preparation of the Proposed Plan, to ensure any subsequent spatial requirements are considered.

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.

The National Health Service (Pharmaceutical Services) (Scotland) Amendment Regulations 2011

The publication of the NHS (Pharmaceutical Services) (Scotland) Amendment regulations 2011 requires NHS Boards to publish an annual Pharmaceutical Care Service Plan (PCSP). The Park Authority has requested these from the three health boards, NHS Highland, NHS Grampian and NHS Tayside. Where they have been provided, they have been included in this schedule.

Public Health Scotland

Public Health Scotland (CNPA1083) 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 (CNPA686).

Scotland's public health priorities

The Scottish Government and the convention of Scottish local authorities (COSLA) agreed six Public Health Priorities in June 2018 (CNPA686). 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 six 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 their 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 (CNPA698) 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 Schedule 11: Sustainable Transport.

Scottish Public Health Observatory

The Scottish Public Health Observatory (ScotPHO) (CNPA687) 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.

Scotland's Population Health Framework 2025 – 2035

The Population Health Framework (CNPA696) sets out Scottish Government's and COSLA's long-term collective approach to improving Scotland's health and reducing health inequalities for the next decade. The Framework sets out Scotland's vision for the next ten years. It includes a broad range of actions that seek to tackle the drivers of ill health. The Framework's aim is two-fold – to improve Scottish life expectancy whilst reducing the life expectancy gap between the most deprived 20% of local areas and the national average by 2035. The Framework is based on five key interconnected prevention drivers of health and wellbeing¹:

¹ Influenced by the King's Fund Population Health Pillars and the Institute of Health Equity's eight Marmot principles.



- Prevention Focused System
- Social and Economic Factors
- Places and Communities
- Enabling Healthy Living
- Equitable Access to Health and Care

Under the 'Places and communities' priority the Framework includes the following actions:

- Planning - Embed health and wellbeing considerations into the development and delivery of Local Development Plans.
- Housing - Support the contribution of better housing to health. For more information on housing matters in the National Park see Schedule 13: Housing.

The action for planning sets out the following actions:

- Supporting better collaborative working between Health Boards and planning authorities through Heads of Planning Scotland and the Improvement Service.
- Sharing contacts within Health Boards for planning authorities to engage with and to enable Health Boards to meet their legal duty to co-operate in the preparation of Local Development Plans.
- Ensuring meaningful engagement and input from Health Boards and Health and Social Care Partnerships in Local Development Plans specifically providing input to Evidence Reports, Proposed Plans and Delivery Programmes regarding the provision and delivery of health and care services or facilities
- Completing of integrated / health impact assessments and strategic environment assessments
- Continuing to promote and support the use of the Place Standard Tool
- Applying the health and planning resources on OurPlace.scot

The Proposed Plan should support the actions set out in the Population Health Framework.

Health and Social Care Service Renewal Framework 2025 - 2035

The Health and Social Care Service Renewal Framework (CNPA724) provides a high-level guide for change, to ensure the sustainability, efficiency, quality, and accessibility of health and social care services in Scotland. The Framework sets out five key principles for renewal:



1. Prevention Principle: Prevention across the continuum of care.
2. People Principle: Care designed around people rather than the 'system' or 'services'.
3. Community Principle: More care in the community rather than a hospital focused model.
4. Population Principle: Population planning, rather than along boundaries.
5. Digital Principle: Reflecting societal expectations and system needs.

The Framework sets out Scottish Governments commitment (year 2 – 5) to developing a Future Hospitals Plan. This will involve defining the evolving role of hospitals, within an integrated health and care system. The Plan will set out which services should continue to be delivered in hospital settings, and which can be safely and effectively shifted to community settings. It will also guide how hospital infrastructure, staffing and service models will need to adapt to support this shift.

The Community principle set out in the Framework aims to bring more healthcare closer to home, whether that is a local General Practice, pharmacy, or wider primary and community health teams, or treatment from hospital-based specialists. This will be delivered by moving more staff, funding, and services into local areas, as well as building on the core skills and capacity Scotland have in the community assets.

Specifically, the Framework aims to set out a clearer model of care that will work across three care settings - home, community and hospital. This may result in the need for increasing capacity at GPs with the need to:

- Ensure the future planning and delivery of community hubs considers opportunities for infrastructure co-location to further develop person-led approaches for access to seamless and coordinated care.

The Proposed Plan should support the delivery of the ambitions set out in the Health and Social Care Service Renewal Framework 2025 – 2035 and any subsequent supporting delivery plans. The Park Authority will continue to engage with health boards and local health care providers in the National Park to ensure any new proposed infrastructure need can be reflected in the proposed strategy.

Creating Hope Together: Scotland's Suicide Prevention Strategy 2022 – 2032

Scotland's Suicide Prevention Strategy (CNPA726). This strategy sets out the Scottish Government and COSLA's vision for suicide prevention in Scotland over the next ten years. The vision set out in the Strategy is to reduce the number of suicide deaths in



Scotland, whilst tackling the inequalities which contribute to suicide. The Strategy sets out the following four outcomes:

1. The environment we live in promotes conditions which protect against suicide risk – this includes Scotland’s psychological, social, cultural, economic and physical environment.
2. Our communities have a clear understanding of suicide, risk factors and its prevention – so that people and organisations are more able to respond in helpful and informed ways when they, or others, need support.
3. Everyone affected by suicide is able to access high quality, compassionate, appropriate and timely support – which promotes wellbeing and recovery. This applies to all children, young people and adults who experience suicidal thoughts and behaviour, anyone who cares for them, and anyone affected by suicide in other ways.
4. Our approach to suicide prevention is well planned and delivered, through close collaboration between national, local and sectoral partners. The work is designed with lived experience insight, practice, data, research and intelligence. There is also a commitment to improve Scotland’ approach through regular monitoring, evaluation and review.

The Proposed Plan should support the Strategy to reduce the incidences of suicide in the National Park. This can be achieved by giving due consideration to the locations of concern for suicide. 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) (CNPA008). The Park Authority will continue to engage with the Emergency Services and Health Partners throughout the development of the Proposed Plan.

While some local authority areas have their own suicide prevention strategies (Highland and Angus Health and Social Care Partnerships), Aberdeenshire, Perth and Kinross and Moray Health and Social Care Partnerships operate and coordinate local action under the national strategy framework.

Creating Hope Together: suicide prevention action plan 2022 to 2025

The suicide prevention action plan (CNPA729) details the actions set out for 2022 to 2025, to implement the first stage of Scottish Government’s and COSLA’s ten year suicide prevention strategy (CNPA726), and the four long term outcomes it sets out.



In relation to the Proposed Plan Action area two: Access to means is of particular relevance to the development of the Proposed Plan in relation to the requirements of National Planning Framework 4 Policy 23 (f) (CNPA008).

Under Outcome 1², there is the priority set out to build a whole of Government and whole society approach to address the social determinants which have the greatest link to suicide risk. Action area 2: Access to means sets out the following two actions:

- Action 2.1: Develop a comprehensive, cross sector action plan to address locations of concern with an initial focus on falling / jumping from height (and which complements the national guidance).
- Action 2.2: Consider priority actions on access to means following the Delphi study, as well as wider work on locations of concern such as waterways, railways and retail outlets.

The Proposed Plan should support the Action Plan, particularly Action area 2. This can be achieved by giving due consideration to the locations of concern for suicide. The Proposed Plan should encourage and support interventions that minimize the opportunity and possibility of future events linked to existing areas of concern. The Park Authority will continue to engage with the Emergency Services and Health Partners throughout the development of the Proposed Plan.

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

The Place and wellbeing: Integrating land use planning and public health in Scotland briefing (CNPA688) was prompted by the introduction of the Planning (Scotland) Act 2019 (CNPA005), the fourth National Planning Framework (CNPA008), and the adoption of Scotland's six public health priorities (CNPA686). 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.

² The environment people live in promotes the conditions which protect against suicide risk – this includes peoples psychological, social, cultural, economic and physical environment.



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 Proposed Plan

The document also sets out that it is best practice to carry out a Health Impact Assessment (HIA) when developing the Proposed 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 though the statutory Strategic Environmental Assessment process (see page 211 and Table 21 for further information).

Place and wellbeing outcomes

The place and wellbeing outcomes (CNPA689) 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).

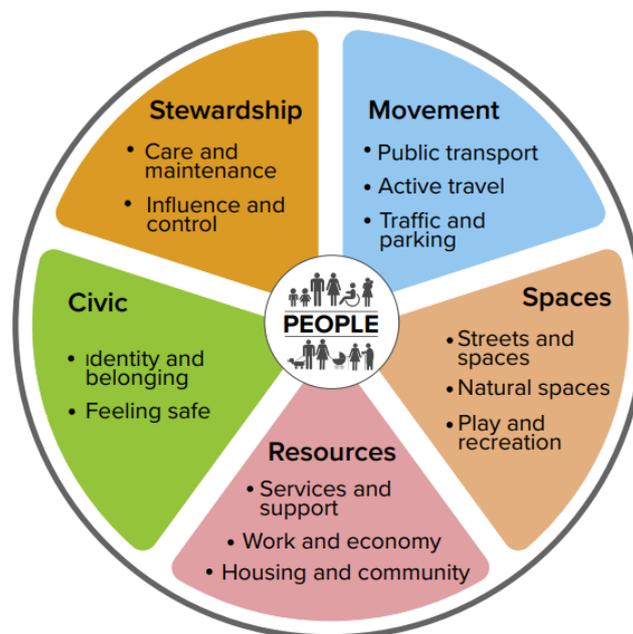


Figure 1 Place and wellbeing outcomes. Improvement Service 2024 (CNPA689).

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.

To improve future health and wellbeing and reduce future demand, decisions in all policy areas of the Proposed 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 NHS Scotland Operational Improvement Plan (CNPA709) 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 - 2026 Scottish Budget which are:

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

The National Park Authority will continue to maintain dialogue with the NHS health boards 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

Scotland's diet and healthy weight delivery plan (CNPA474) 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 (CNPA515), five years after it was published 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. It goes on to note 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 (CNPA686) 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 155 for information on the food environment within the Cairngorms National Park.

Diet and healthy weight: out of home action plan

The Diet and healthy weight: out of home action plan (2021) (CNPA475) 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.

New dementia strategy for Scotland: Everyone's Story

The New dementia strategy for Scotland (CNPA692) 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

Scotland's Digital Health and Care Strategy (CNPA693) 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. The Care in the Digital Age: Delivery Plan 2025-26 (CNPA716) is the latest delivery plan supporting the Digital health and care strategy. The delivery plan sets out a series of improvements to digital access to health care. The success of the delivery of the actions and improvements to digital care for residents in the National Park will be heavily determined by the ability of residents to access digital services through the existing digital infrastructure.



The Proposed Plan should aim to reduce and not worsen digital exclusion from health care in the National Park. More information on the digital infrastructure in the National Park can be found in Schedule 20: Digital infrastructure.

Mental Health Strategy 2017 – 2027

The vision of the Mental Health Strategy (CNPA695) 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.

National guidance on action to address suicides at locations of concern

Produced by Public Health Scotland, the National guidance on action to address suicides at locations of concern (CNPA697) 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.

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.

The guidance reports that overall, compared to ten years ago there has been a decrease in the rate of suicide both locally and nationally. 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.



Figure 2 Process for managing a location of concern. Public Health Scotland, 2022 (CNPA697).

National Planning Framework 4 Policy 23(f) (CNPA008) requires that development proposals be designed to take into account suicide risk. Under Policy 23, Scottish Government's (2023) Local development planning guidance (CNPA009) suggests that an awareness of locations of concern for suicide should be addressed in the Evidence Report. See page 98 for further information on the Park Authority's approach taken to addressing this requirement.

The Proposed Plan should encourage and support interventions that minimize the opportunity and possibility of future events linked to existing areas of concern. The Park Authority should continue to engage with the Emergency Services and Health Partners throughout the development of the Proposed Plan to ensure the most up to date information on locations of concern informs the preparation of the Proposed Plan.

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

The Cleaner Air for Scotland 2 (CNPA698) 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).

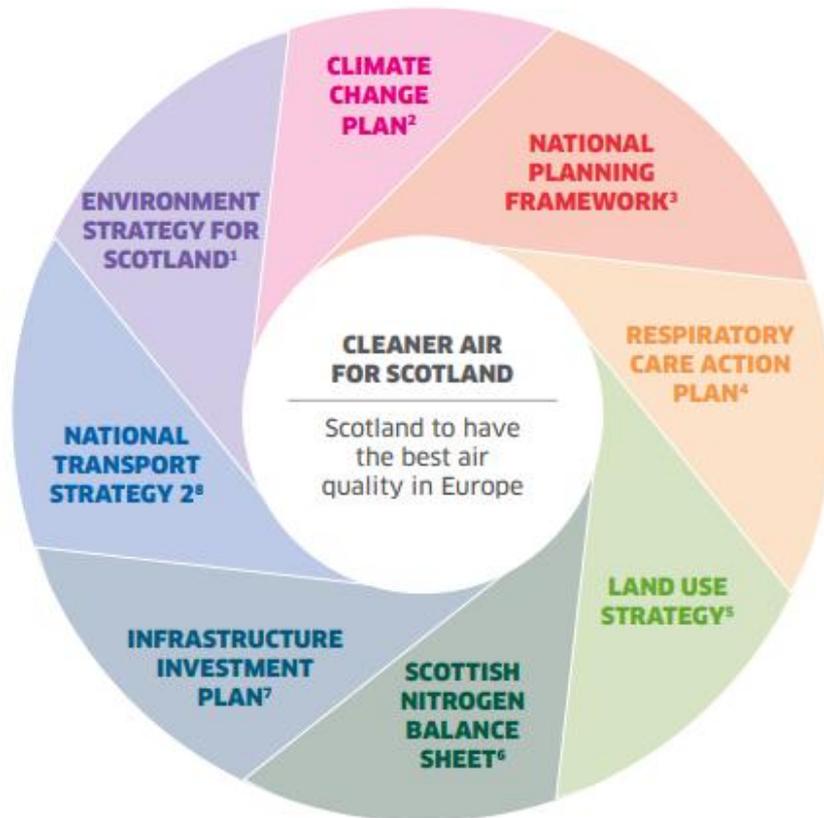


Figure 3 Relationship between the Cleaner Air for Scotland Strategy and other key Scottish Government strategies. Scottish Government, 2021 (CNPA698).

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. Matters relating to Transport are covered in Schedule 11: Sustainable Transport.



The Strategy outcomes can also be supported by 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. More information on 20 minute neighbourhoods in the National Park is available in Schedule 12: Living locally and 20 minute neighbourhoods.

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 of policy areas within the evidence report, namely:

- Schedule 4: Climate change
- Schedule 5: Natural heritage
- Schedule 6: Landscape
- Schedule 16: Blue and green infrastructure
- Schedule 17: Play, recreation and sport

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 assessment framework for the Cairngorms National Park local development plan's strategic environment assessment (CNPA211).

Further information on air quality is covered by Schedule 11: Sustainable transport.

Food and Drink Policy: Good Food Nation

Scotland's food and drink policy (CNPA699) out the 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 (CNPA701) 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 (CNPA700) 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 Outcomes³ 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 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.

To reflect the National Good Food Nation Plan the Proposed Plan should support the aim of making more land available for community growing in all its forms and enable more people to access allotments and growing sites. The Good Food Nation Plan highlights that National Planning Framework 4 (CNPA008) is clear that local

³ The Scottish Parliament set out its priorities for the Good Food Nation in the Good Food Nation (Scotland) Act 2000 (CNPA701). 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).



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 Biodiversity Strategy to 2045: Tackling the Nature Emergency in Scotland

The Scottish Biodiversity Strategy to 2024 (CNPA084) sets out actions for addressing the twin crises; Global Climate Emergency and Nature Emergency. The strategy sets out a vision for a future where Scotland's natural environment is restored and is supporting thriving communities and wildlife alike. This Strategy sets out a clear ambition: for Scotland to be Nature Positive by 2030, and to have restored and regenerated biodiversity across the country by 2045. The Strategy sets out a nature positive vision for Scotland – one where biodiversity is regenerating and underpinning a healthy and thriving economy and society and playing a key role in addressing climate change. It further highlights the links between biodiversity and people's health and wellbeing. The Strategy also speaks to the economic and social opportunities regenerating Scotland's biodiversity will bring – new investment, new job opportunities for communities and for Scotland's overall health and wellbeing. Nature-based solutions which include actions to protect, sustainably manage, and restore natural or modified ecosystems, that address societal challenges effectively and adaptively, can simultaneously provide human wellbeing alongside biodiversity benefits.

Scottish Health Planning Note 36 Parts 1, 2 and 3

Scottish Health Planning Note 36 Parts 1 (CNPA706), 2 (CNPA707) and 3 (CNPA708): 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 117 for information on healthcare infrastructure within the Cairngorms National Park.

Key agency documents

North Regional Asset Management Plan 2019 to 2029

The North Regional Asset Management Plan 2019 to 2029 (CNPA710) 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 Plan reports 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 North Regional Asset Management Plan for funding / investment in the Cairngorms National Park, and therefore no implications arising for the preparation of the Proposed Plan.

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

The NHS Grampian Strategic Plan A Plan for the Future 2022 – 2028 (CNPA711) is NHS Grampian's strategy for the planning and delivery of health care and services to the population of the North East Grampian region. The settlements of Braemar, Ballater and Strathdon in the National Park are covered by the Grampian Health Board.

In the three-year delivery Plan (CNPA712), set out in the Strategy, under the actions for employment, procurement and physical assets the Strategy sets the following action:

- Develop the 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 and therefore no implications arising for the preparation of the Proposed Plan.

NHS Grampian Asset Management Update 2020 – 2030

The NHS Grampian Asset Management Update 2020 – 2030 (CNPA713) relates to the North Regional Asset Management Plan, The Plan is a ten-year strategy supported by a five-year investment program aimed at meeting the needs of the population, improving sustainability, and supporting organizational success in the north of Scotland.

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 set out in the document, and therefore no implications arising for the preparation of the Proposed Plan.

NHS Grampian Pharmaceutical Care Services Plan

The Park Authority contacted NHS Grampian to request a copy of the most recent Pharmaceutical Care Services Plan or equivalent and this Plan (July 2013) was provided with a note that it is currently under review. NHS Grampian have agreed to share any updates or new plans with the Park Authority which will be used to inform the preparation of the Proposed Plan.

Under the future services heading in the section covering Aberdeenshire the Plan highlights that although many community pharmacies already have consultation areas, but potentially in the future more of these areas may be required. This could require redesign of the pharmacy interior or even relocation to more appropriate premises.

The Proposed Plan should support development that supports improvements to the pharmacy services in Aberdeenshire area of the National Park and any recommendations set out in Pharmaceutical Care Services Plan. The Park Authority will continue to engage with the NHS Tayside during the preparation of the Proposed Plan.



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

NHS Tayside's Digital Health and Social Care Strategy 2022 – 2027 (CNPA714) 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 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.

Good digital connectivity is vital for residents and health care providers in the National Park to ensure everyone has the opportunity to benefit from the new digital technology and solutions proposed. Matters relating to digital connectivity and access in the National Park are covered in Schedule 20: Digital infrastructure.

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

This Living Life Well strategy 2020 – 2025 (CNPA715) 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 the 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 the 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.

The Proposed Plan should encourage and support interventions that minimize the opportunity and possibility of future events linked to existing areas of concern. The Park Authority will continue to engage with NHS Tayside around information that may inform locations of concern during the preparation of the Proposed Plan.

NHS Tayside Pharmaceutical Care Services Plan 2023 – 2025

The Pharmaceutical Care Services Plan (CNPA760) provides a comprehensive picture of the range, nature and quality of NHS pharmaceutical care provided within NHS Tayside. Identifying local needs and gaps; making recommendations of priorities and actions to target and remedy unmet needs.

The Plan highlights that just under half of those living in North Perthshire struggle to access services because they live in predominantly in rural areas with few services delivered locally and difficulties accessing convenient transport. Due to the rural nature of the National Park, there exists constraints in accessing reliable and regular public transport for accessing services. For more information on transport matters in the National Park please refer to Schedule 11: Sustainable Transport.

Community pharmacies in Perth and Kinross provide a good level of coverage of services for the population. There are rural areas across Perth & Kinross that are access deprived, providing services out with of traditional opening for example on Sundays and evening will be a challenge in these communities. Additional independent prescribers are required.

The Proposed Plan should support the recommendations set out in Pharmaceutical Care Services Plan and the Park Authority will continue to engage with the NHS Tayside during the preparation of the Proposed Plan.



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

NHS Highland's five-year Strategy 2022 – 2027 (CNPA718) is the Strategic Plan for the Highland Health and Social Care Partnership based on three strategic objectives which are supported by 16 underlying ambitions. The three strategic objectives are:

- Our Population: Delivering the best possible health and care outcomes for the region's population.
- Our People: Making NHS Highland a great place to work, focusing on a sustainable workforce and staff well-being.
- In Partnership: Transforming and integrating health and social care services by working with community planning partners, the third sector, and others.

The population in the strategy area 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 key health infrastructure assets 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.

The Strategy is implemented through phased annual delivery plans from 2022 to 2027. The plan focuses on four phases: Basics (2022–2023), Build (2023–2024), Better (2025–2026), and Best (2026–2027), guided by program boards and a performance framework.



The Proposed Plan should support the strategic objectives set out in NHS Highland's five-year Strategy and the Park Authority will continue to engage with the health board during the preparation of the Proposed Plan.

NHS Highland Pharmacy Services Strategy 2025 – 2030

The NHS Highland Pharmacy Services Strategic Plan 2025 – 2030 (CNPA747) outlines NHS Highland's priority areas for pharmacy service development to improve patient care and the health of the Highland regions local population over the next five years.

NHS Highland Pharmaceutical Care Services Plan 2023 / 2024

The NHS Highland Pharmaceutical Care Services Plan (CNPA720) is a strategic document developed by each NHS Board in Scotland to ensure that communities have appropriate access to pharmaceutical care. Its main purpose is to describe the range of pharmacy services currently available, identify gaps in provision, and outline plans to address those gaps. The plan supports decision-making on applications for new or relocated pharmacies and helps boards meet their legal obligation to provide reasonable access to pharmaceutical 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 Plan reports that all pharmacies are well distributed across the region and meet the access needs of the vast majority of the population, with no large gaps being identified. However, in view of the recent community pharmacy closures (from 18th November 2023), the unmet need for additional community pharmacy provision may be required to be considered. New community pharmacy applications are continuing to be considered by the Pharmacy Practices Committee.

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.

The Pharmaceutical Care Services Plan 2025-2030 is currently being compiled. Once published, where additional need is identified in the National Park area, this will inform the preparation of the Proposed Plan



National Park Authority documents

Cairngorms National Park Partnership Plan 2022 – 2027

The Cairngorms National Park Partnership Plan 2022 – 2027 (CNPA010) sets out the long-term vision of the National Park. The vision is '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 is translated clearly into one of the four aims of the National Park being, 'To promote sustainable economic, social and cultural development of the area's communities'.

While the National Park Partnership Plan must be considered as a whole. Objective B9: Mental and physical health is of particular relevance to this schedule. Objective B9: Mental and physical health sets out 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' 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 term 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 Schedule 11: Sustainable Transport.

To deliver the countries first outdoor dementia activity resource centre to support people living with dementia, their families and careers, 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.

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 (CNPA528) 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 includes a number of 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 Schedule 21: Economic development.

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 (CNPA334) sets out how the Cairngorms National Park Authority proposes to deliver the Cairngorms National Park Local Development Plan 2021 (CNPA016). 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 and 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 (CNPA016), 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.



Local authority documents

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

Partnership

The Adult Services Strategic Plan (CNPA730) 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.

The Park Authority will continue to engage with NHS Highland and the Highland Health and Social Care Partnership during the preparation of the Proposed Plan to identify arising proposals for next health care development to meet unmet needs in the National Park area of the Highland region.

Creating Hope Together in Highland Suicide Prevention Action Plan 2022 – 25

Creating Hope in Highland is the local suicide prevention plan for Highland (CNPA1027). The plan has been developed following an eight-month period of engagement with partners and stakeholders to review the priorities and organisation of the Highland Community Planning Partnership work on mental health improvement and suicide prevention. The Plan's priority actions align with the four outcomes and priorities of the national strategy (CNPA726). However, Creating Hope Together in Highland takes a local perspective and considers local data and needs for suicide prevention in Highland. The Plan sets out eight objectives which includes the objective to identify places of concern and develop actions to make them safer (Objective 4). The Plan sets out the action to development of Locations of concern action plan. At the time of writing (November 2025) the Locations of concern action plan was not yet published.

The Proposed Plan should support the Action Plan giving due consideration to the locations of concern for suicide. 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 Health Partners and Community Planning Partnerships throughout the development of the Proposed Plan.

Highland Council Allotment Policy 2024

The Highland Council Allotment Policy (CNPA731) 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.

The Park Authority will continue to engage with Highland Council and the local communities in the Highland area of the National Park in relation to new, emerging or aspirational allotment projects. During the call for sites process the Park Authority will encourage community groups to come forward with proposals for new allotment sites in the National Park.

Growing our Future: Highland Council Community Food Growing Strategy

The Growing our Future: Highland Council Community Food Growing Strategy (CNPA732) 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 the Council's 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 its 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.

Supporting the Highland Council Community Food Growing Strategy is the Community Food Growing Strategy Guidance document (CNPA818).

The Park Authority will continue to engage with Highland Council and the local communities in the Highland region of the National Park in relation to new, emerging or



aspirational community food growing projects. During the call for sites process the Park Authority will encourage community groups to come forward with proposals for new community growing sites in the National Park.

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 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

There are no implication arising from the Plan at present, but the Park Authority will continue to engage with the NHS Boards, health and social care partnerships and local authorities serving the residents of the National Park during the preparation of the Proposed Plan.

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

The Aberdeenshire Health and Social Care Partnership's Adult Mental Health and Wellbeing Strategy 2019 – 2024 (CNPA723) 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: The Partnership delivers person-centred, recovery focussed services, that promote choice and control.
- Mental Health Inequalities: The Partnership reduces 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 Proposed Plan's spatial strategy.

The Aberdeenshire Health and Social Partnership (AHSCP) are developing a new Mental Health and Wellbeing Delivery Plan. Although present there no implications arising from this strategy, but the Park Authority will continue to engage with the NHS Boards, health and social care partnerships and local authorities serving the residents of the National Park during the preparation of the Proposed Plan. Any updates or subsequent strategies published by the health and social care partnership and subsequent implications will be considered during the preparation of the Proposed Plan.

Marr Community Food Plan 2024 – 2026

The Marr Community Food Plan 2024-2026 (CNPA727) 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 and Health – support understanding of the connection between food and health
- Food Culture – opportunities to promote and enhance cooking skills.
- Food and 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 are 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.

The Park Authority will continue to engage with Aberdeenshire Council and the local communities in the Marr area in the National Park in relation to new, emerging or aspirational community food growing projects. During the call for sites process the Park Authority will encourage community groups to come forward with proposals for new community growing sites in the National Park.



Aberdeenshire Council Allotment Strategy 2020 – 2030

This Aberdeenshire Council Allotment Strategy 2020 – 2030 (CNPA728) forms part of Aberdeenshire Council's Open Space 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 six sites) with fewer council run sites (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%.

The Park Authority will continue to engage with Aberdeenshire Council and the local communities in relation to new, emerging or aspirational allotment projects. During the call for sites process the Park Authority will encourage community groups to come forward with proposals for new allotment sites in the National Park.

The Perth and Kinross Primary Care Improvement Plan

The Perth and Kinross Primary Care Improvement Plan (CNPA1028) sets out in detail how implementation of the six priority services (Pharmacotherapy, First Contact Physiotherapy, Social Prescribing, Urgent Care, Primary Care Mental Health Services and Community Care and Treatment Services) will be achieved. The Perth and Kinross Primary Care Improvement Plan has evolved into the broader Primary Care Strategic Delivery Plan for 2023–2026 (CNPA1029), overseen by the Perth and Kinross Health and Social Care Partnership.

Perth and Kinross Health and Social Care Partnership Strategic Delivery Plan (Primary care) 2023 – 2026

The Perth and Kinross Health and Social Care Partnership Strategic Delivery Plan for Primary Care (CNPA1029) has been developed:

- To provide a vision for primary care services in Perth and Kinross over the next 3 years.
- To set out the actions being taken to achieve the objectives relating to the Perth and Kinross Perth and Kinross Health and Social Care Partnership Commissioning Plan, and connect them to the Perth and Kinross Perth and Kinross Health and Social Care Partnership Financial Framework.
- To develop a Performance Management Framework which will provide an organisational mechanism for planning, monitoring, maintaining and improving the quality and standard of Primary Care delivery, in line with the objectives above.



The Plan sets out the vision where general practice and primary care are at the heart of the healthcare system. People who need care will be more informed and empowered, will access the right care, at the right time, and will remain at or near home wherever possible. Multidisciplinary teams will deliver care in communities and be involved in the strategic planning of services. Health and Social Care Partnership teams and those they work alongside, will be highly skilled, well-motivated and fairly rewarded, operating from modern fit-for-purpose premises.

This Delivery Plan focuses on the following key priority areas in order to realise this vision:

- Ensuring that the patient's experience of primary care is enhanced, where they feel more informed and empowered and the right care is delivered in the right place, at the right time.
- Delivering sustainable services by ensuring that the primary care workforce is expanded, more integrated and better co-ordinated with community and secondary care.
- Developing a primary care Infrastructure which provides modern, fit-for-purpose premises and digital technology to support service delivery
- Delivering primary care services which better contribute to improving population health and addressing health inequalities.

There are no implication arising from the Plan at present, but the Park Authority will continue to engage with the NHS Boards, health and social care partnerships and local authorities serving the residents of the National Park during the preparation of the Proposed Plan.

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

The Perth and Kinross Community Mental Health and Wellbeing Strategy 2022 – 2025 (CNPA734) 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 (CNPA695) and also builds upon the Living Life Well – Tayside Mental Health and Wellbeing Strategy (CNPA715).

The existing local Mental Health and Wellbeing Action Plan ends at the end of 2025. Work is currently underway to develop a five-year action plan to start in 2026 which will focus on adults and the needs for children and young people will be addressed via the work taking place in Children, Families and Justice.

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 (CNPA737). There are no projects on the story map in Perth and Kinross and within the Cairngorms National Park boundary. The Park Authority will continue to engage with Perth and Kinross Council and the local communities in the Perth and Kinross area of the National Park in relation to new, emerging or aspirational community food growing projects. During the call for sites process the Park Authority will encourage community groups to come forward with proposals for new community growing sites in the National Park.

Perth and Kinross Future Cemetery Strategy

Perth and Kinross Future Cemetery Strategy (2016) (CNPA738) is the Council's strategy for deciding where cemeteries should be extended, closed or new ones provided taking into account land availability, physical suitability, accessibility, costs and future maintenance. Additionally, it identifies where there may be sufficient space at other cemeteries which are within a reasonable distance of the one that is full, so burials could be accommodated there. It also reports on specific circumstances, there are smaller cemeteries which cannot be extended and any nearby cemeteries are also reaching capacity. Resulting in the need for a new cemetery. The park Authority has engaged with Perth and Kinross Council to establish the current cemetery provision. More information on burial ground provision and capacity in the Perth and Kinross area of the National Park is available on page 196.

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

The Angus Health and Social Care Partnership Strategic Commissioning Plan 2023 – 2026 (CNPA740) 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.

There are no implication arising from the Plan at present, but the Park Authority will continue to engage with the NHS Boards, health and social care partnerships and local authorities serving the residents of the National Park during the preparation of the Proposed Plan.

Angus Suicide Prevention Local Action Plan 2023 – 2026

The Suicide Prevention Local Action Plan has been provided to the Park Authority with permission to reference the Plan, but not publish it publicly (CNPA1102). This section therefore gives a summary of the Plan provided by Angus Adult Integrated Mental Health Services. Angus Health and Social Care Partnership have requested the Park Authority insert the following email address for further information to be sought directly from them:

- Suicideprevention@angus.gov.uk

The Park Authority will continue to engage with all the health providers and NHS Boards during the preparation of the Proposed Plan.

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.

The Plan is aligned to Creating Hope Together: Scotland's Suicide Prevention Strategy 2022-2032 (CNPA726) and Creating Hope Together: Scotland's Suicide Prevention Action Plan 2022-2025 (CNPA729).

The Plan sets out the following action relating to the National Outcome 1 and National Action Area 2: Access to means:

- Angus Locations of Concern Group will continue to meet and review updated National Locations of Concern Guidance to develop local actions using current data from Tayside Multi Agency Suicide Review Group and local partners.

The Plan sets out the outcome of this action to be seeing see more restricted access to methods of suicide – with initial focus on the use of identified locations of concern

The Proposed Plan should support the Suicide Prevention Local Action Plan vision and action outcomes to reduce the incidences of suicide in the National Park. This can be achieved by giving due consideration to the locations of concern for suicide. 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.

Angus Council Locality Improvement Plans: North West and North East

There are two Locality Improvement Plans in the Angus Council area that fall within the boundary of the Cairngorms National Park. These are Angus Health and Social Care Partnership: North West Locality Improvement Plan 2023 – 2026 (CNPA741) and Angus Health and Social Care Partnership: North East Locality Improvement Plan 2023 – 2026 (CNPA742). 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.

The totality of the North West locality covers an area of 1143 square kilometres, whereas the North East locality covers an area of 722 square kilometres. 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 (CNPA744) 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 the Council plan to take reasonable steps under section 112(1) of the Act, to increase the provision of allotments.
- Exploring how the Council 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 (CNPA745) 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'.

The Park Authority will continue to engage with Angus Council and the local communities within the Angus area of the National Park in relation to new, emerging or aspirational community food growing projects. During the call for sites process the Park Authority will encourage community groups to come forward with proposals for new community growing sites in the National Park.

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

The Strategic Plan for Health and Social Care in Moray over the next 10 years (2022 – 2032) (CNPA746) aims to provide a ten-year vision for integrated health and social care



services, setting out the Partnerships objectives and how it will use its resources to integrate services to align with national and local outcomes). Moray Health and Social Care Partnership deliver a broad range of health, care and social work services across Grampian. The Health and Social Care Partnership is accountable to the Integration Joint Board (IJB) (comprising members of Moray Council and NHS Grampian with input from Carers, the people they support and the Third and Independent Sector. Moray Health and Social Care Partnership bring together a wide range of community-based health, social care and social work services in Moray.

There are no direct implications arising from the Strategic Plan, however the Proposed Plan should support health care development in appropriate locations that support the delivery of the objectives set out in the Partners in Care Plan. The Park Authority will continue to engage with the NHS Grampian and the Moray Health and Social Care Partnership during the preparation of the Proposed Plan.

Health and Social Care in Moray: Strategic Delivery Plan 2025 - 2028

The Strategic Delivery Plan (CNPA1019) should be read alongside the Moray Health and Social Care Partnership Strategic Plan (CNPA746). It sets out how Health and Social Care Moray will deliver on the ambitions of the Strategic Plan over the next three years. It connects strategic objectives with the activity the Partnership needs to deliver and provides a framework for how it can make the best use of its integrated resources. In terms of health care infrastructure, the Proposed Plan should support the outcome of the action to

- Work with partners, review of occupancy and use of premises to seek opportunities for rationalisation or collaboration with partners, to secure sustainable and efficient use of buildings and premises and establish the Infrastructure Plan for Health and Social Care Moray.

The Strategic Delivery Plan is a live document and during the preparation of the Proposed Plan, actions relating to changes in infrastructure provision should be taken into account.

Good Mental Health for all in Moray 2016 – 2026

The Good Mental Health for all in Moray 2016 – 2026 strategy (CNPA748) 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. Matters relating to housing delivery are covered in Schedule 13: Housing.

The Moray Food Growing Strategy

The Moray Food Growing Strategy (CNPA750) sets out Moray Council's commitment 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 (CNPA639).

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 the Council's 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 its community planning partners and third sector organisations. The strategy is supplementary guidance supporting the Moray Local Development Plan 2020 (CNPA1208) 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.

The Park Authority will continue to engage with Moray Council and the local communities within the Moray area of the National Park in relation to new, emerging or aspirational food growing projects. During the call for sites process the Park Authority will encourage community groups to come forward with proposals for new community growing sites in the National Park

Moray Council Allotment Policy

The Moray Council Allotment Policy (CNPA751) 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



The Park Authority will continue to engage with Moray Council and the local communities in relation to new, emerging or aspirational allotment projects. During the call for sites process the Park Authority will encourage community groups to come forward with proposals for new allotment sites in the National Park.

Local Outcome Improvement Plans

Local outcome improvement plans (LOIPs) outline key priorities for each community board area that have been identified through a range of engagement processes and are based on the needs of local communities.

They set out an approach to working with and empowering our local communities, enabling them to contribute to, influence and shape locally identified actions around the priorities to achieve improved outcomes for their areas.

The Cairngorms National Park overlaps five local authorities which all have individual Local outcome improvement plans (or referred to community plans). A summary of matters relating to the Health and Safety Schedule have been included in this section for each local authority. The Proposed Plan should support the outcomes contained in the Local outcome improvement plans in the National Park.

Aberdeenshire Local Outcomes Improvement Plan 2017 – 2027

In September 2024, the Community Planning Partnership Board formally agreed two Local Outcomes Improvement Plan priorities for Aberdeenshire (CNPA636). These are:

- Reducing Child Poverty in Aberdeenshire Renaming the priority from 'Reducing Child Poverty' to 'Reducing Poverty' to encompass all aspects of poverty for families and households across Aberdeenshire and that partners are aware of the impact of COVID-19 to ensure future plans are informed, not only by those with lived experience, but by having a clear understanding of the causes and consequences of poverty.
- Place Based Community Planning – there are no Local Place Plans registered covering any areas in the National Park. In the National Park the Proposed Plan will have regard to the community action plans.

Angus Community Plan 2022 – 2030

The Angus Community Plan (CNPA637) is set in the context of three key themes: Economy, People and Place, which includes the shared priority to improve inequalities and improve physical and mental health wellbeing. In relation to this schedule the plan



aims to support the Angus Health and Social Care Partnerships work and women-focused services.

Angus Health and Social Care Partnership initiatives

- Strategic Focus: Committed to improving health, wellbeing, and independence for adults in Angus through prevention and early intervention.
- New Project: Launching a leisure-based initiative to enhance preventative mental health and wellbeing, building on social prescribing efforts.
- Mental Health Plan: The Tayside Living Life Well Angus Action Plan outlines lifelong mental health priorities, including a proposed 24/7 urgent and crisis care hub.
- Family Support: Emphasis on early intervention for families in crisis, poverty, or needing basic resources like housing, food, and benefits.

Women-focused services

- Angus Women's Project: First co-designed service with local input to ensure women and families feel safe and empowered.
- Glen Clova Pilot: A trauma-informed service for justice-involved women showed strong outcomes in mental health, trauma recovery, and parenting. The partnership plans to continue and expand gender-responsive services.

In relation to this Schedule the plan aims to:

- Deliver Whole Family Wellbeing programme to include early intervention supports for children and their families.
- Deliver The Angus Promise Plan.
- Provide support to the Angus Child and Adult Protection Committees and report on progress annually.
- Develop and implement the Tayside Living Life Well Angus Action Plan resulting in a shift in partner resources and better outcomes for people.
- Reduce the number of people being issued items for depression and anxiety alongside the number of days spent in a hospital setting by delivering the Angus Health and Social Care Strategic plan.
- Support specific services for women, recognising their role in families and promoting trauma responsive services.
- Reduce the number of deaths from suicide and substance misuse.
- Increase early intervention and services to support for people with socioeconomic disadvantage and/or distress.
- Realise the five ambitions of the Child Healthy Weight Strategy through implementation of a Whole Systems Approach



Highland Outcome Improvement Plan 2024 – 2027

The vision for the Highland Outcome Improvement Plan (CNPA638) is both to tackle inequality and maximise opportunities for all people of Highland. To delivery this the Partnership has three strategic priorities:

- People, Place and Prosperity.

Outcomes for each strategic priority set out what the Partnership wishes to achieve:

People outcomes

- Improved access to services and support through the development of co-produced and integrated processes.
- People in Highland will benefit from good health and social wellbeing opportunities.
- People in Highland will access the right support at the right time through developing a whole system approach.

The 2024 – 2027 Highland Outcome Improvement Plan Delivery Plan (CNPA1091) sets out the actions to deliver against the outcomes and strategic priorities. Of relevance to this schedule, the following cross cutting themes are identified in the Plan:

- Connecting people and places which includes opportunities for integrated service delivery considered as part of the master-planning approach.
- Whole Family and community-based approaches – which includes developing local decision making and action framework tackling inequalities and prevention. Also applying a natural capital approach by mapping and quantifying natural capital assets to identify existing provision of benefits and mapping where there is 'demand' for more benefits from nature to identify opportunities which have multiple benefits for both people and nature.

Moray Local Outcome Improvement Plan v2

The Moray Local Outcome Improvement Plan (CNPA639) identifies the following main issues in Moray relating to this Schedule:

- Above average percentages of older people, particularly in the more rural and coastal areas which creates challenges in relation to service delivery and access and social isolation.
- Our geography / rurality and subsequent access issues such as delivery of and access to services and social isolation.
- The impact of Public Sector financial constraints.

The plan sets out the following properties which all have a direct or indirect relationship to the health and wellbeing of the Moray residents:



- Developing a diverse, inclusive and sustainable economy.
- Building a better future for our children and young people in Moray.
- Empowering and connecting communities.
- Improving wellbeing of our population.

Under the overarching priority of 'raising aspirations' the plan sets out a focus area to deliver a poverty strategy to tackle poverty, social cohesion and inclusion which includes the aim to reduce health and social inequalities. The Plan sets out the priority to improve the wellbeing of the population with the outcomes that:

- People are healthier and experience fewer harms as a result of as a result of making well informed decisions about their health and wellbeing.

The Plan has a focus on alcohol due to the prevalence of alcohol misuse in Moray. The plan also recognises that health and wellbeing make a significant contribution to life experiences and can be adversely affected by many factors, including mental and physical health and alcohol / drug use.

Perth and Kinross Community Plan (Local Outcomes Improvement Plan) 2022 – 2032

The Perth and Kinross Community Plan (CNPA640) sets out the new priorities with a focus on inequalities with a focus on physical health and wellbeing. The plan includes the following year one actions toward improving physical and mental wellbeing:

- Review Active Perth and Kinross Strategy, with a focus on removing barriers for key demographics.
- Develop Perth and Kinross Mobility Strategy, focusing on delivering safe, affordable, active and sustainable travel options.
- Establish Tayside Physical Activity and Green Health Network to develop pathways to support people to be active in their own community.
- Identify gaps in localities and work with communities to establish path network groups.
- Establish, disseminate, and biennially update a register of all mental health and wellbeing services in Perth and Kinross across relevant statutory and Third Sector organisations.
- Ensure everyone in Perth and Kinross has access to a social prescriber and link social prescribers to GP practices.
- Identify location for an Integrated Health and Wellbeing Hub for those seeking support.
- Identify and invest in prevention measures around locations of concern.



Badenoch and Strathspey Area Plan

The Plan (CNPA237) is an overview of local priorities and opportunities expressed in existing plans, strategies and recent community engagement, it aims to provide a clear statement of identified priorities, strengths, challenges, opportunities and community aspirations within one consolidated 'Plan', which can be referred to by Council services, public services, groups and organisations operating in Badenoch and Strathspey. This will aim to ensure service provision, funding and developments reflect collective community wants, needs and priorities.

The Plan is split between three headings: People, Place and Prosperity. In relation to this schedule, under the People heading the plan addresses the following priorities:

- Access to Healthcare
- Health and wellbeing

In addition to the priorities emerging from the community action plans, this Plan also contains the Badenoch & Strathspey Community Partnership's priorities:

- Green Health
- Mental Health
- Support the work of the NHS District Planning group

The Plan provides an overview of the healthcare infrastructure which is contained already in this schedule. It notes the ongoing work to develop the NHS Highland District Plan for Badenoch and Strathspey. The Plan includes a summary of the content in the draft District Plan, which it states will be updated when the final District Plan is published. There are no implications arising from the information on the district Plan in relation to this schedule however there is an area of concern noted addressing the availability of suitable housing options for both potential staff to support recruitment and individuals living in the community with complex needs. For more information on housing in the National Park please refer to Schedule 13: Housing.

The Plan notes an update on the NHS Highland Burall Legacy Fund Engagement with the following thematic priorities arising from engagement aimed at supporting a decision on funding opportunities. The following may have a bearing on the preparation of the proposed plan:

- Services for older adults – this includes a call for restoring and expanding local day care and respite services, particularly at facilities like the Wade Centre, to help older adults remain close to family and avoid placement in distant care homes. Respondents stress the importance of supporting care homes (e.g. Mains House,



Abbeyfield, the Wade Centre and Grant House), including funding for facility upgrades, end-of-life care, and staff training.

- Community-based health initiatives – this includes the suggestion funding for therapy gardens and accessible nature trails. Also includes support for community transport development and active travel enhancements.
- Children and family health services – this includes support for developing a space for the Newtonmore youth project

The full Burall Legacy Fund Engagement 2025 Summary Report have been published by NHS Highland and is available online (CNPA1082).

The Area Place Plan aims to serve as a foundational framework from which more detailed and targeted actions can be developed. The intention is that this will be an evolving plan, and is the first version of an area plan for the Badenoch and Strathspey region. In the first instance an action plan will be created to set out the route for delivery of the priorities within the Badenoch and Strathspey Area Place Plan. The action plan will seek to:

- Further understand and develop priorities, in discussion across all sectors
- Set out to identify the best mechanism for delivery and the range of partners to be involved
- Assess potential barriers
- Assess potential funding opportunities

The Proposed Plan will take into consideration the action plan once it has been published and this will inform the preparation of the Proposed Plan.

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: Looking to 2030

The Action Plan (CNPA063) 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 palay 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 (CNPA123) sets a low priority for the community to look at providing allotment provision in the area.

Ballater and Crathie Community Action Plan 2023

The Action Plan (CNPA119) includes several considerations for this schedule. 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.

Finally, under the survey suggestions in the 'Our local economy' focus area the need to address dentist and chiropodist provision was raised.

Blair Athol Community Action Plan: Looking to 2030

In the Action Plan (CNPA064) 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 Community Action Plan: Looking to 2030

The Action Plan (CNPA374) includes the suggestion to help the elderly under the theme: 'a socially connected community'. This suggestion includes exploring options to help the elderly getting to health appointments through increased use of the Community ConnXions services. More information on transport options in the National Park is available in Schedule 11: Sustainable Transport.

Under the theme of 'a climate conscious community' the plan sets out a suggestion addressing community food growing. This includes:

- Exploring suite options for community growing (not ion the Crescent).



- Fruit trees on Grampian Crescent but not growing space.
- Supporting existing community food growing projects.

There are also suggestions to improve play parks for young people. More information on play areas in the National Park is available in Schedule 17: Play, recreation and sport.

Braemar Community Action Plan 2017

With regard to healthcare provision, the Action Plan (CNPA121) 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.

Braemar Community Action Plan is currently undergoing a review and an updated version is expected to be published later in 2026. The Proposed Plan will take into account the new plan when it is published.

Carrbridge Community Action Plan: Looking to 2030

The Action Plan (CNPA122) 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.

Dalnain Bridge Community Action Plan: Looking to 2030

Within the Action Plan (CNPA331) under 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

The Action Plan (CNPA125) includes an 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 and Glenshee Community Action Plan 2013

In the Action Plan (CNPA130), 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: Looking to 2030

The Action Plan (CNPA065) sets out a number of actions under the suggestion of 'community growing spaces'. These include:

- Creating community allotments – establishing a committee to take forward. Maybe use an area of Grant Park as location?
- Exploring interest in a community growing / gardening group – for support and also to help maintain town growing spaces.
- Delivering a green 'network' of different gardens in the town.
- Installing a community Garden sign at Burnfield and refit the setts surrounding the millennium block.
- Improving and maintaining the current community orchard.

Kincraig and locality Community Action Plan: Looking to 2030

With in the Action Plan (CNPA127), 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

The Action Plan (CNPA066) includes a suggestion, under the theme of 'a socially connected community', 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

The Action Plan (CNPA129) contains the priority to provide sustainable community spaces that deliver community needs, this includes 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

Within the Action Plan (CNPA131), 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

The Action Plan (CNPA132) sets out the priority to 'use our natural assets to develop enterprise, business and tourism opportunities' under the theme of 'a climate conscious community'. This priority includes an action 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.

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: Looking to 2030

The Action Plan (CNPA113) sets out the priority to improve health facilities in Strathdon, under the theme of 'a socially connected community'. Actions listed under this priority include:

- Retaining the existing GP surgery services the community currently have.
- Exploring the possibilities of improving GP surgery e.g. local immunisation.
- Exploring extending wellness facilities.
- Discussions with GP.

In the preparation of the plan the community communicated they would like a new larger surgery which could be delivered alongside a health club and gym. They would



like a new surgery to be more accessible and in NET zero environment. There was also the suggestion of expanding the existing plot to make a health hub. The community also expressed an interest in outdoor fitness equipment.

Under the theme of 'a climate conscious community' the plan set out the priority to develop community growing spaces / community garden. This priority is supported by the action to explore space for growing community veg and fruit.

Baseline of health and safety matters

This section provides baseline information on the following matters demographic information, healthcare management and infrastructure, hazards and healthy living.

There are links between this policy area and:

- Schedule 1: Plan outcomes
- Schedule 3: Site assessment methodology
- Schedule 4: Climate change
- Schedule 5: Natural heritage
- Schedule 6: Landscape
- Schedule 8: Land use, soil and resources
- Schedule 10: Zero waste
- Schedule 11; Sustainable transport
- Schedule 12: Living locally and 20 minute neighbourhoods
- Schedule 13: Housing
- Schedule 15: Heating and cooling
- Schedule 16: Blue and green infrastructure
- Schedule 17: Play, recreation and sport
- Schedule 19: Flood risk and water management
- Schedule 20: Digital infrastructure
- Schedule 21: Economic development
- Schedule 23: Tourism

Demographic information

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) (CNPA439).
- In 2022, the Cairngorms National Park had a working age population of approximately 10,256 people (58.5% of total population), comprising of approximately 5,087 males and 5,173 females (2022 Census, table UV102b) (CNPA439).
- Those of pensionable age, in 2022, numbered 4,827 equating to 27.5% of total population (2022 Census, table UV102b) (CNPA439).
- The life expectancy, in the Cairngorms National Park, is 79.4 years for males and 82.7 years for females (National Records of Scotland) (CNPA533),
- According to the principal migration scenario (National Records of Scotland) (CNPA533), 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 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) (CNPA439). This was comprised of approximately 50.8% female (8,900) and 49.2% male (8,600) (2022 Census data, table UV102b) (CNPA439), a similar distribution to national figures for Scotland of 51.4% female and 48.6% male (2022 Census data, table UV101a) (CNPA439).

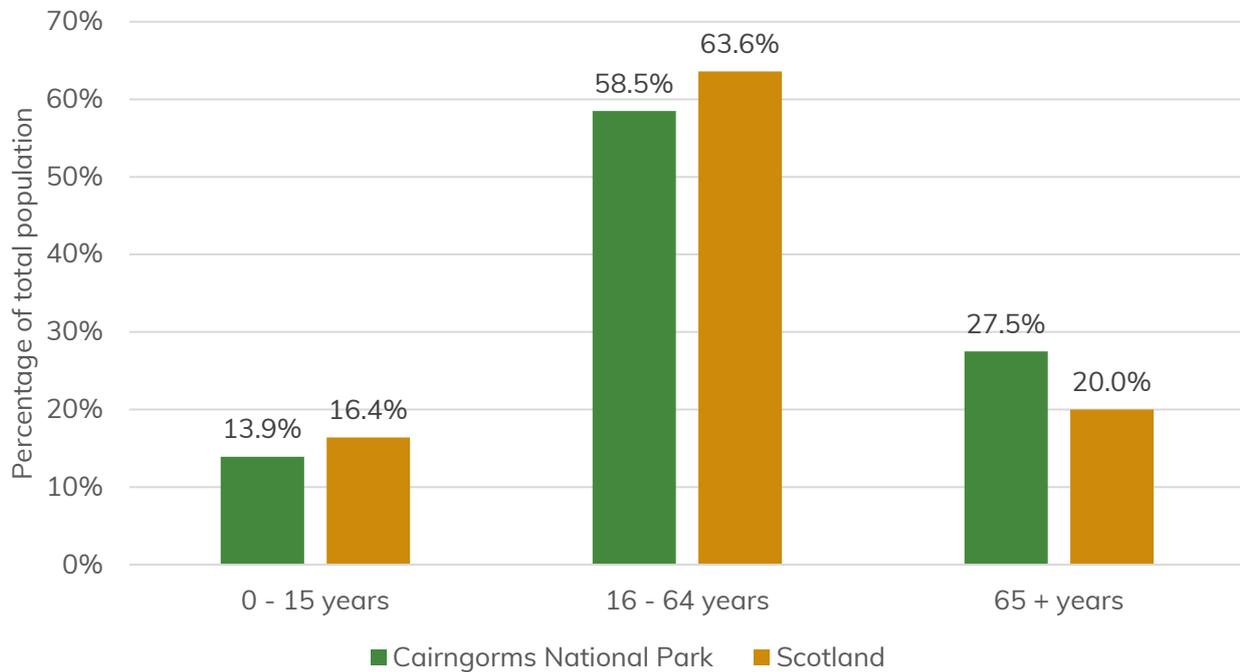


Figure 4 Proportion of the population by age group in Scotland compared to the Cairngorms National Park in 2022. 2022 Census (tables UV102a and UV101b) (CNPA439).

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 4). 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) (CNPA439).

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 5). 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 in the supporting document on the statistical areas used in the analysis of the Cairngorms National Park (CNPA337).

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.

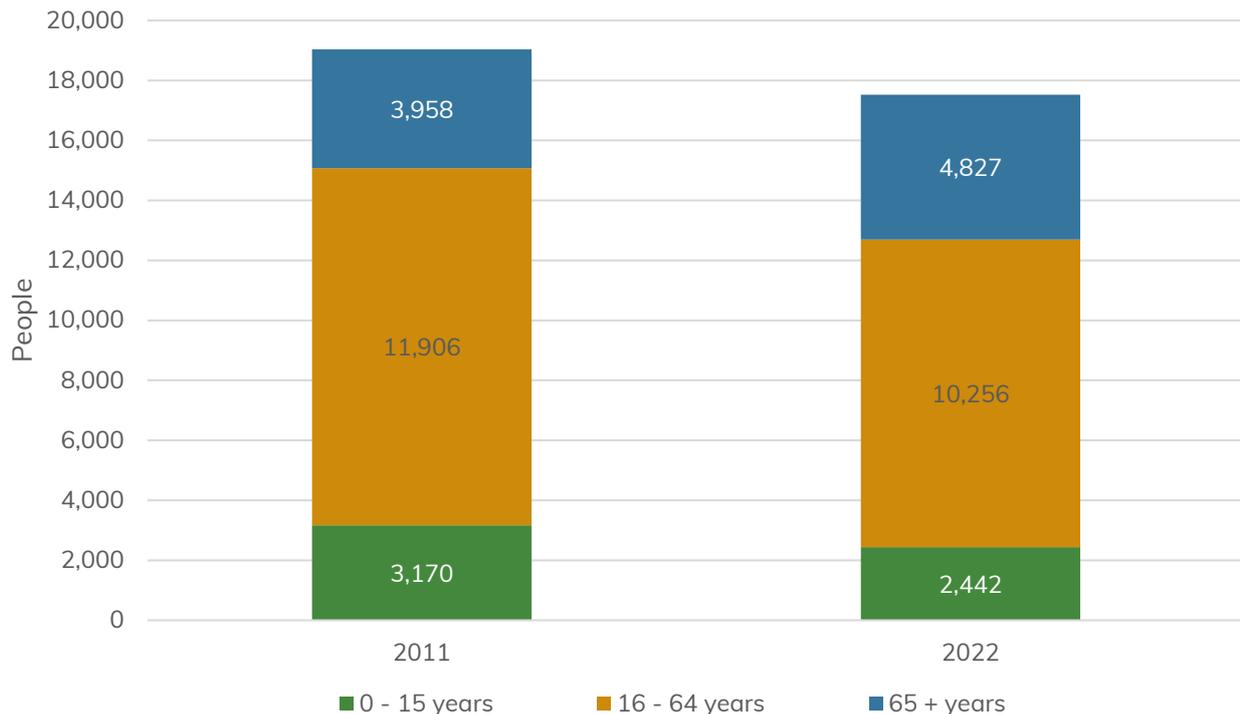


Figure 5 Comparison by age groups between 2011 and 2022 in the Cairngorms National Park. 2022 Census (table UV101b) and 2011 Census (table LC1117SC) (CNPA439).

Population projections

Population projections for the Cairngorms National Park are produced by National Records of Scotland (CNPA533), 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 6).

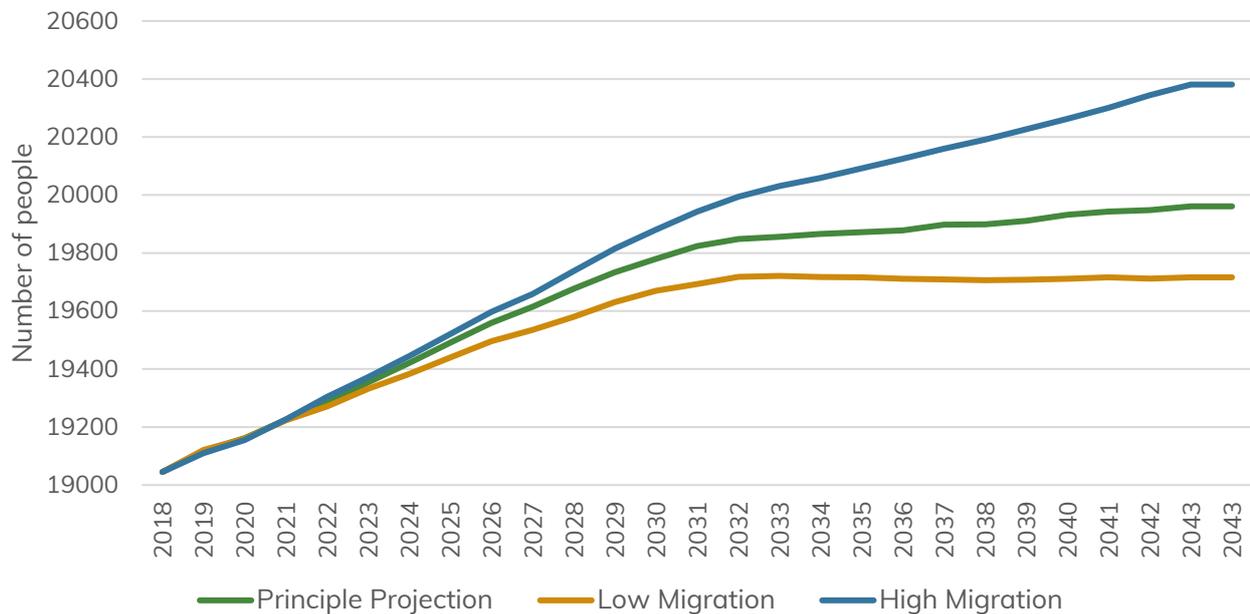


Figure 6 Estimated and projected total population of the National Park, 2018-2043 (National Records of Scotland) (CNPA533).

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.

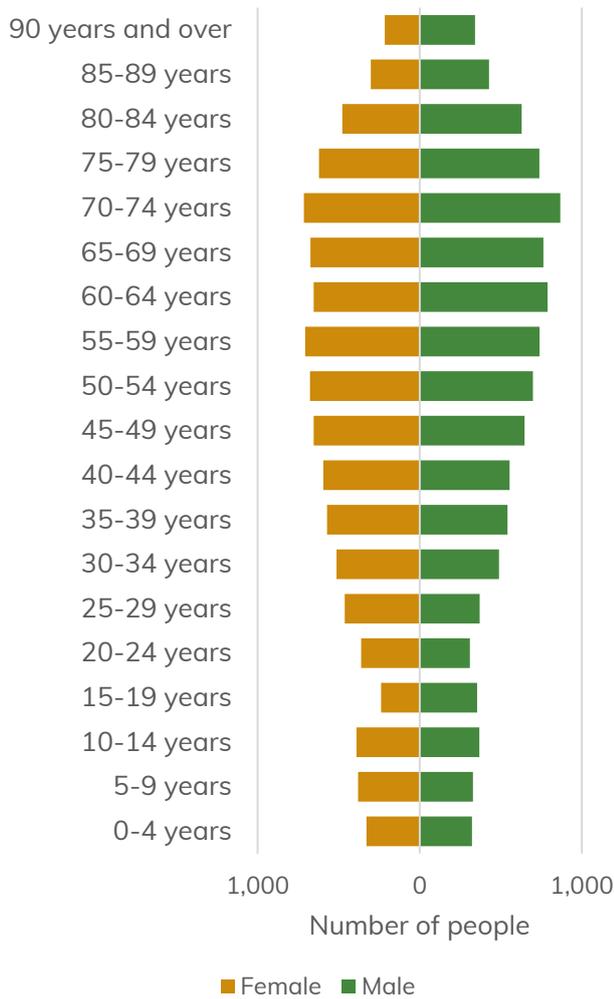


Figure 7 Estimated population profile by age and sex in the Cairngorms National Park in 2018. National Records of Scotland, 2020 (CNPA533).

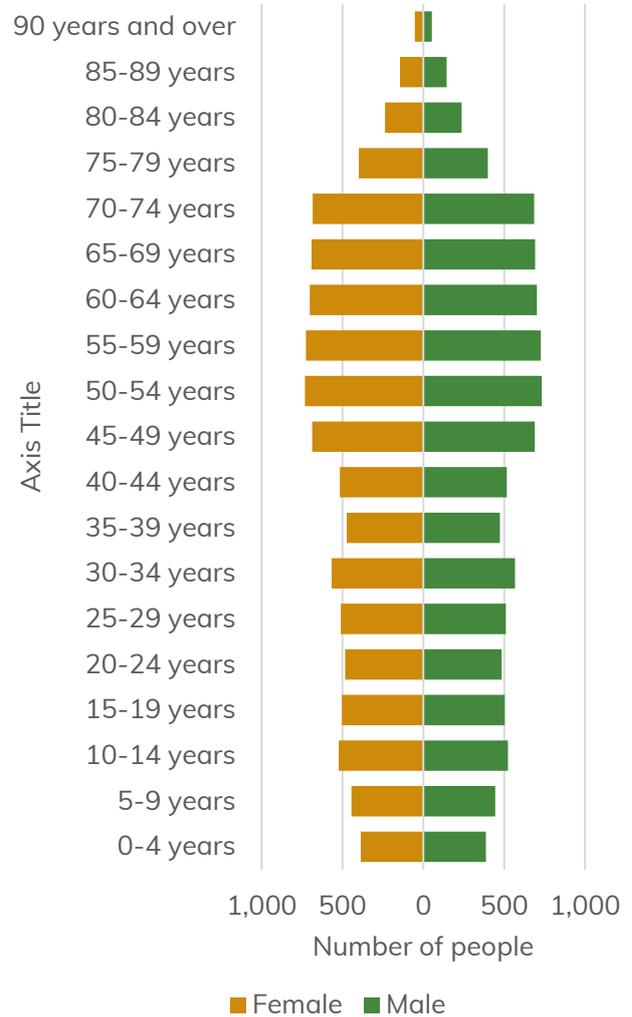


Figure 8 Projected population profile by age and sex in the Cairngorms National Park in 2043. National Records of Scotland, 2020 (CNPA533).

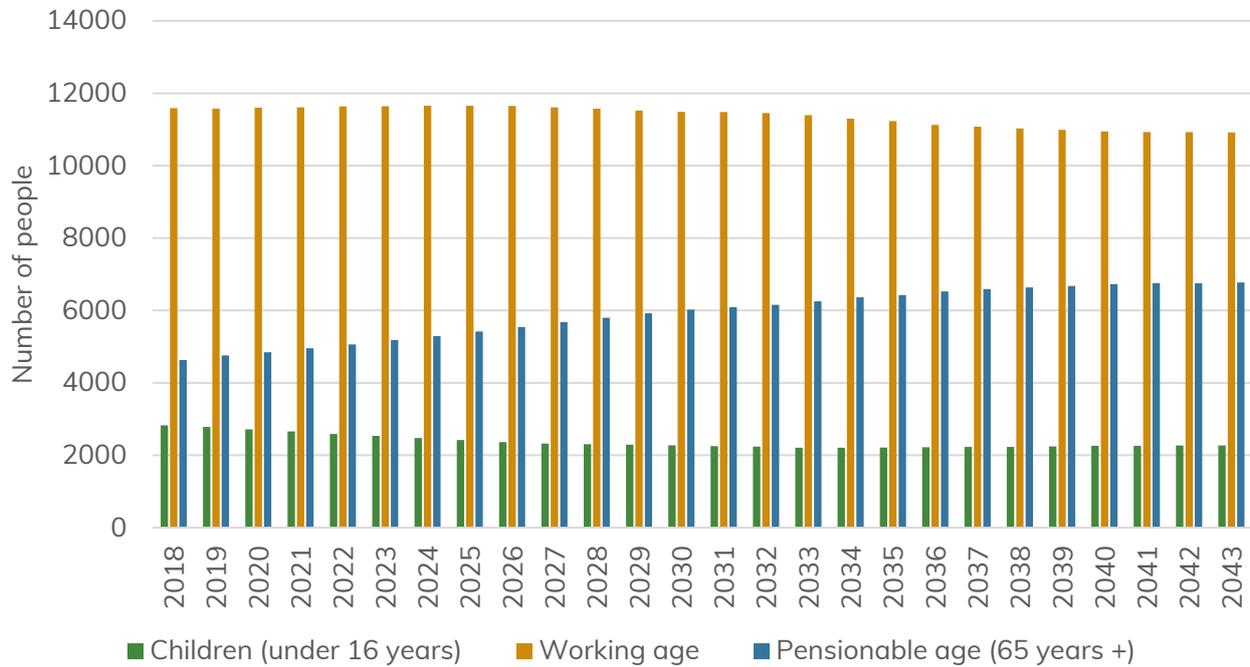


Figure 9 Principle projected change in population by age group in the Cairngorms National Park. National Records of Scotland 2018 based projections (Updated in 2020) (CNPA533).

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 7, Figure 8 and Figure 9). 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 6773 in 2043. However, the number of people aged 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.

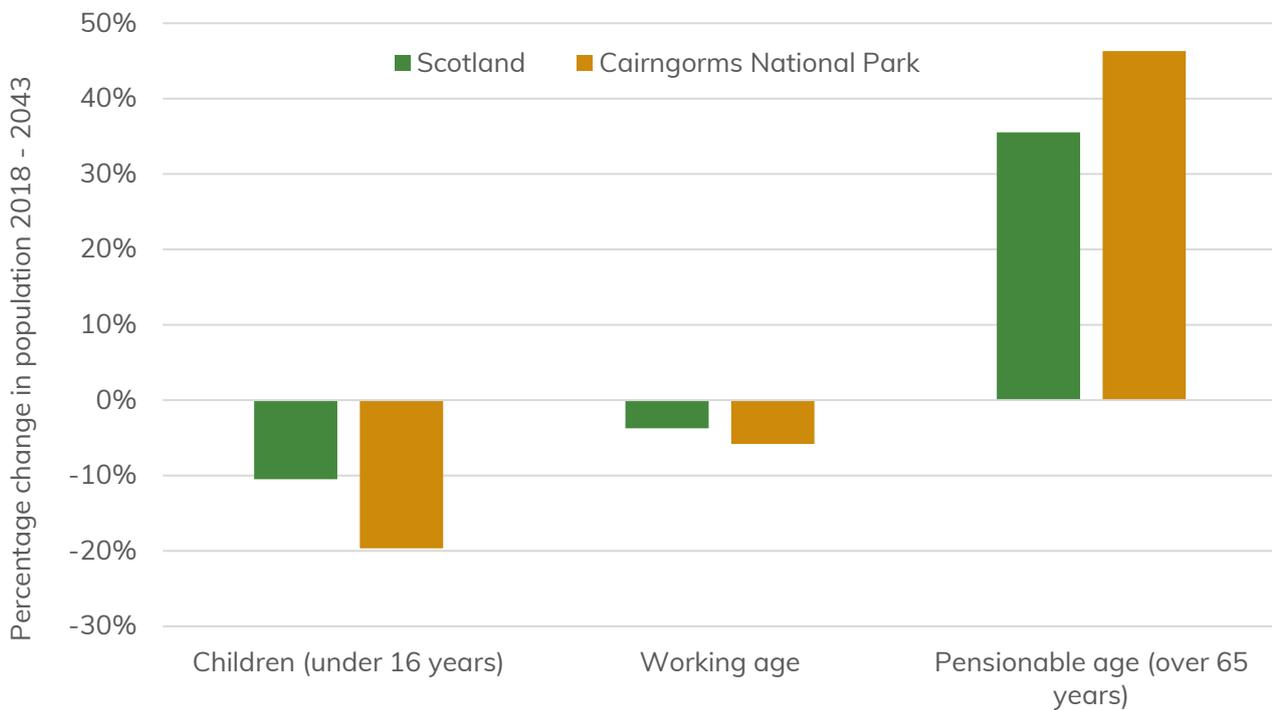


Figure 10 Principle projected population change in the Cairngorms National Park and Scotland 2018 – 2043. 2018 projections from National Records of Scotland (updated in 2020) (CNPA533).

General health

The census (CNPA439) 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 11 and Figure 12). 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 12) 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.

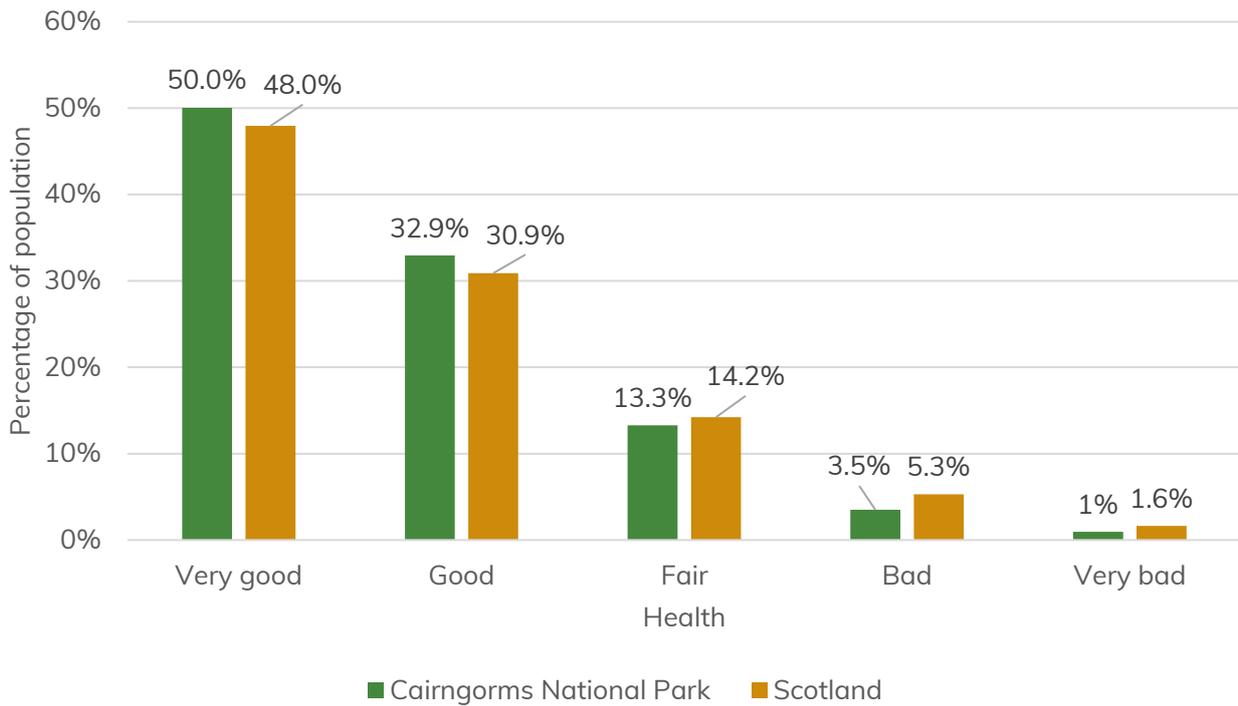


Figure 11 Percentage of the Cairngorms National Park and Scotland's population in terms of classification of general health. Census 2022 (table UV302) (CNPA439).

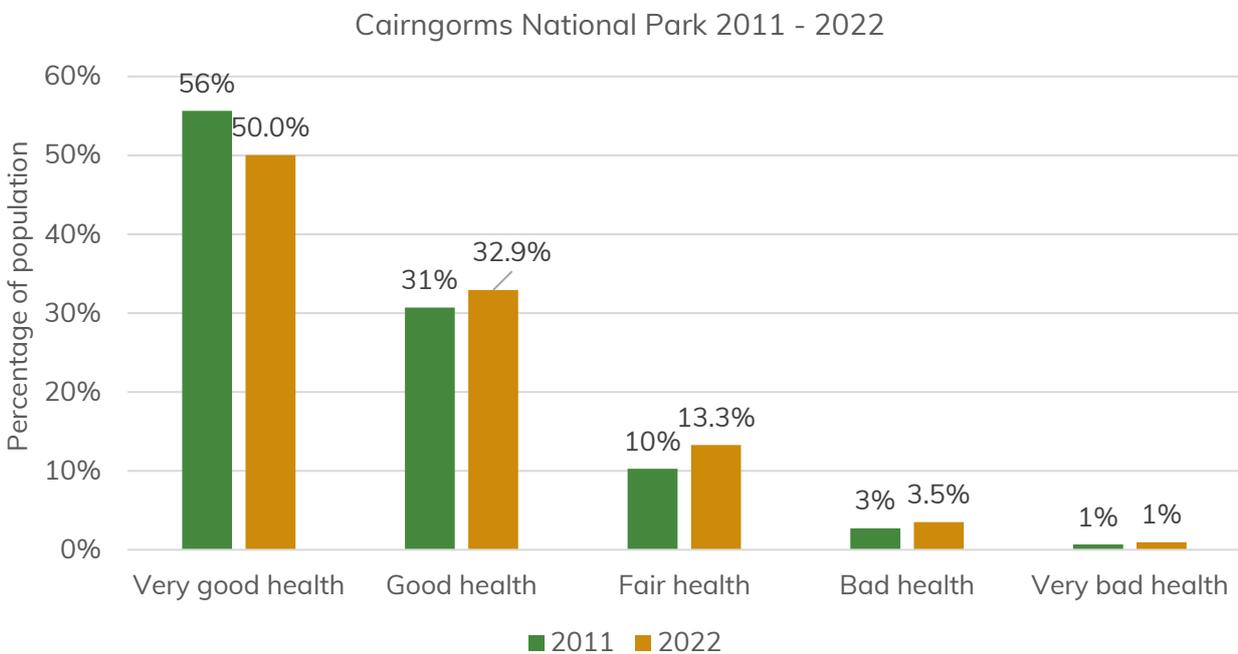


Figure 12 Comparison of population health between 2011 and 2022 Census data collected for the Cairngorms National Park. Census 2011 and 2022 (tables QS303SC and UV302) (CNPA439).



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 (CNPA439). As one would expect the percentage of people by age group in 'very good / good health' decreases with age (Figure 13). 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.

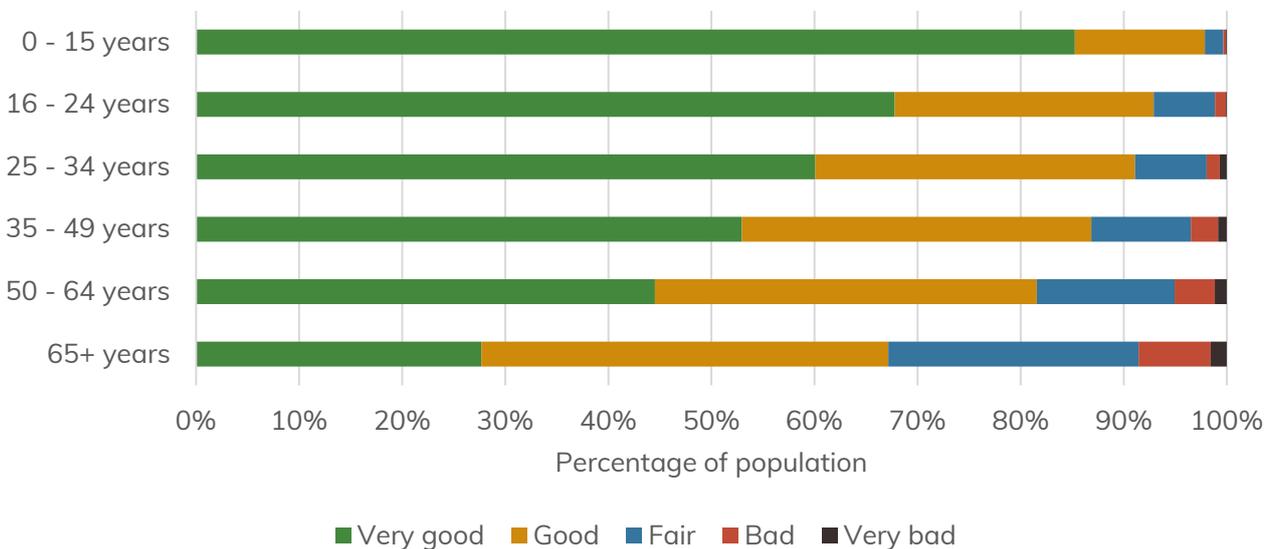


Figure 13 General Health by age in the Cairngorms National Park. Census 2022 (table UV302b) (CNPA439).

In relation to children in the National Park (under 16 years old) only 0.32% of that age group were 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.

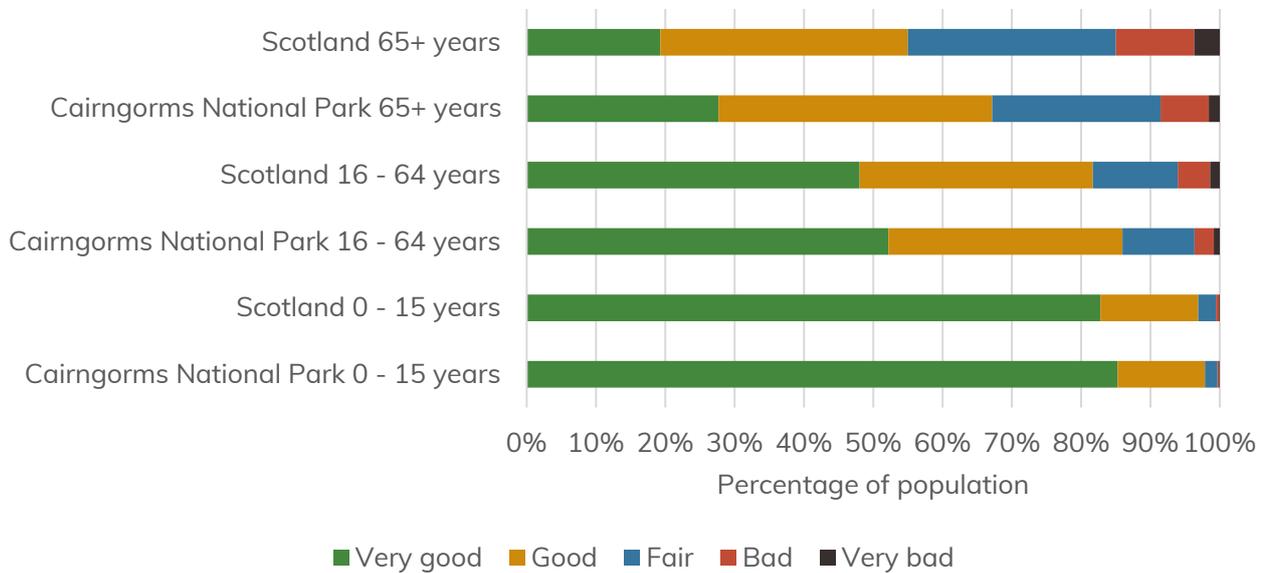


Figure 14 General health by age grouped into Children (0 – 15 years) working age (16 – 64 years) and pensionable age (65+ years) in the Cairngorms National Park and Scotland in 2022. Census 2022 (table UV302b) (CNPA439).

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 14).

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 15). 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 16).

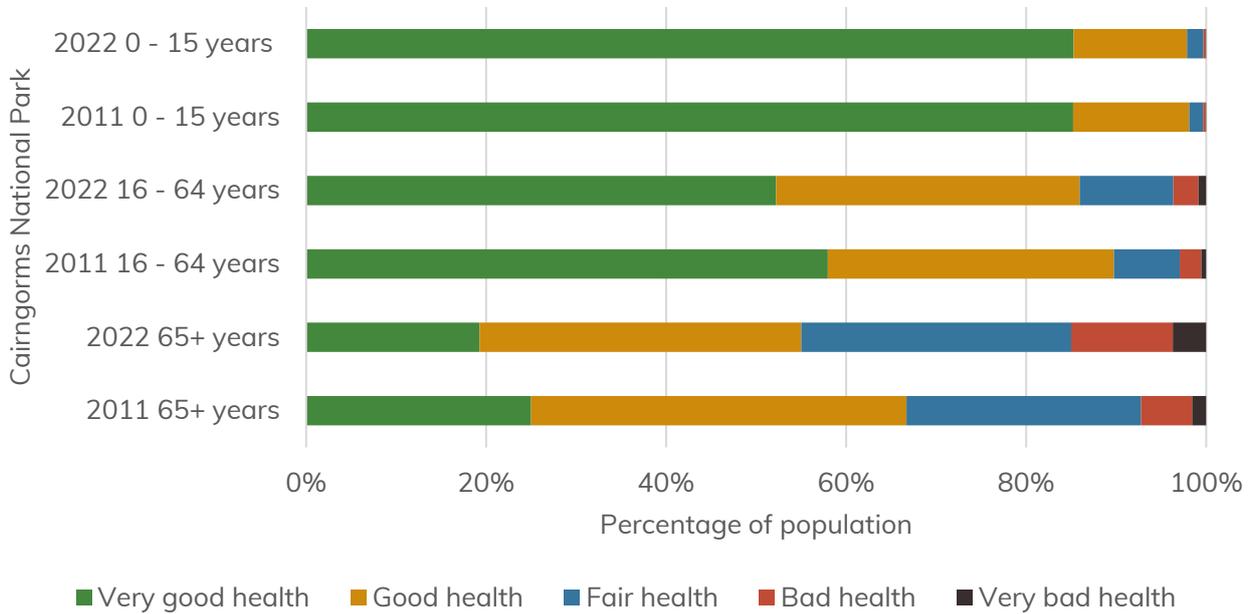


Figure 15 General health by age grouped into Children (0 – 15 years) working age (16 – 64 years) and pensionable age (65+ years) in the Cairngorms National Park in 2011 and 2022. Census 2022 (tables UV302b and LC3102SC) (CNPA439).

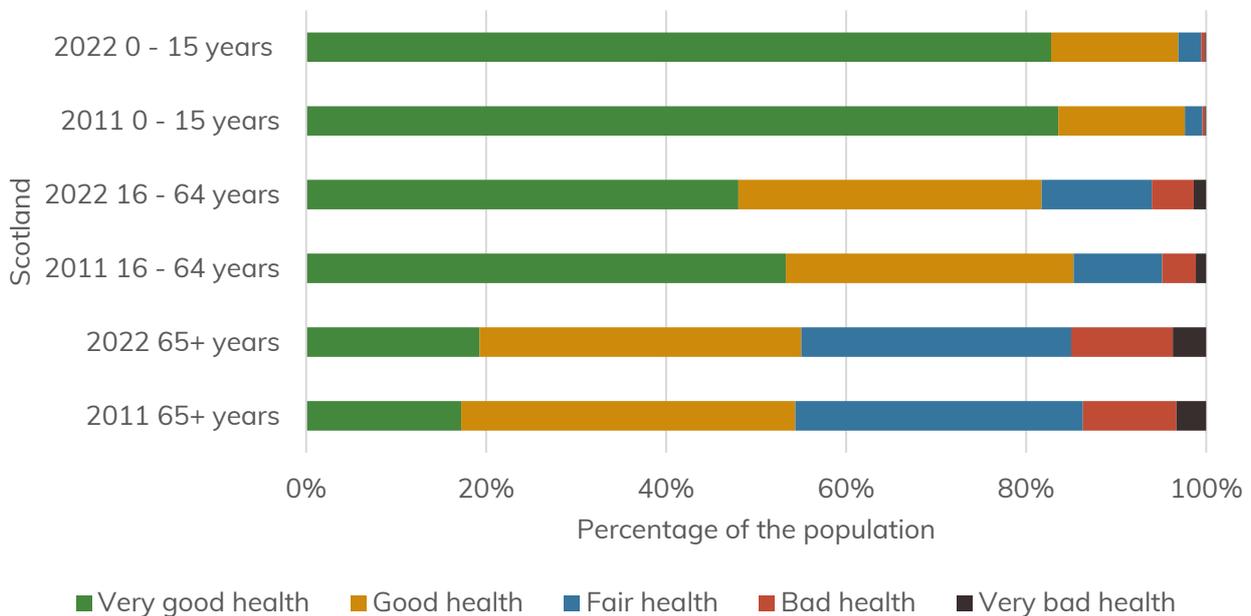


Figure 16 General health by age grouped into Children (0 – 15 years) working age (16 – 64 years) and pensionable age (65+ years) in Scotland in 2011 and 2022. Census 2022 (tables UV302b and LC3102SC) (CNPA439).

Long-term health problem or disability

The Census (CNPA439) also provided health by disability in relation to the limitations on day-to-day activities experienced by residents (Figure 17). 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.

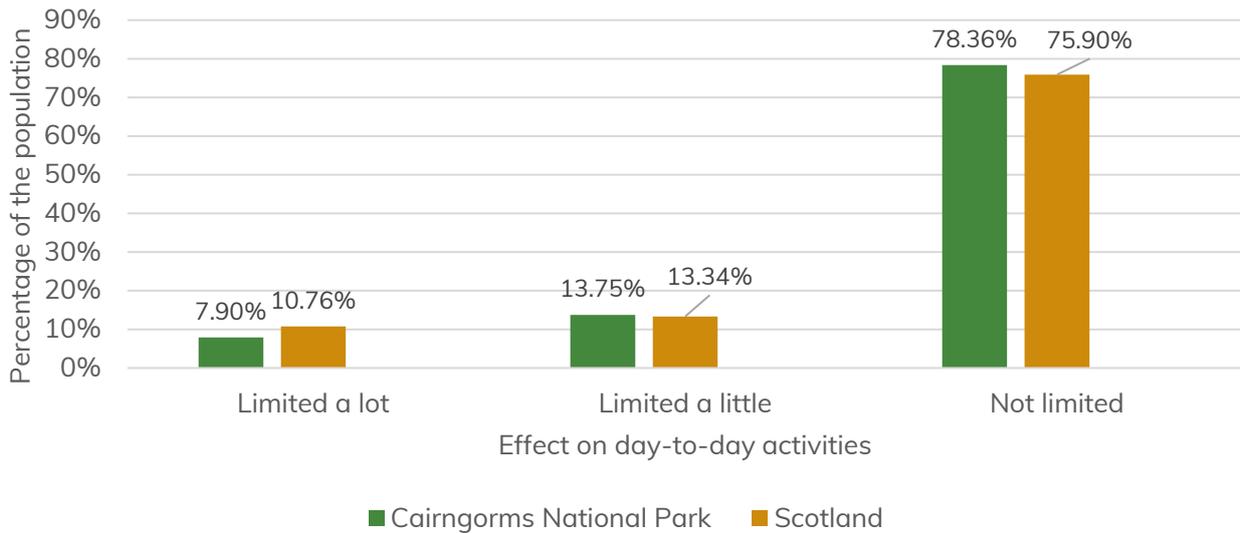


Figure 17 Resident populations health problems or disability in relation to its effect on day-to-day activities in the Cairngorms National Park and Scotland. 2022 Census (table UV303) (CNPA439).

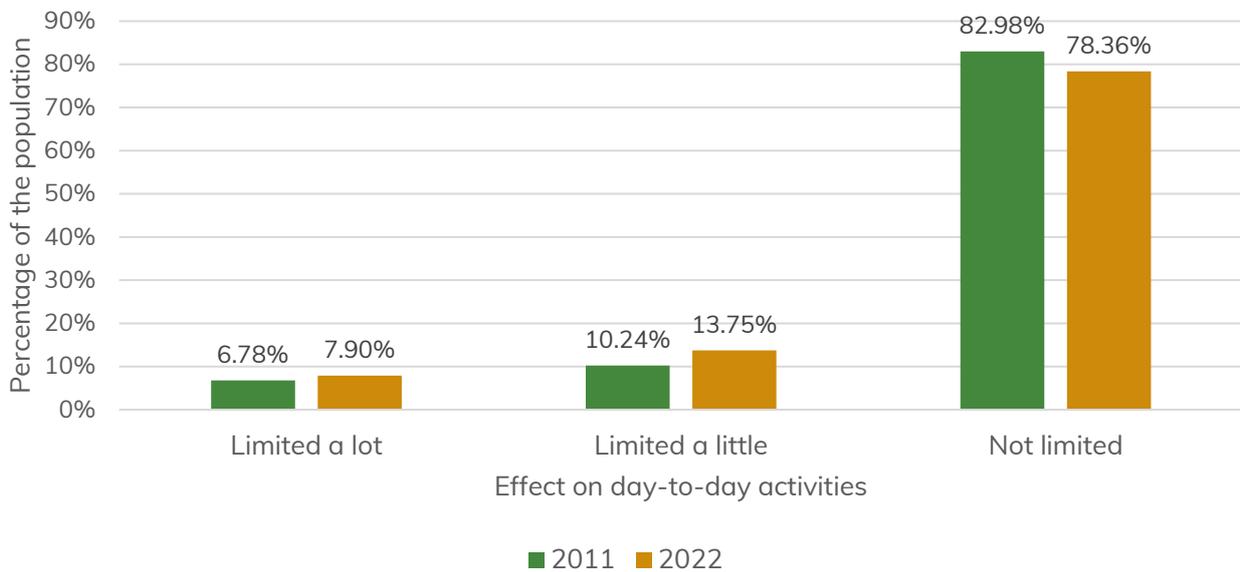


Figure 18 Resident population health problems or disability in relation to its effect on day-to-day activities in the Cairngorms National Park in 2022 compared to 2011. 2022 Census (tables UV303 and QS303SC) (CNPA439).

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 18). 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.

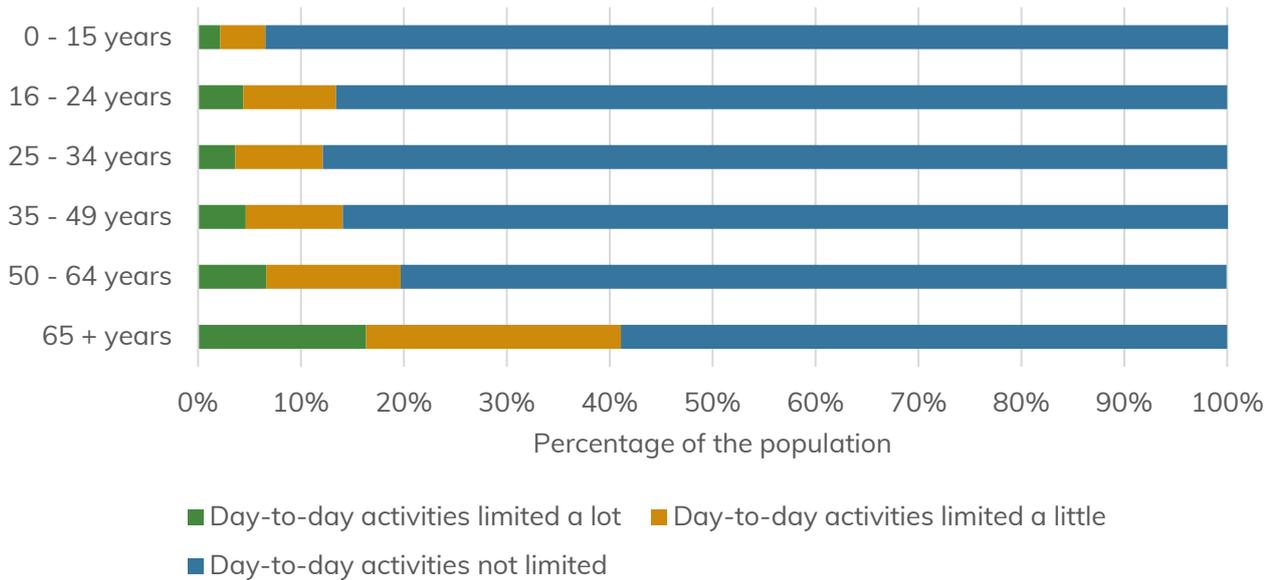


Figure 19 Resident population health in relation to health problems or disability's effect on day-to-day activities in the Cairngorms National Park in 2022 by age. 2022 Census (table UV303b) (CNPA439).

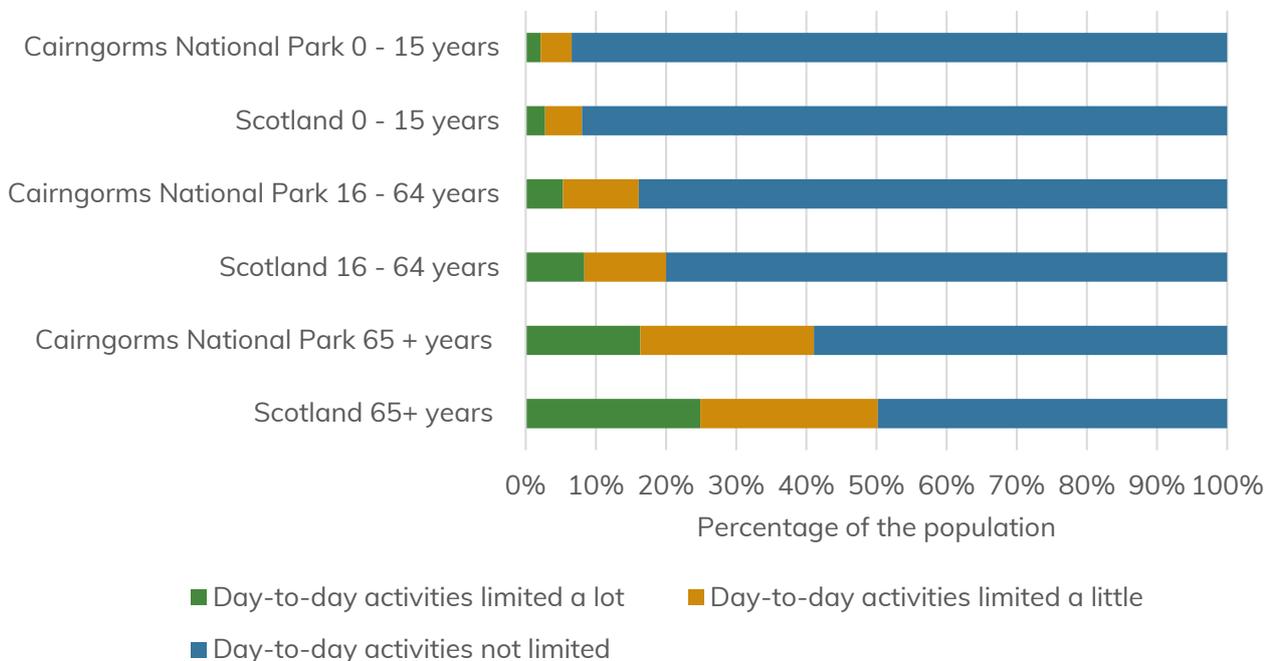


Figure 20 Resident population health in relation to health problems or disability's effect on day-to-day activities in the Cairngorms National Park and Scotland in 2022 by age group. 2022 Census (table UV303b) (CNPA439).



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 19). 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 20).

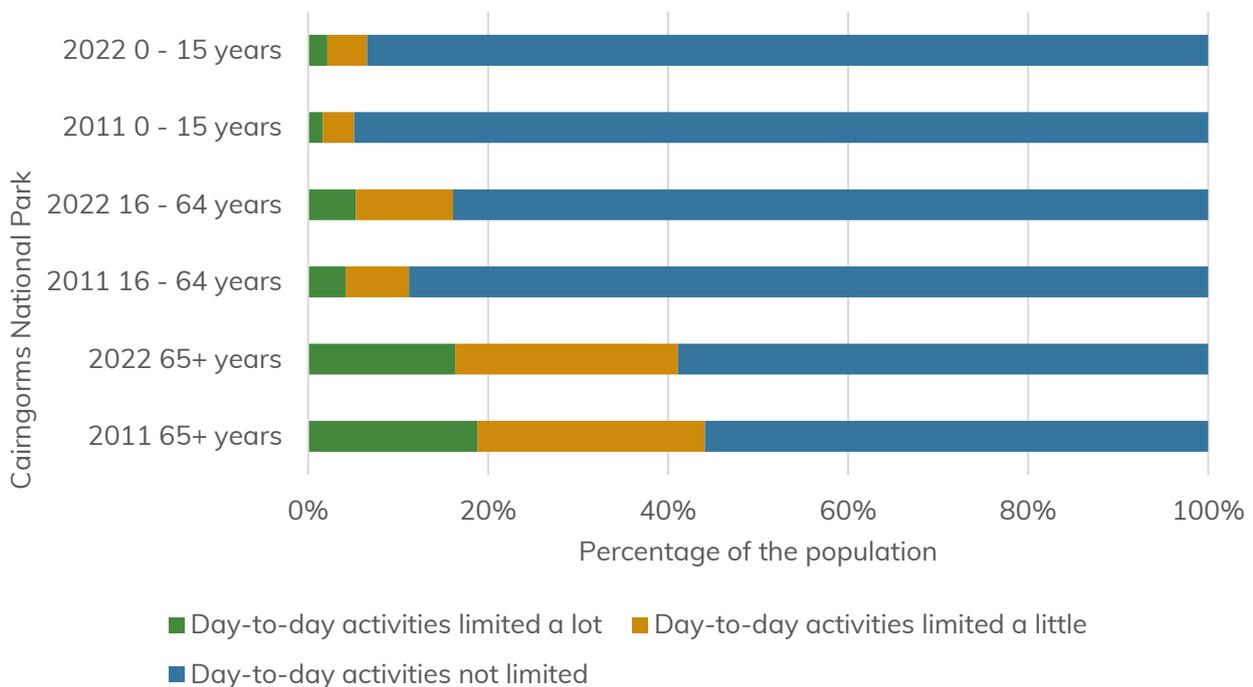


Figure 21 Resident population health in relation to health problems or disability's effect on day-to-day activities in the Cairngorms National Park in 2011 and 2022 by age group. 2022 Census (tables UV303b and LC3101SC) (CNPA439).

Figure 21 looks at the change between the 2011 Census data and the 2022 Census data for the grouped ages compared in Figure 22. 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 22).

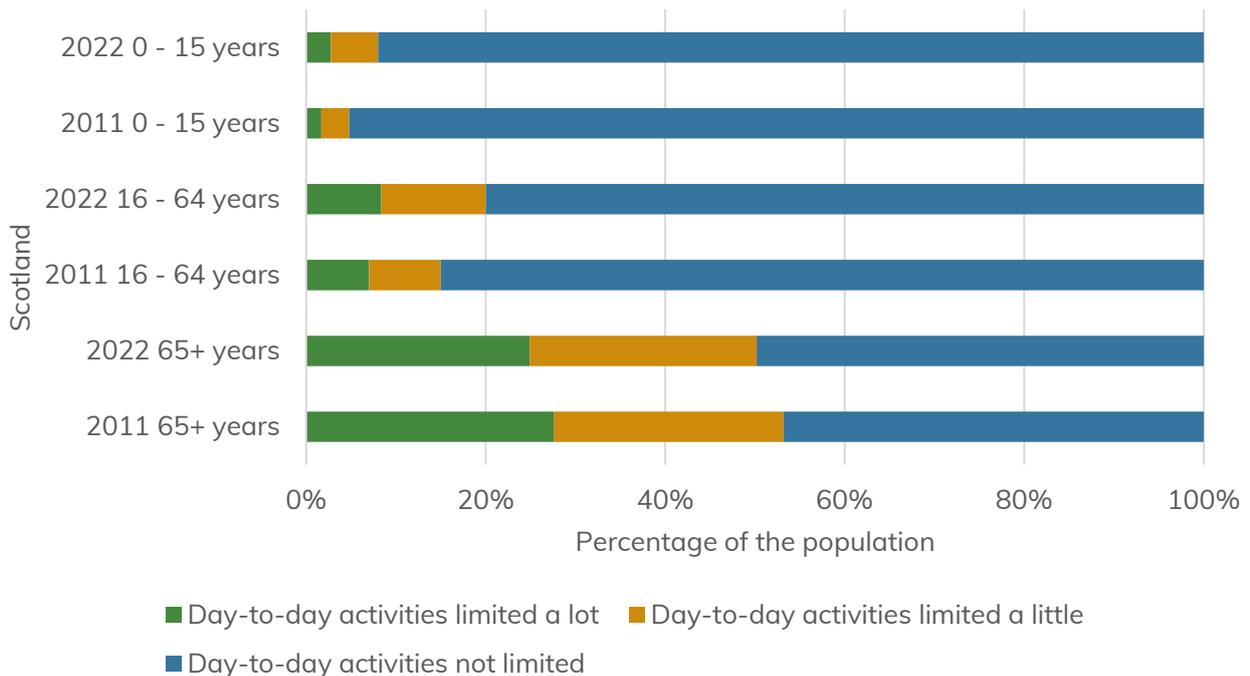


Figure 22 Resident population health in relation to ill health's effect on day-to-day activities in Scotland in 2011 and 2022 by age group. 2022 Census (tables UV303b and LC3101SC) (CNPA439).

Provision of unpaid care

The census (CNPA439) 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 23).

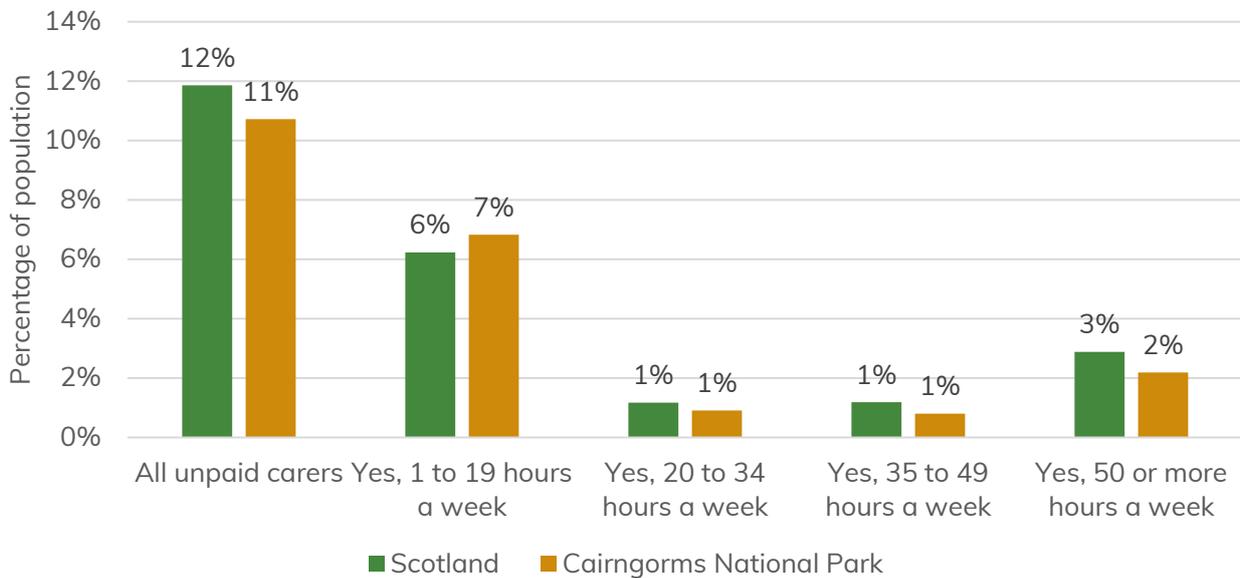


Figure 23 Provision of unpaid care in the Cairngorms National Park and Scotland based on residents over the age of 3 years. 2022 Census (table UV301) (CNPA439).

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)(CNPA441) at an intermediate zone level, therefore this data, alongside mid-year population estimates (CNPA563), 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 Schedule 14: Education.

Death rates

Death rates in the Cairngorms Nation Park are not provided at an exact geography for the National Park so data from the Scottish Public Health Observatory (CNPA441) which provides data on intermediate zones has been used as a proxy in this report.



Figure 24 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) (CNPA533). 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 (CNPA337) 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.

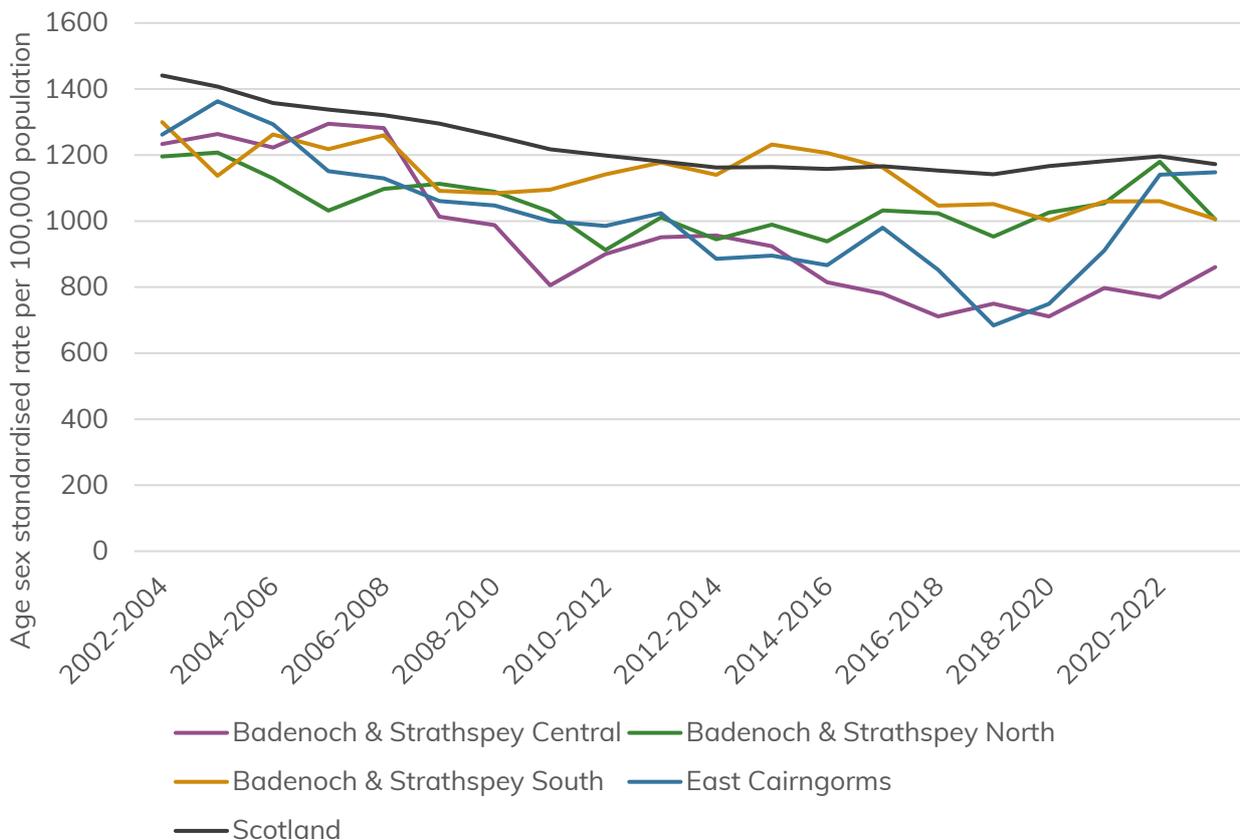


Figure 24 Deaths – all ages in the Cairngorms National Park. Based on an age-sex standardised rate per 100,000 people. 2002 – 2004 to 2020 – 2022 calendar years based on three-year aggregates. Scottish Public Health Observatory (CNPA441).



Life expectancy

Average life expectancy is one of those key indicators that tells us 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 (CNPA534) 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 - 2021, 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 (CNPA534) 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 (CNPA919) has surveyed individual wellbeing (SWEMWBS Score⁴) 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 (CNPA534) data utilises Prescribing Information System (PIS) data from NHS Scotland

⁴ Short version of the Warwick–Edinburgh Mental Wellbeing Scale (CNPA1072).



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.

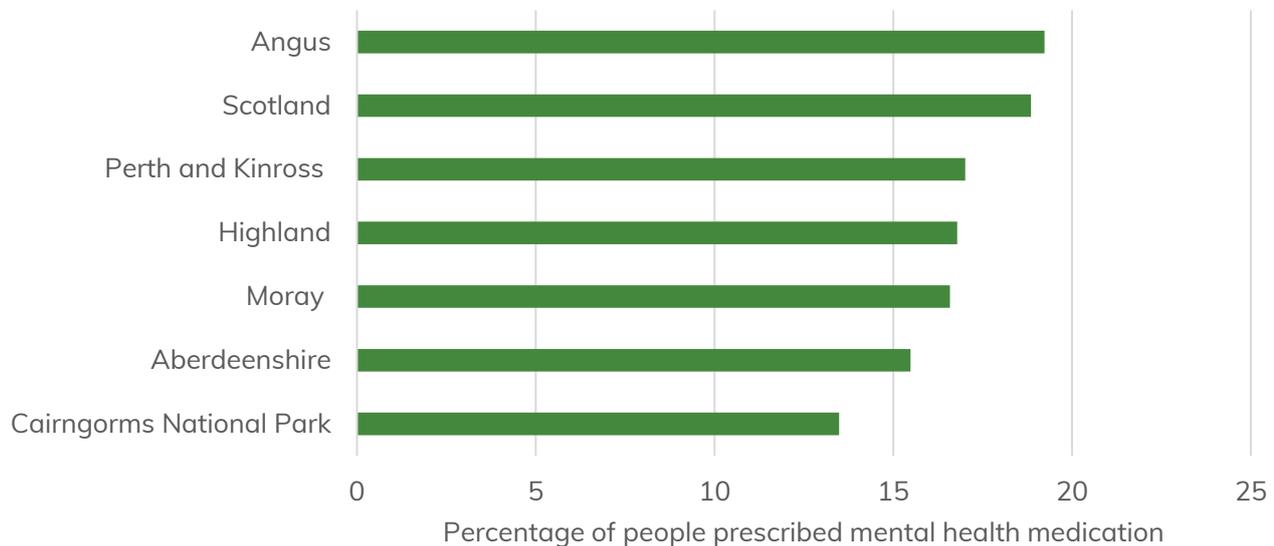


Figure 25 Proportion of population prescribed mental health medication against data zone Scottish Index of Multiple Deprivation (2020) figures for the Cairngorms National Park, Local Authorities and Scotland Source: Scottish Index of Multiple Deprivation, 2020 (CNPA534) with medication data derived from NHS Scotland.

The data from the Scottish Index of Multiple Deprivation (CNPA534), 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 25).

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 26). 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

- 10 - 12%
- 13 - 15%
- 16 - 18%
- 19 - 21%

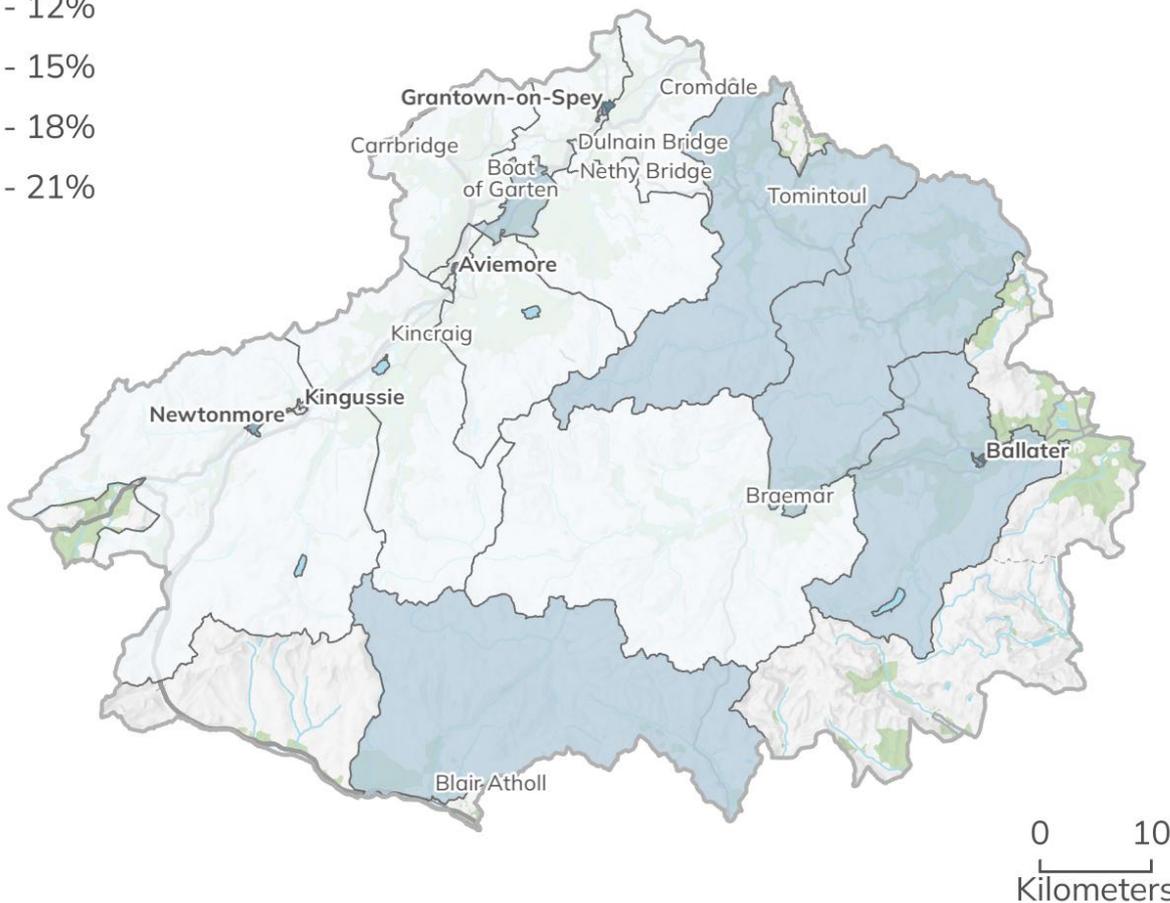


Figure 26 Proportion of population being prescribed drugs for anxiety, depression or psychosis, 2017-18 (2020 weighting to overall health domain = 0.13) (CNPA534). Reproduced by permission of Ordnance Survey on behalf of His Majesty's Stationery Office. © Crown copyright and database right 2026. All 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 from Public Health England (CNPA 1020) supports this claim stating 'that overall health outcomes are more favourable in rural areas' Although research specific to Scotland is limited, one analysis (Journal of Rural Studies) (CNPA1021) 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 the Rural



Scotland: Key facts 2021 (CNPA941) the paper looks at how people view their locality in Scotland, reporting that 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 reported by the Office of National Statistics (CNPA1022) indicates that substantial time spent commuting (60 – 90 minutes per day) is associated with reduced wellbeing. Census data (CNPA439) 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 27).

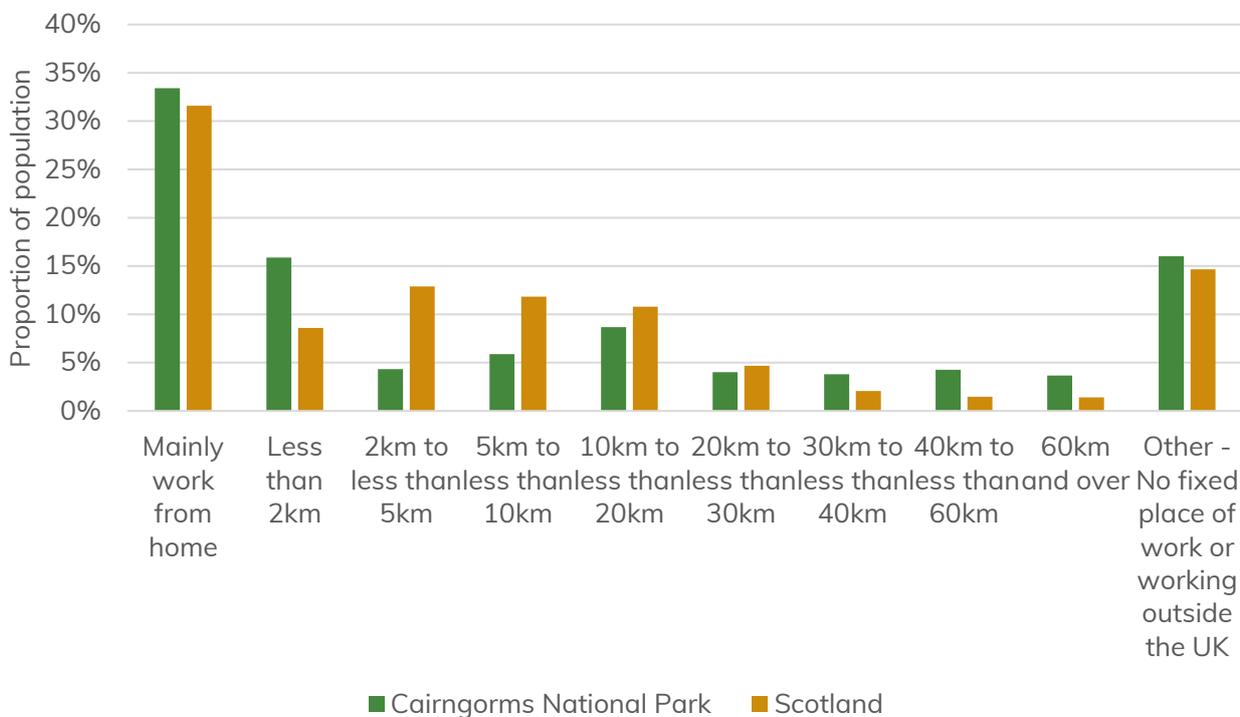


Figure 27 Comparison of distance travelled to work by people living in the Cairngorms National Park and Scotland. 2022 Census (table UV703) (CNPA439).



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 28).

The Royal Society for Public Health reports that 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 (CNPA1023).

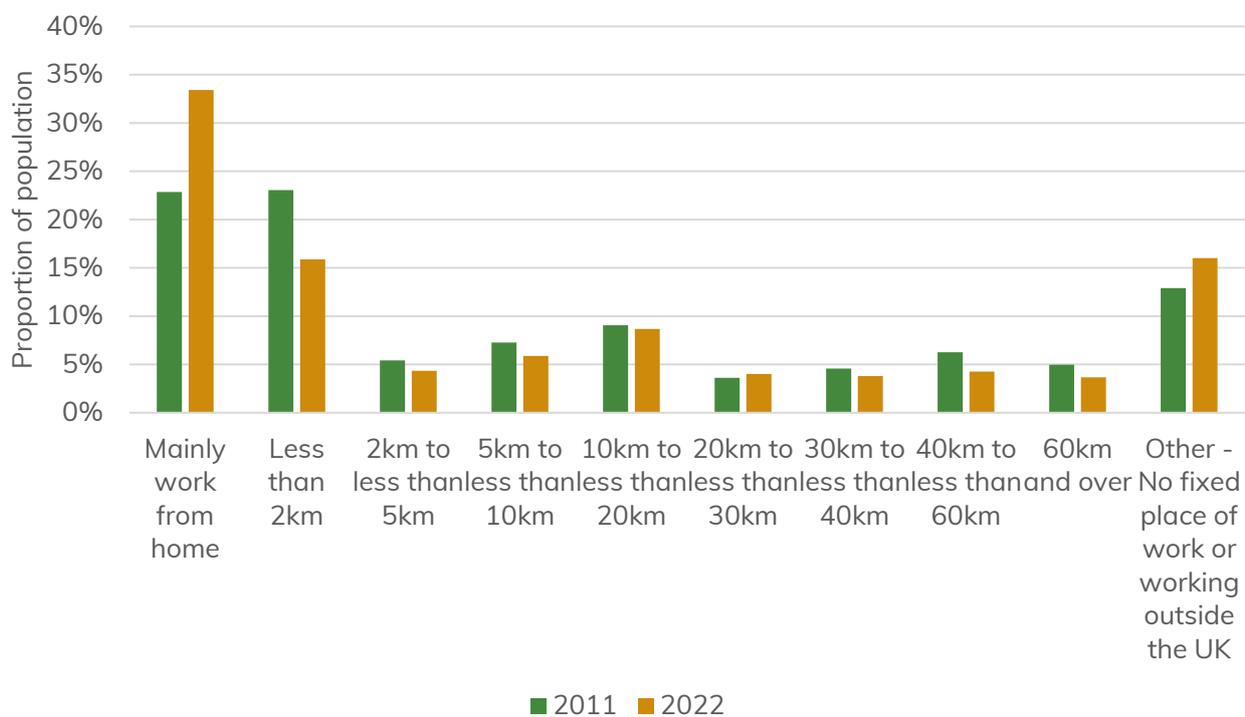


Figure 28 Comparison between distance travelled to work by people living in the Cairngorms National Park between 2011 and 2022. Census 2011 / 2022 (tables QS703SC and UV703) (CNPA439).

Suicide risk

National Records of Scotland (CNPA533) report that nationally, there were 792 probable suicide deaths in 2023, an increase of 30 on the previous year. 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) (CNPA441) collaboration. The data (Figure 29) shows that the rates of suicide Moray, Highland and Angus are above the national averages.

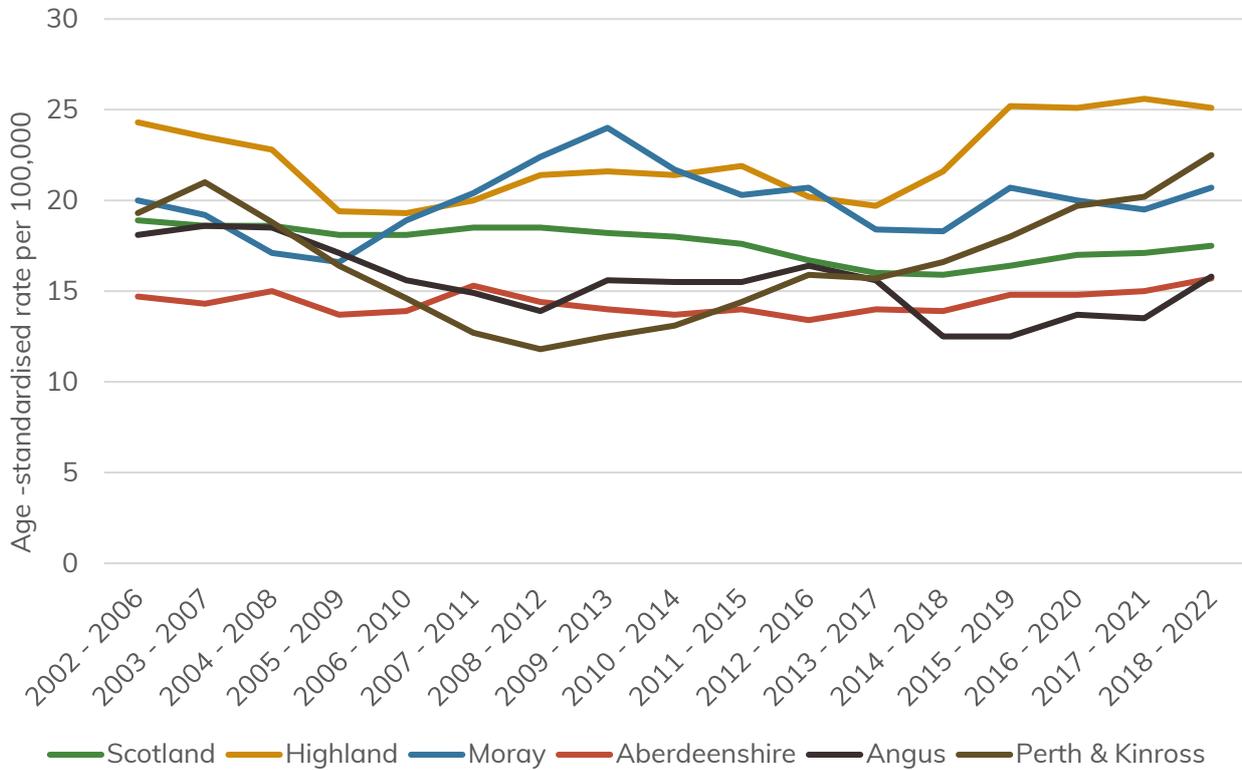


Figure 29 Deaths from suicide (16 years and over) in Scotland and the local authorities that traverse the National Park boundary. Scottish Public Health Observatory, 2024 (CNPA441).

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 (CNPA697).

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 (CNPA534) 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 quintile⁵ they fall within (Table 3).

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



Table 3 Key for colours used to categorise Scottish Index of Multiple Deprivation (CNPA534) ranks for data zones covering the Cairngorms National Park as set out in Table 4.

Colour	Quintile (20%)	Rank		Category
		From	To	
Dark red	1	1	1,395	Most 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	Least deprived



Table 4 2020 Scottish Index of Multiple Deprivation (CNPA534) Rankings for Cairngorms National Park data zones, colour coded by quintile rankings—dark red being the lowest, followed by red, ochre, green and dark green being the highest.

Data zone name	Overall Rank	Domains						
		Income	Employment	Health	Education	Access to Amenities	Crime	Housing ⁶
Aviemore Centre East	3,377	2,744.5	3,372	3,879	2,256	4,982	5,232	2,359.5
Area west and north of Grantown	3,447	4,142	4,705	5,797	1,813	338	5,414	3,482
Blair Atholl (part) & Areas to North and East	3,503	4,452	4,633	5,333	4,247	28	6,489	3,156
Area including Strathdon and Cock Bridge	3,509	4,251	3,932	6,269	41,92	100	5,333	4,152
Tomintoul and Surrounding Areas	3,960	4,344	4,950	6,155	3,219	269	5,562	5,038

⁶ 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 ⁶
Area South & West of Kingussie	4,065	4,114.5	6,329	6,195	4,180	166	2,893	3,367
Newtonmore	4,170	3,844	4,369	3,861	3,406	2,150	6,438	3,349
Aviemore North and High Burnside	4,278	3,781	4,326.5	5,128	3,840	2,072	4,155	2,700
Area surrounding Ballater	4,447	5,998	5,116	6,551	5,235	73	4,852	3,370
Kingussie North Central and North	4,525	4,007	3,542	4,557	3,930	5,431	5,047	2,771
Boat of Garten and Area to East	4,608	4,739	5,755	5,554	3,794	480	6,777	3,216
Grantown West	4,654	3,915	4,670	4,890	3,426	3,432	4,607	4,184.5



Data zone name	Overall Rank	Domains						
		Income	Employment	Health	Education	Access to Amenities	Crime	Housing ⁶
Area South East and North West of Kincaig	4,697	5,601	5,839	6,663	4,723	266	2,561	3,136
Carrbridge and Surrounding Areas	4,756	4,957	5,296	6,093	4,524	712	3,574	3,417
Area North East and South East of Grantown	4,767	5,691	5,983	6,502	3,923	245	4,988	3,989
Nethy Bridge and Surrounding Areas	4,784	5,119	5,677	6,443	5,346	292	6,494	1,576.5
Ballater North Central and North East	4,871	4,439	3,611	5,148	3,881	6,322	5,542	2,500.5
Aviemore Centre South and West	4,873	4,727	4,919.5	5,567	2,943	4,852	2,054	2,133
Kingussie South Central and West	4,885	39,02.5	4,114.5	4,997	4,855	6,182	2,777	4,502



Data zone name	Overall Rank	Domains						
		Income	Employment	Health	Education	Access to Amenities	Crime	Housing ⁶
Aviemore East, Glenmore and surrounding areas	4,917	5,513	5,217	6,327	4,740	644	4,115.5	2,603
Grantown North and Central	4,936	4,002	4,897	3,878	3,756	6,419	4,269	4,423.5
Grantown South and Central	5,482	4,441.5	5,277.5	4,306	5,104	5,639	6,048	2,240
Braemar and Surrounding Areas	5,949	5,376.5	6,481	6,775	5,061	1,637	5,410	5,323
Ballater South Central and South West	6,040	4,794	5,637	5,611	5,134	6,206	5,309	3,731



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' (Table 4) 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

The Scottish Index Multiple of Deprivation (CNPA534) provides data on various health domain. In terms of the health domain rankings for the Cairngorms National Park (Figure 30), 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 (CNPA533), 2014 – 2015 to 2017 – 2018 (2020 weighting to overall domain = 0.06) (Figure 31).
- Hospital stays related to alcohol use: standardised ratio⁷ (Information Services Division), 2014 – 2015 to 2017 – 2018 (2020 weighting to overall domain = 0.08) (Figure 32).
- Hospital stays related to drug use: standardised ratio (Information Services Division), 2014 – 2015 to 2017 – 2018 (2020 weighting to overall domain = 0.07) (Figure 33).
- Comparative illness factor: standardised ratio DWP8, Aug 2017 (2020 weighting to overall domain = 0.46) (Figure 34).

⁷ 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 (CNPA1024).

⁸ Data from the Department of Works and Pensions.



- Emergency stays in hospital: standardised ratio (Information Services Division), 2014 – 2015 to 2017 – 2018 (2020 weighting to overall domain = 0.19) (Figure 35)
- Proportion of population being prescribed drugs for anxiety, depression or psychosis (2020 weighting to overall domain = 0.13) (Figure 26).
- 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 30).

SIMD 2020 health rank decile

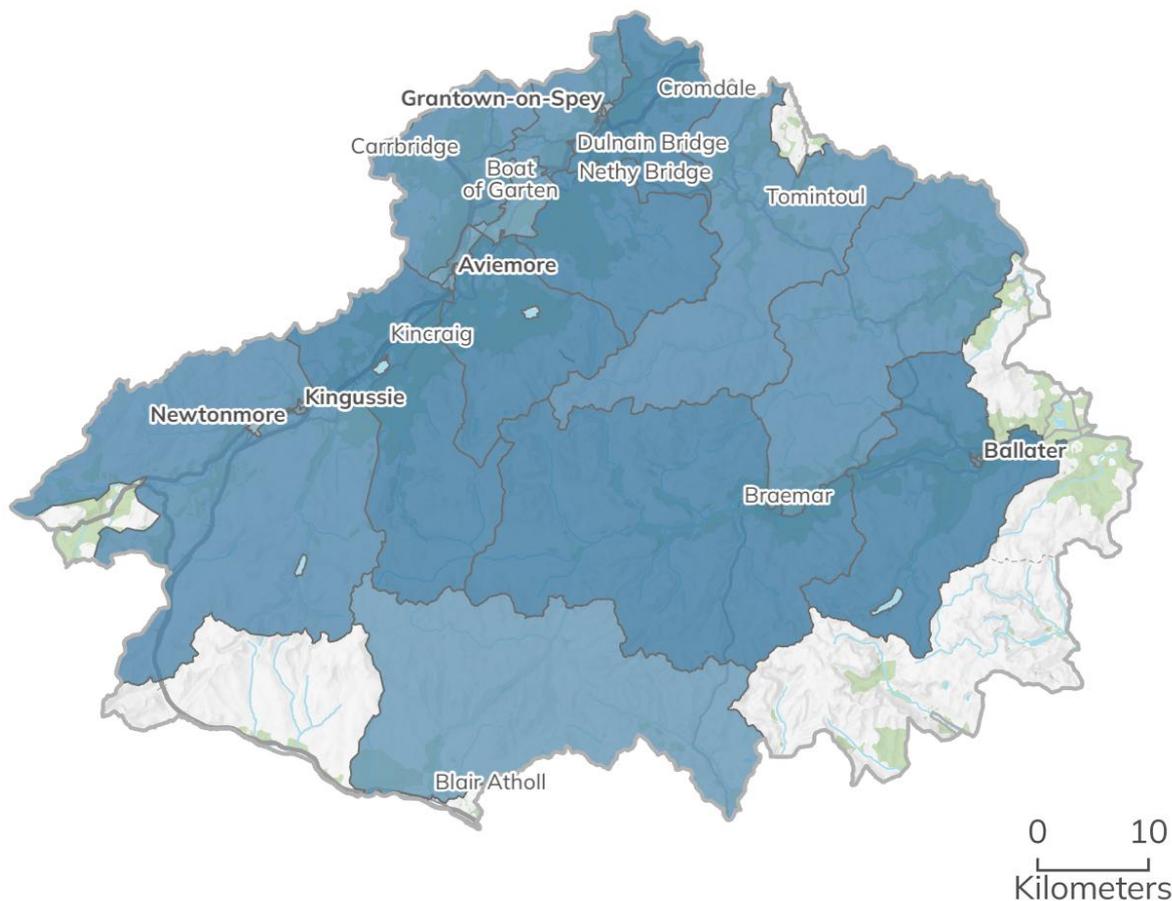


Figure 30 2020 Scottish Index of Multiple Deprivation (CNPA534) Health domain rankings for the Cairngorms National Park data zones. Cairngorms National Park Authority © Crown copyright and database rights 2026 Ordnance Survey AC0000821810.

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 report (CNPA1025).

Standard mortality ratio

- Better than Scottish average
- Worse than Scottish average

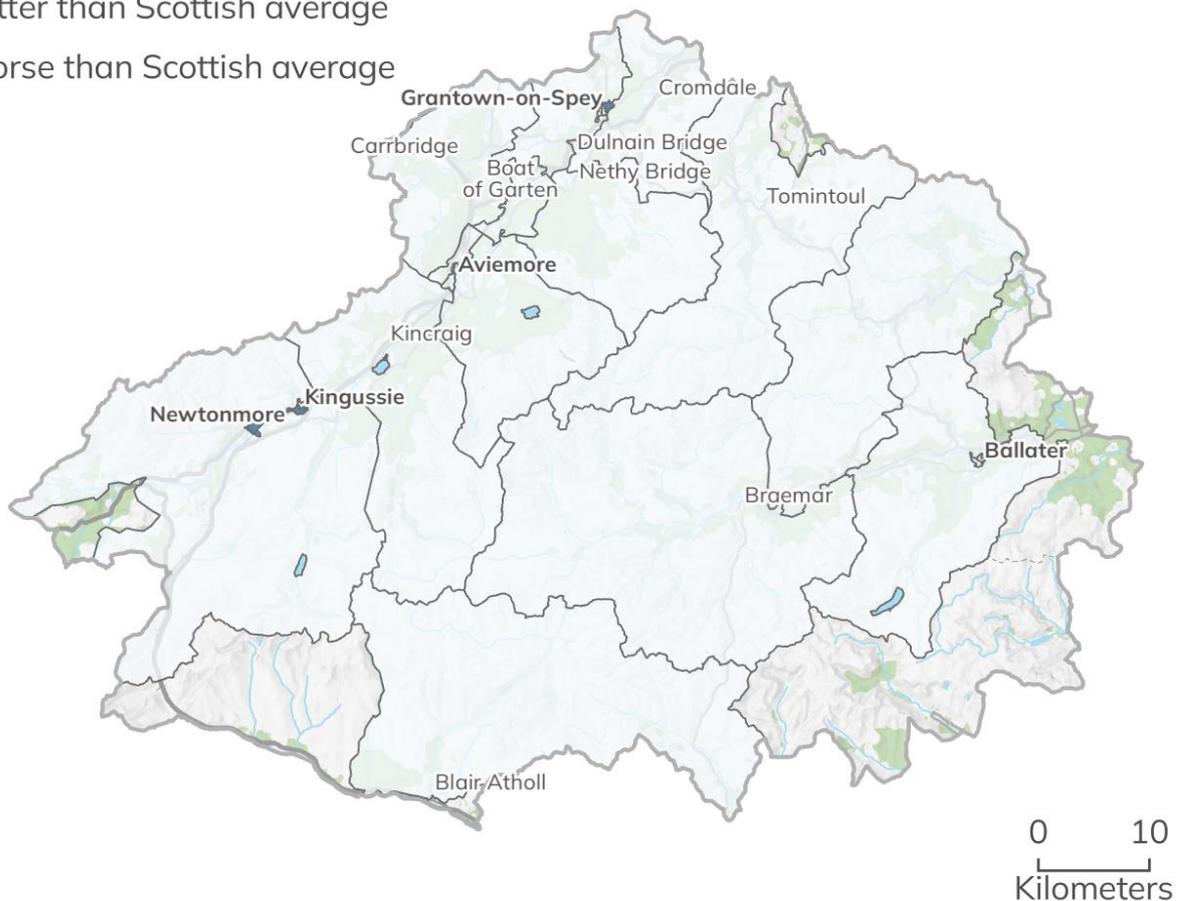


Figure 31 Standardised mortality ratio, mortality per 100,000 people. Data sourced from the National Records of Scotland (CNPA533), 2014 – 2015 to 2017 – 2018 (2020 weighting to overall domain = 0.06). Scottish Index of Multiple Deprivation 2020 (CNPA534). Cairngorms National Park Authority © Crown copyright and database rights 2026 Ordnance Survey AC0000821810.



Figure 31 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

In terms of hospital stays related to alcohol use per 100,000 people, Figure 32 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 alcohol use standardised ratio

- Better than Scottish average
- Worse than Scottish average

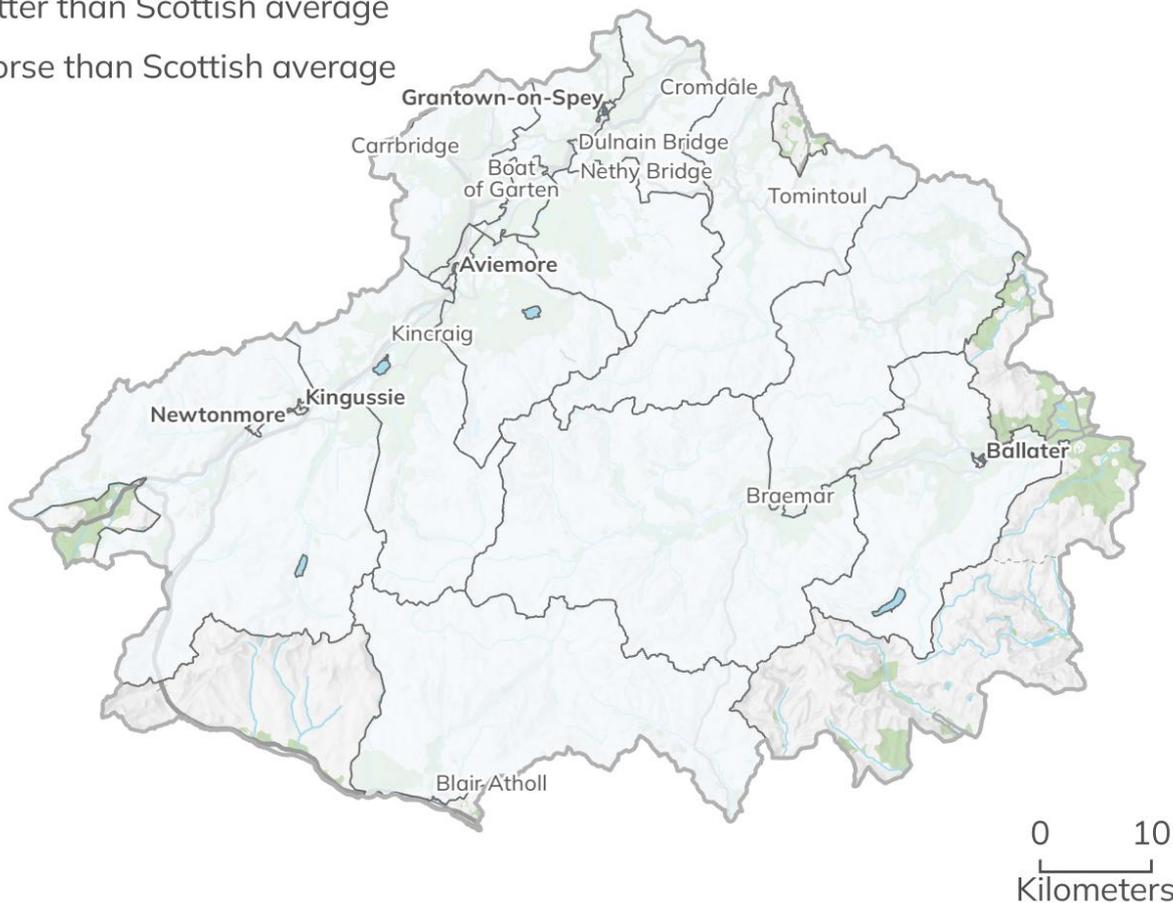


Figure 32 Hospital stays related to alcohol use per 100,000 people: standardised ratio ISD, 2014 – 2015 to 2017– 2018 (2020 weighting to overall domain = 0.08). Scottish Index of Multiple Deprivation 2020 (CNPA534). Cairngorms National Park Authority © Crown copyright and database rights 2026 Ordnance Survey AC0000821810.



Hospital stays related to drug use

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 34).

Hospital stays related to drug use standardised ratio

- Better than Scottish average
- Worse than Scottish average

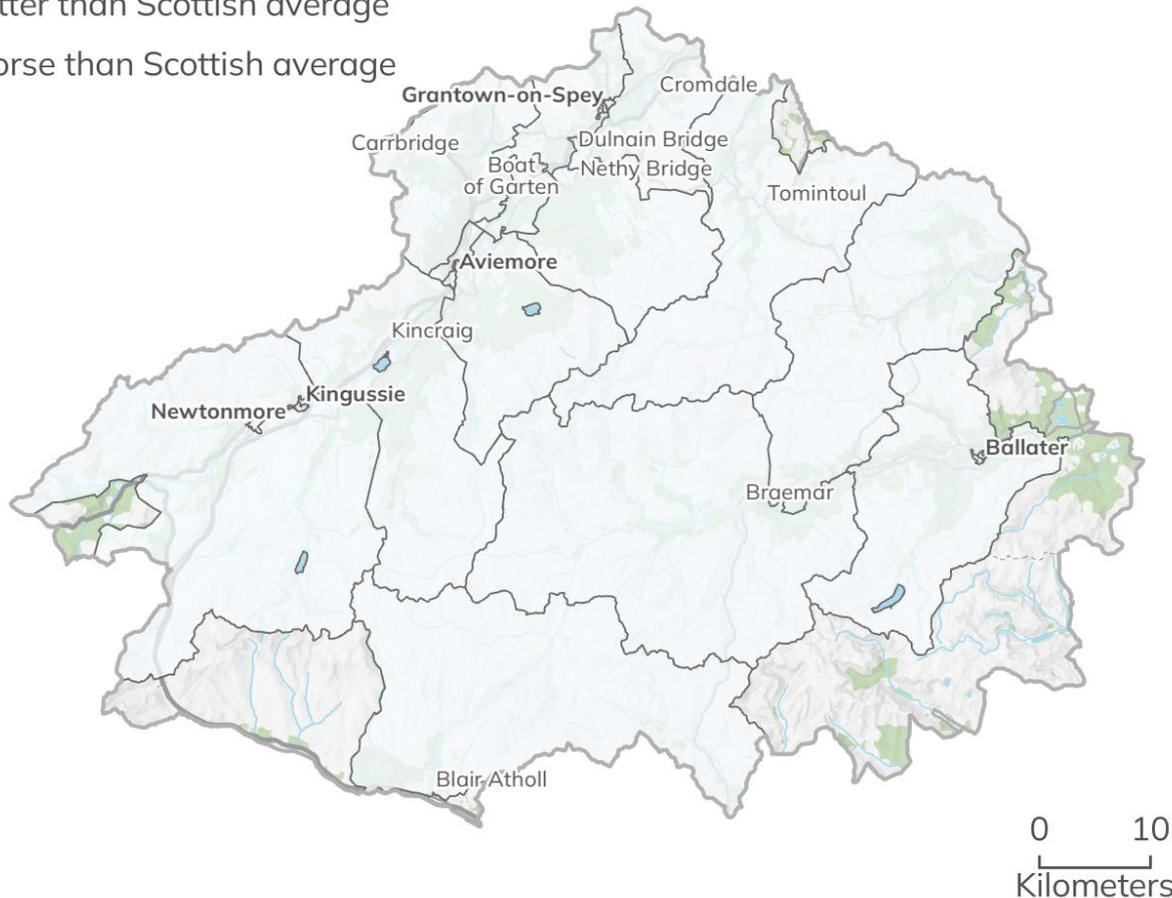


Figure 33 Hospital stays related to drug use per 100,000 people: standardised ratio (Information Services Division), 2014 – 2015 to 2017 – 2018 (2020 weighting to overall domain = 0.07). Scottish Index of Multiple Deprivation 2020 (CNPA534). Cairngorms National Park Authority © Crown copyright and database rights 2026 Ordnance Survey AC0000821810.

Comparative illness factor

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 34).



Comparative illness factor standardised ratio

- Better than Scottish average
- Equal to Scottish average

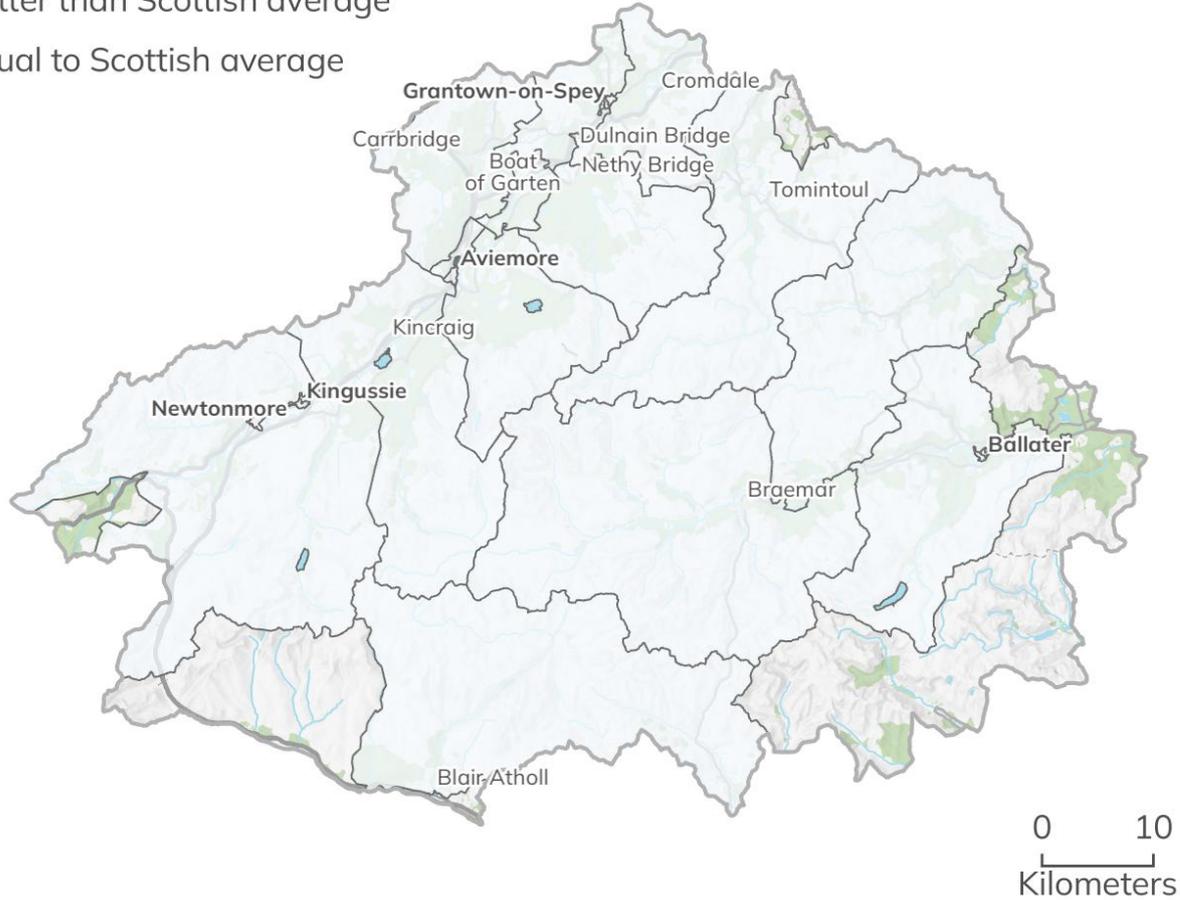


Figure 34 Comparative illness factor: standardised ratio (per 100,000 people) DWP, Aug 2017 (2020 weighting to overall domain = 0.46). Scottish Index of Multiple Deprivation 2020 (CNPA534). Cairngorms National Park Authority © Crown copyright and database rights 2026 Ordnance Survey AC0000821810.

Emergency stays in hospital

In relation to emergency stays in hospital all areas in the Cairngorms National Park are better than the Scottish average (Figure 35).



Emergency stays in hospital standardised ratio

Better than Scottish average

Worse than Scottish average

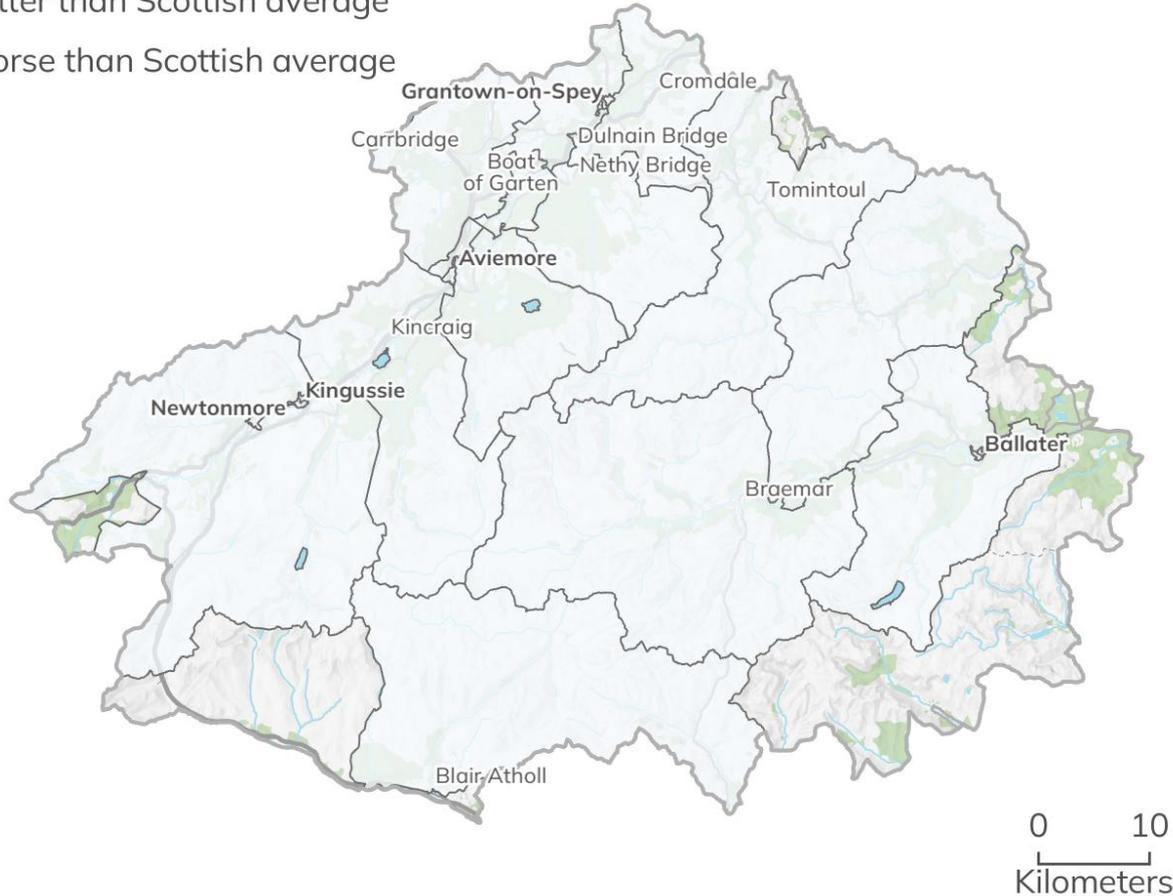


Figure 35 Emergency stays in hospital: standardised ratio (Information Services Division), 2014 – 2015 to 2017 – 2018 (2020 weighting to overall domain = 0.19). Scottish Index of Multiple Deprivation 2020 (CNPA534). Cairngorms National Park Authority © Crown copyright and database rights 2026 Ordnance Survey AC0000821810.

Live singleton births

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 areas⁹. Figure 36 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.

⁹ Long-term monitoring of health inequalities: March 2022 report, Scottish Government (CNPA1026)



Proportion of live singleton births of low birth weight

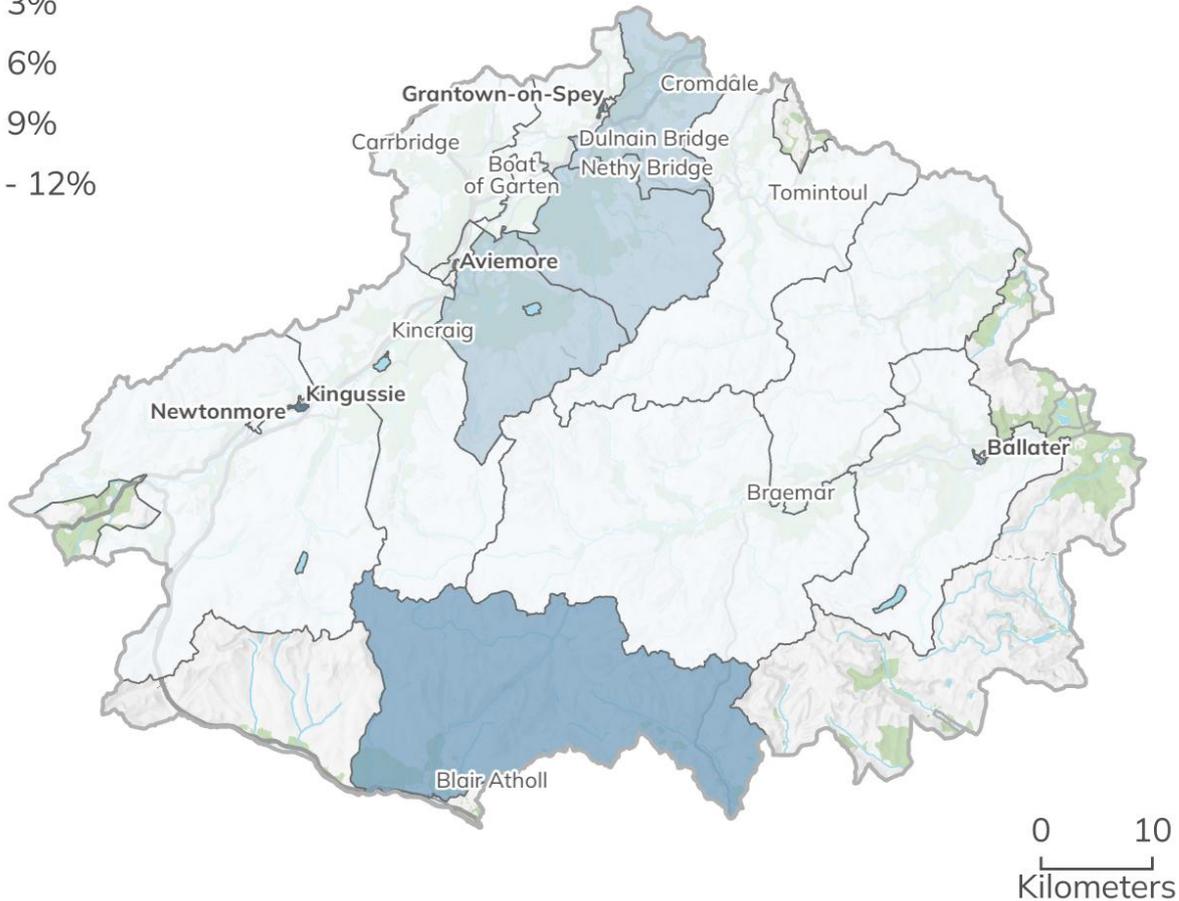
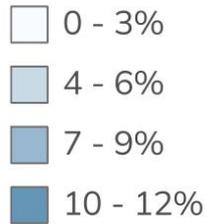


Figure 36 Proportion of live singleton births of low-birthweight (Information Services Division, 2014 – 2015 to 2017 – 2018 (2020 weighting to overall domain = 0.01). Scottish Index of Multiple Deprivation 2020 (CNPA534). Cairngorms National Park Authority © Crown copyright and database rights 2026 Ordnance Survey AC0000821810.

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 Schedule 11: Sustainable Transport, 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. This data is provided by the Scottish Index of Multiple Deprivation (CNPA534).

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 37 and Figure 38). 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 38).

Drive time to GP

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

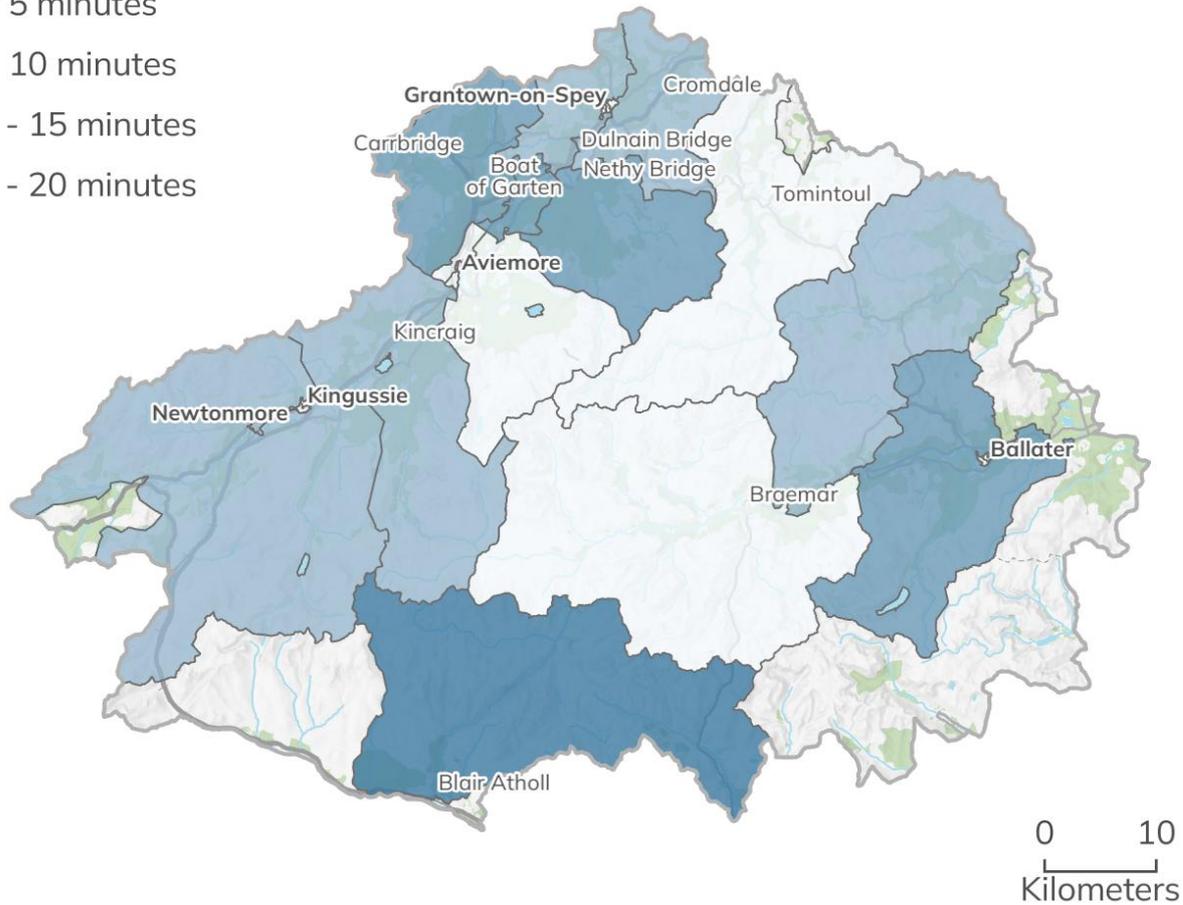


Figure 37 Average drive times to a GP surgery. Scottish Index of Multiple Deprivation 2020 (CNPA534).Cairngorms National Park Authority © Crown copyright and database rights 2026 Ordnance Survey AC0000821810.

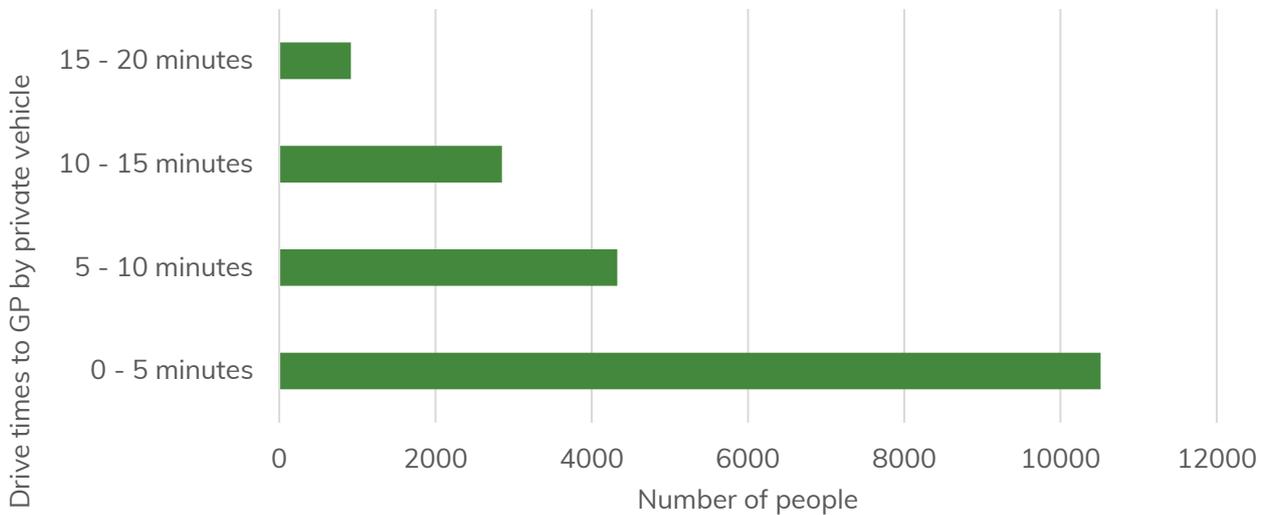


Figure 38 Population distribution by average drive time (minutes) to a GP surgery. Scottish Index of Multiple Deprivation 2020 (CNPA534). To maintain consistency with Scottish Index of Multiple Deprivation data, population data is based on 2020 mid-year estimates (CNPA563).

Figure 39 and Figure 40 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

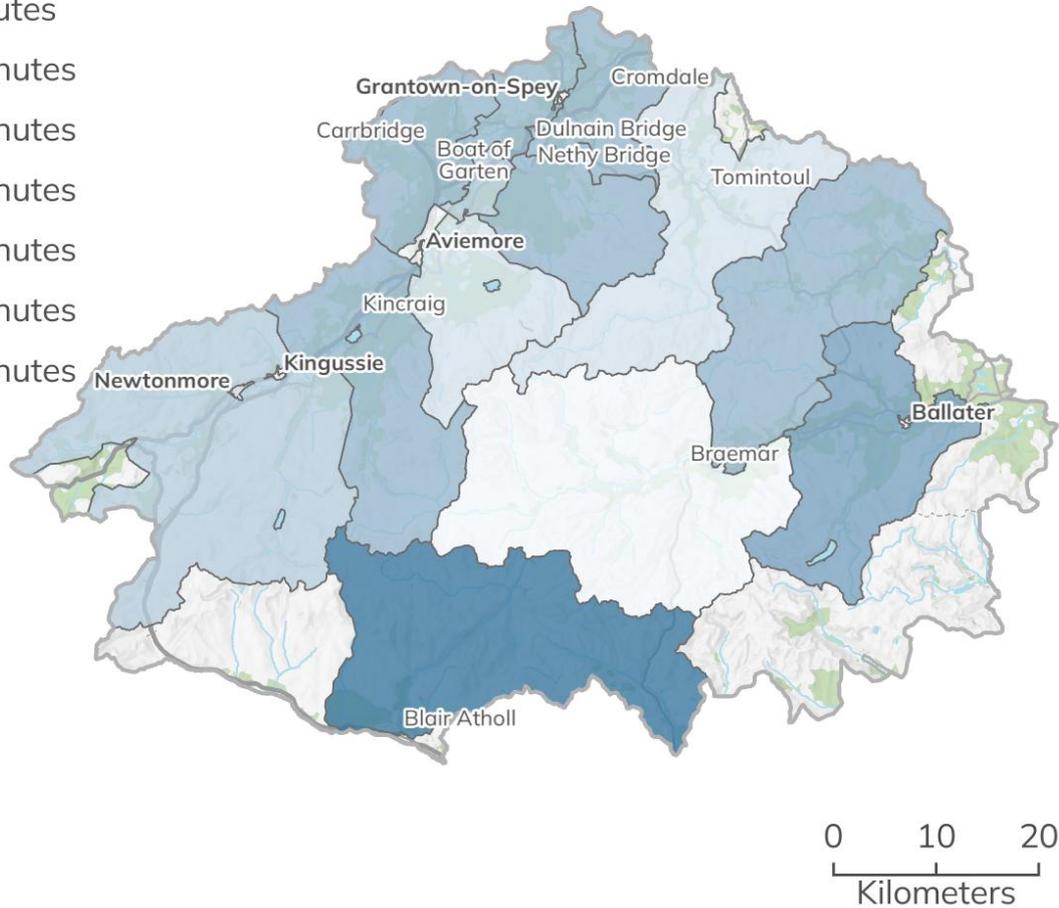


Figure 39 Average travel times to a GP surgery by public transport Scottish Index of Multiple Deprivation 2020 (CNPA534). Cairngorms National Park Authority © Crown copyright and database rights 2026 Ordnance Survey AC0000821810.

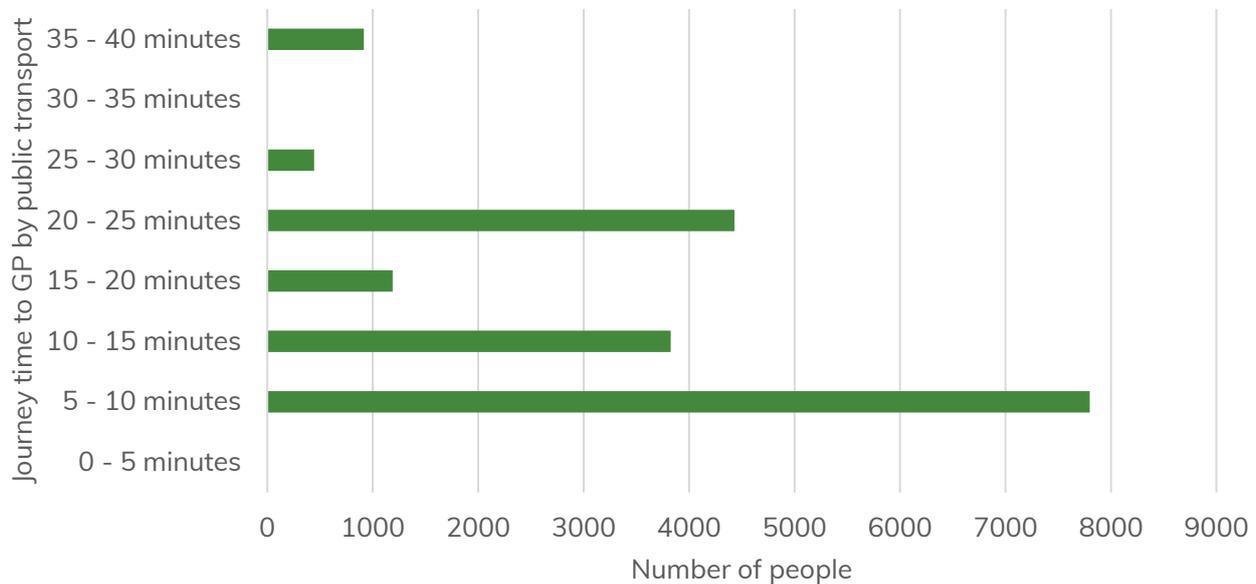


Figure 40 Population distribution by average journey time by public transport (minutes) to a GP surgery Scottish Index of Multiple Deprivation 2020 (CNPA534). To maintain consistency with Scottish Index of Multiple Deprivation data, population data is based on 2020 mid-year estimates (CNPA563).

Healthcare management and infrastructure

This section provides an audit of health and social care services within the Cairngorms National Park, which are defined in National Planning Framework 4 (CNPA008) as ‘services provided in the community directly by Health Boards and services provided on their behalf by contractors such as GPs, dentists and pharmacists’.

There are three National Health Service (NHS) health boards that cover the National Park area (Figure 41), namely:

- NHS Grampian
- NHS Highland
- NHS Tayside

Services are also provided in partnership with local authorities and health and social care partnerships, namely:

- Aberdeenshire Health and Social Care Partnership
- Moray Health and Social Care Partnership
- Highland Health and Social Care Partnership
- Angus Health and Social Care Partnership
- Perth and Kinross Health and Social Care Partnership

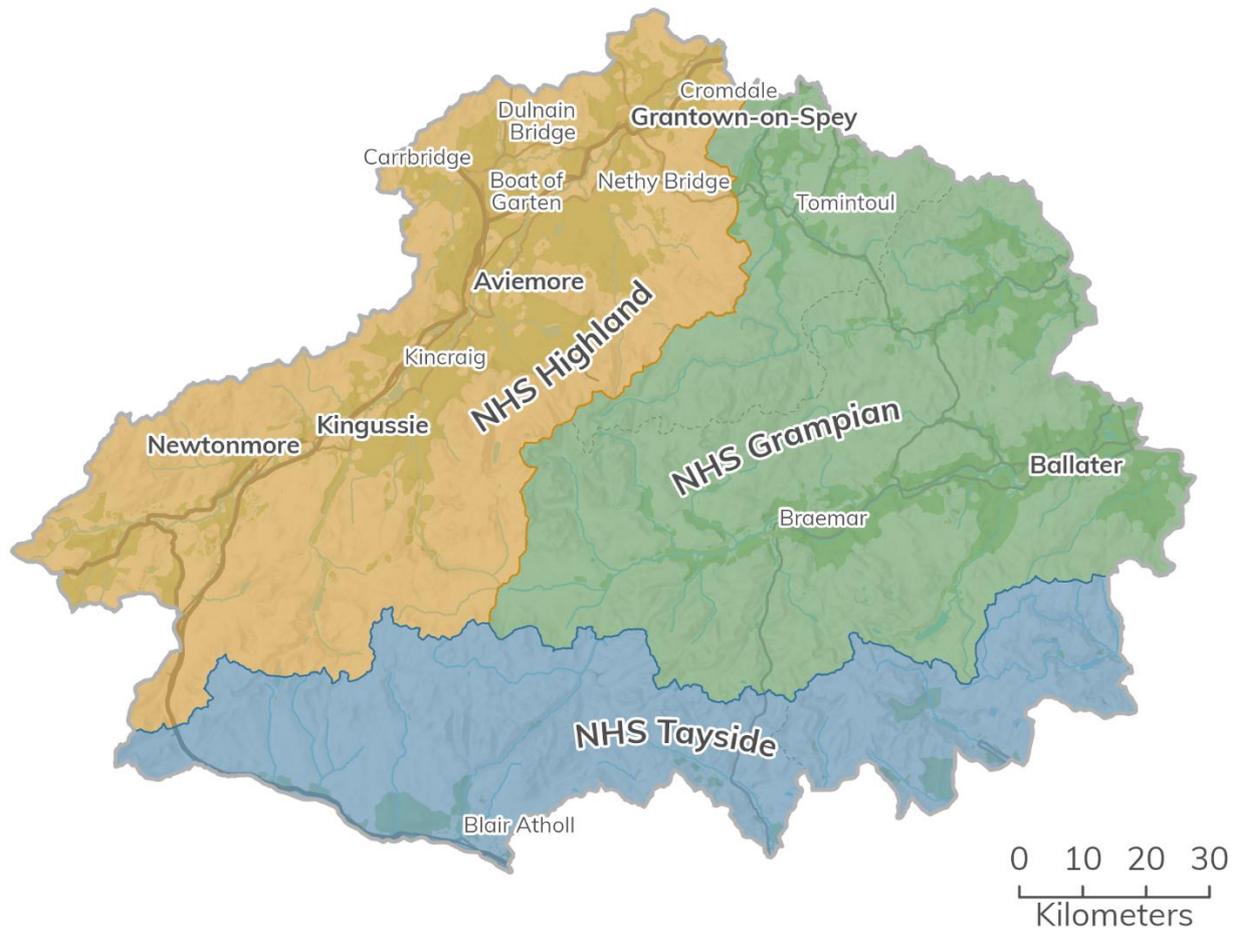


Figure 41 Map of the NHS health Boards covering the geography of the Cairngorms National Park. Cairngorms National Park Authority © Crown copyright and database rights 2026 Ordnance Survey AC0000821810.

Health and social care services fall into the categories of 'primary care' and 'health and social care' detailed below:

Primary care services:

- General Practice (GP) services
- Community hospitals
- Pharmacies
- Dentistry
- Optometry

Other community health and social care services:

- Children and families
- Older peoples residential and day care
- Mental health addictions



- Sexual health
- Homelessness
- Criminal justice
- Learning disability

This audit focuses on General Practice (GP) services because they are particularly sensitive to the pressures of development driven by increased patient demand. Other primary care services, such as pharmacies, dentists, and opticians, are also included, as they are important for supporting local living under the provisions of National Planning Framework 4 (CNPA008) Policy 15: Local Living and 20 minute neighbourhoods¹⁰.

Primary care services

Primary care services that serve the National Park encompass General Practice (GP), which generally operate as independent practices. The management, operation and spatial requirements of GPs are set out by national guidance and regulations (CNPA703, CNPA704 and CNPA705). In addition to GP practices, primary care also includes other NHS and independently contracted services such as dental, optometry, pharmacy, and community services. These community services include community nursing and rehabilitation / reablement teams, health visitors, midwives, and Allied Health Profession clinics (such as physiotherapy and children's services), which are often co-located in primary care hubs. These primary care services are also relevant when considering overall capacity pressures due to effect of population changes on them.

Table 5 contains a list of the primary care services identified as serving the residents of the Cairngorms National Park, which was identified through engagement with the NHS boards and health and social care partnerships. Due to the rurality of the area, many of these are located outwith the National Park and are often a considerable distance from its boundary.

¹⁰ These matters are covered in more detail in Schedule 12: Local living and 20 minute neighbourhoods and are mapped on the Park Authority's Interactive 20 minute neighbourhood map (CNPA503): <https://nationalparkscot.maps.arcgis.com/apps/instant/sidebar/index.html?appid=858bf8957d594825b101931ab2a9241a>



Table 5 List of the primary care services that serve the residents of the Cairngorms National Park, ordered by the NHS board and health and social care partnership area they are located within.

NHS board	Health and social care partnership	Practice name	Practice type	Within National Park?	Settlement	Settlement status ¹¹
Grampian	Aberdeenshire	Aboyne Hospital	Community hospital	Outwith	Aboyne	N/A
Grampian	Aberdeenshire	Aboyne Medical Practice	General Practice	Outwith	Aboyne	N/A
Grampian	Aberdeenshire	Aboyne Medical Practice	General Practice	Outwith	Tarland	N/A
Grampian	Aberdeenshire	Ballater Health Clinic	General Practice	Within	Ballater	Strategic
Grampian	Aberdeenshire	Braemar Health clinic	General Practice	Within	Braemar	Intermediate
Grampian	Aberdeenshire	Strathdon Medical Centre	General Practice	Within	Strathdon	Rural
Grampian	Aberdeenshire	Fountain Dental Group	Dentist	Outwith	Aboyne	N/A
Grampian	Aberdeenshire	Banchory Dental Practice	Dentist	Outwith	Banchory	N/A
Grampian	Aberdeenshire	Fountain Dental Group	Dentist	Outwith	Banchory	N/A
Grampian	Aberdeenshire	Young Smile Dental Cate	Dentist	Outwith	Alford	N/A
Grampian	Aberdeenshire	Alford Pharmacy	Pharmacy	Outwith	Alford	N/A
Grampian	Aberdeenshire	Braemar Pharmacy	Pharmacy	Within	Braemar	Braemar
Grampian	Aberdeenshire	Davidson Chemists	Pharmacy	Outwith	Aboyne	N/A
Grampian	Aberdeenshire	Davidson Chemists	Pharmacy	Within	Ballater	Ballater
Grampian	Aberdeenshire	Tarland Pharmacy	Pharmacy	Outwith	Tarland	N/A
Grampian	Aberdeenshire	Torphins Pharmacy	Pharmacy	Outwith	Torphins	N/A
Grampian	Aberdeenshire	Christy's Opticians	Optremecist	Within	Ballater	Strategic
Grampian	Moray	Glenlivet Medical Practice	General Practice	Within	Drumin, Glenlivet	Rural

¹¹ As defined by the National Park Partnership Plan's spatial strategy. See Schedule 1: Plan outcomes for more information.



NHS board	Health and social care partnership	Practice name	Practice type	Within National Park?	Settlement	Settlement status ¹¹
Grampian	Moray	Rinnes Medical Group	General Practice	Outwith	Dufftown	N/A
Grampian	Moray	Rinnes Medical Group	General Practice / Pharmacy	Within	Tomintoul	Intermediate
Grampian	Moray	Speyside Dental Clinic	Dentist	Outwith	Aberlour	N/A
Grampian	Moray	8to8 Dental	Dentist	Outwith	Keith	N/A
Grampian	Moray	Aberlour Pharmacy	Pharmacy	Outwith	Aberlour	N/A
Grampian	Moray	Dufftown Pharmacy	Pharmacy	Outwith	Dufftown	N/A
Grampian	Moray	Rothies Pharmacy	Pharmacy	Outwith	Rothies	N/A
Highland	Highland	Badenoch and Strathspey Community Hospital	Community hospital / Dentist	Within	Aviemore	Strategic
Highland	Highland	Aviemore Medical Practice	General Practice	Within	Aviemore	Strategic
Highland	Highland	Grantown-on-Spey Medical Practice	General Practice / Dentist	Within	Grantown-on-Spey	Strategic
Highland	Highland	Kingussie Medical Practice	General Practice	Within	Kingussie	Strategic
Highland	Highland	Gergask Medical Practice	General Practice	Within	Laggan	Rural
Highland	Highland	Aviemore Dental Practice	Dentist	Within	Aviemore	Strategic
Highland	Highland	Your Perfect Smile Dental and Implant Clinic	Dentist	Within	Aviemore	Strategic
Highland	Highland	Your Perfect Smile Dental Clinic	Dentist	Within	Grantown-on-Spey	Strategic
Highland	Highland	Inspire Dental	Dentist	Within	Newtonmore	Strategic
Highland	Highland	Boots Pharmacy	Pharmacy	Within	Aviemore	Strategic
Highland	Highland	Boots Pharmacy	Pharmacy	Within	Kingussie	Strategic



NHS board	Health and social care partnership	Practice name	Practice type	Within National Park?	Settlement	Settlement status ¹¹
Highland	Highland	Grantown Pharmacy	Pharmacy	Within	Grantown-on-Spey	Strategic
Highland	Highland	Aviemore Opticians	Optremecist	Within	Aviemore	Strategic
Tayside	Angus	Edzell Health Centre	General Practice	Outwith	Brechin	N/A
Tayside	Angus	Kirriemuir Medical Practice	General Practice	Outwith	Kirriemuir	N/A
Tayside	Perth and Kinross	Blairgowrie Community Hospital	Community Hospital	Outwith	Blairgowrie	N/A
Tayside	Perth and Kinross	Pitlochry Community Hospital	Community Hospital	Outwith	Pitlochry	N/A
Tayside	Perth and Kinross	Ardblair Medical Practice	General Practice	Outwith	Blairgowrie	N/A
Tayside	Perth and Kinross	Atholl Medical Centre	General Practice	Outwith	Pitlochry	N/A
Tayside	Perth and Kinross	Strathmore Surgery	General Practice	Outwith	Bairgowrie	N/A
Tayside	Perth and Kinross	Blairgowrie Dental Care	Dentist	Outwith	Bairgowrie	N/A
Tayside	Perth and Kinross	Infinityblu Dental Care and Implant Clinic	Dentist	Outwith	Alyth	N/A
Tayside	Perth and Kinross	Infinityblu Dental Care and Implant Clinic	Dentist	Outwith	Dunkeld	N/A
Tayside	Perth and Kinross	Infinityblu Dental Care and Implant Clinic	Dentist	Outwith	Pitlochry	N/A



NHS board	Health and social care partnership	Practice name	Practice type	Within National Park?	Settlement	Settlement status ¹¹
Tayside	Perth and Kinross	Aberfeldy Opticians	Optremecist	Outwith	Aberfeldy	N/A



General Practice (GP) capacity

Across Scotland, pressures on General Practices to meet the needs of the population. The National Park's aging population (Figure 4, Figure 5, Figure 7, Figure 8, and Figure 9) presents a challenge to health care providers, as an older population will experience more health problems than a younger population (Figure 13).

General Practices are contracted to accept patients within a pre-determined boundary area. Changes to areas must be agreed by the local General Practices Subcommittee following an agreed process to maintain patient care. Patients are entitled to Primary Care General Practice services and may have a choice where there is more than one practice accepting patients that covers their postcode. In areas where capacity is stretched, however, some practices will close direct patient registrations meaning that new patients would be required to be assigned to practices by the Practitioner Services national team supported by the relevant NHS health board.

Engagement was undertaken with the NHS health boards and health and social care partnerships covering the National Park to identify the General Practices covering the National Park and to obtain data on their condition and capacity. The National Park is covered by fifteen General Practice catchments, which deliver services through seventeen surgeries (Figure 42).



Figure 42 Capacity of General Practices with catchments covering the Cairngorms National Park. Capacity data provided by NHS Health boards (Table 8). Location data: Improvement Service (CNPA1093) Cairngorms National Park Authority © Crown copyright and database rights 2026 Ordnance Survey AC0000821810.

Table 8 sets out the following information for the General Practices with catchments that cover the Cairngorms National Park. Table 6 sets out the parameters for the Red / Amber / Green (RAG) system used:

- Condition – there is limited information on the condition of assets, however where available it has been included in the table. See Table 7 for definitions.
- Patient list size and % change – data from Public Health Scotland (CNPA1090 and CNPA1095).
- Patients per General Practitioner and % change – data from Public Health Scotland (CNPA1094)¹².

¹² The GP headcounts used to calculate this do not include GPs who work only as locums, who work purely in Out of Hours services, or who are in the early stages of GP training. Data on the GP WTE in relation to patient numbers is not available at a practice level or for the geography of the National Park.



- Accepting new patients – information gathered by contacting each practice by telephone in October 2025.
- Capacity status – an assessment of the capacity of practices provided by the NHS boards and health and social care partnerships CNPA1089, CNPA1107 and CNPA1092) (see also Figure 42).
- The settlements and localities that are covered by the catchments.

Table 6 Cairngorms National Park Authority RAG rating for General Practices.

Metric	Red	Amber	Green
Condition	C: Poor / D: Bad	B: Satisfactory	A: Good
List change in last 5 years	Increasing %	No change in %	Decreasing %
Patients per GP change in last 5 years	Increasing %	No change in %	Decreasing %
Accepting new patients	No	-	Yes
Capacity status	Over capacity	Limited capacity	Adequate capacity

Table 7 Definitions for condition ratings of assets.

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.



Table 8 Patient list size and capacity information for General Practices that have catchments covering the Cairngorms National Park, ordered by the NHS board and health and social care partnership area they are located within.

Practice name	Settlements within practice catchment area	Condition	Patient list size October 2025	List % change in last 5 years	Patients per GP 2025	Patients per GP change in last 5 years	Accepting new patients October 2025	Capacity Status	Further information provided by NHS boards and health and social care partnerships
NHS Grampian / Aberdeenshire Health and Social Care Partnership									
Aboyne Health Centre	Rural ¹³ •Dinnet	- ¹⁴	6,650	-0.1%	554.2	-16.8%	Yes	Over capacity	<p>Existing pressures on Health Centre accommodation. Has reached floor area allowance.</p> <p>Recent works have taken place to increase the number of consulting rooms.</p> <p>Short / Medium Term Internal alterations required at to further increase clinical and administration capacity.</p> <p>Long Term An extension to the Aboyne Health Centre will be required if significant developments occur in Aboyne or local community.</p> <p>Developer obligations required.</p>

¹³ Settlement status as defined by National Park Partnership Plan's spatial strategy (CNPA008). See Schedule 1: Plan outcomes for further information.

¹⁴ Information on condition is not available for NHS Grampian / Aberdeenshire Health and Social Care Partnership / Moray Health and Social Care Partnership assets.



Practice name	Settlements within practice catchment area	Condition	Patient list size October 2025	List % change in last 5 years	Patients per GP 2025	Patients per GP change in last 5 years	Accepting new patients October 2025	Capacity Status	Further information provided by NHS boards and health and social care partnerships
Aboyne Health Centre (Tarland Surgery) ¹⁵	Outwith National Park • Tarland	-	6,650	-0.1%	554.2	-16.8%	Yes	Over capacity	The Tarland premises has a shortfall in accommodation. The Tarland premises is part of the wider Aboyne Medical Practice where additional capacity would be created. Developer obligations required.
Ballater Health Clinic	Strategic • Ballater Rural • Dinnet	-	1,884	-3.1%	471.0	-27.3%	Yes	To be confirmed	The Ballater Medical Practice have recently completed works to increase capacity and have requested further alterations to increase capacity. Practice capacity / services currently under review, which is expected to be completed in Quarter 4 2025 / 2026. Developer obligations may be required and are to be confirmed by NHS Grampian.
Braemar Health Clinic	Intermediate • Braemar	-	713	+5.8%	237.7	-29.5%	Yes	Adequate capacity	Has recently been extended to create additional capacity. There is still a small floor area shortfall. No further works planned due to small levels of growth / housing numbers within the area.

¹⁵ The Tarland Surgery is part of the Aboyne Medical Centre. Therefore, data on patient lists and patients per GP are shared between them.



Practice name	Settlements within practice catchment area	Condition	Patient list size October 2025	List % change in last 5 years	Patients per GP 2025	Patients per GP change in last 5 years	Accepting new patients October 2025	Capacity Status	Further information provided by NHS boards and health and social care partnerships
Strathdon Medical Centre	Rural • Strathdon	-	821	+2.0%	410.5	-49.0%	Yes	Over capacity	Currently has a significant floor area shortfall. No works planned due to no levels of growth / housing numbers within the area. No developer obligations required
NHS Grampian / Moray Health and Social Care Partnership									
Glenlivet Medical Practice	Rural • Glenlivet		571	-5.1%	71.4	-5.1%	Yes	Adequate capacity	Currently has a significant floor area shortfall. No works planned due to no levels of growth / housing numbers within the area. No developer obligations required.
Rinnes Medical Group (Dufftown Health Centre) ¹⁶	Outwith National Park • Dufftown		3,230	+8.7%	461.4	+8.7%	Yes	Over capacity	Short / Medium Term Internal alterations required at Dufftown Health Centre to further increase clinical and admin capacity. Long Term An extension to the Dufftown Health Centre will be required if significant developments occur in Dufftown or local community.
Rinnes Medical Group	Intermediate • Tomintoul		3,230	+8.7%	461.4	+8.7%	Yes	Over capacity	The Rinnes Medical Centre (Tomintoul Surgery) currently has a significant floor area shortfall.

¹⁶ Dufftown Health centre and Tomintoul Surgery are both part of the Rinnes Medical Group. Therefore, data on patient lists and patients per GP are shared between them.



Practice name	Settlements within practice catchment area	Condition	Patient list size October 2025	List % change in last 5 years	Patients per GP 2025	Patients per GP change in last 5 years	Accepting new patients October 2025	Capacity Status	Further information provided by NHS boards and health and social care partnerships
(Tomintoul Surgery)									<p>Works progressing to increase capacity for Admin / visiting services.</p> <p>It should also be noted that the Rinnes Medical Centre is a dispensing practice which means it provides pharmacy services in Tomintoul and the surrounding area.</p> <p>The Tomintoul premises is part of the wider Rinnes Medical Practice in Dufftown where additional capacity would be created if required.</p> <p>Developer obligations required.</p>
NHS Highland / Highland Health and Social Care Partnership									
Aviemore Medical Practice	<p>Strategic</p> <ul style="list-style-type: none"> • Aviemore <p>Intermediate</p> <ul style="list-style-type: none"> • Boat of Garten • Carrbridge • Kincaig <p>Rural</p> <ul style="list-style-type: none"> • Feshiebridge • Glenmore • Coylumbridge 		5,726	+6.3%	520.5	-22.7%	Yes	Adequate capacity	<p>This practice is accommodated within the NHS Highland owned Badenoch and Strathspey Community Hospital, built in 2021. Accommodation is currently adequate due to recent, fit for purpose investment.</p>



Practice name	Settlements within practice catchment area	Condition	Patient list size October 2025	List % change in last 5 years	Patients per GP 2025	Patients per GP change in last 5 years	Accepting new patients October 2025	Capacity Status	Further information provided by NHS boards and health and social care partnerships
	Outwith National Park •Tomatin								
Granttown-on-Spey Medical Practice	Strategic •Granttown-on-Spey Intermediate •Dulnain Bridge •Nethybridge •Boat of Garten •Carrbridge •Cromdale Outwith National Park •Advie		5,538	+2.3%	395.6	-19.7%	Yes	Adequate capacity	This practice is accommodated within the NHS Highland owned Granttown Health Centre, extended in 2024. Accommodation is currently adequate due to recent, fit for purpose investment.
Kingussie Medical Practice	Strategic •Kingussie •Newtonmore Intermediate •Kincraig No status within spatial strategy •Dalraddy		3,177	+6.8%	353.0	-5.1%	Yes	Adequate capacity	This practice is accommodated within the Practice owned Kingussie Health Centre, extended in 2023. Accommodation is currently adequate due to recent, fit for purpose investment.



Practice name	Settlements within practice catchment area	Condition	Patient list size October 2025	List % change in last 5 years	Patients per GP 2025	Patients per GP change in last 5 years	Accepting new patients October 2025	Capacity Status	Further information provided by NHS boards and health and social care partnerships
Gergask Medical Practice	Strategic <ul style="list-style-type: none"> •Newtonmore Rural <ul style="list-style-type: none"> •Laggan •Dalwhinnie 		465	+1.3%	93.0	+1.3%	Yes	Limited capacity	This practice is accommodated in the NHS owned Gergask Health Centre. The building is small and outdated and would be worthy of extending and refurbishment.
NHS Tayside / Angus Health and Social Care Partnership									
Edzell Health Centre	Outwith National Park Edzell and surrounding areas.		2,820	+6.6%	940.0	-28.9%	Yes	Adequate capacity	Their list is open and there are currently no capacity issues.
Kirriemuir Medical Practice	Outwith National Park Kirriemuir the surrounding areas.		8,898	+1.1%	808.9	-17.3%	Yes	Adequate capacity	Their list is open and there are currently no capacity issues.
NHS Tayside / Perth and Kinross Health and Social Care Partnership									
Ardblair Medical Practice	Outwith National Park Blairgowrie and surrounding areas, mainly to the south.	B	7,923	+2.3%	990.4	-10.5%	Yes	Adequate capacity	Their list is open and there are currently no capacity issues.
Atholl Medical Centre	Intermediate <ul style="list-style-type: none"> • Blair Atholl 	B	4,985	+1.4%	997.0	-18.9%	Yes	Adequate capacity	Their list is open and there are currently no capacity issues however there are currently



Practice name	Settlements within practice catchment area	Condition	Patient list size October 2025	List % change in last 5 years	Patients per GP 2025	Patients per GP change in last 5 years	Accepting new patients October 2025	Capacity Status	Further information provided by NHS boards and health and social care partnerships
	Rural <ul style="list-style-type: none"> • Calvine • Pitagowan • Killiecrankie Outwith National Park Pitlochry and surrounding areas.								admin staff changes with periods of very limited cover.
Strathmore Surgery	Outwith National Park Blairgowrie and surrounding areas.	B	3,991	+4.9%	1330.3	+4.9%	Yes	Adequate capacity	Existing pressures on premises with new housing continuing to be built. Their list is currently open; the list size is at capacity and keeps rising. They currently have one GP vacancy.



Other community health and social care infrastructure

Most other types of health and social care infrastructure do not have direct impact on the local development plan, mainly because their delivery and capacity do not have strong links to the spatial delivery of housing. Some types will also be delivered through primary care infrastructure, such as community hospitals or GP practices, which have been covered in the previous sections of this schedule (see page 119).

The exception to this is care homes and daycare centres. This is not from the perspective of development contributions as these facilities do not have a significant relationship with the delivery of new homes. However, in accordance with the principles of living locally and 20 minute neighbourhoods¹⁷, the location of such services may factor in evaluating the appropriateness of candidate sites for inclusion in the Proposed Plan.

There are four care homes in the National Park, three of which are operated by the NHS and one operated by a private company. All are within the Highland area of the National Park (Table 9).

There is one day care centre in the National Park. The Glen Centre in Aviemore is a daycare / support service registered with the care inspectorate for a maximum of 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.

Table 9 Information about care homes within the Cairngorms National Park.

Name	Operator	Location	Settlement status ¹⁸	Capacity (beds)	Notes
Lynmore	Parklands Care Homes	Grantown-on-Spey	Strategic	10	Features four small group living wings, each with a day room, dining room and 10 en-suite bedrooms. Lynmore also offers an activities room, hairdresser and café. The care home prefers their clients to be self-funders. Supports people with learning disabilities and autism, mental health, older people (65+),

¹⁷ See Schedule 12: Local living and 20 minute neighbourhoods for further information.

¹⁸ As defined by the National Park Partnership Plan's spatial strategy (CNPA010). See Schedule 1: Plan outcomes for more information.



Name	Operator	Location	Settlement status ¹⁸	Capacity (beds)	Notes
					palliative care, physical disabilities and sensory impairments care.
Grant House	NHS	Granttown-on-Spey	Strategic	19	Has experienced staffing issues and been unable to open to full capacity. Recruiting staff has been an issue historically which affects and reduces capacity.
Mains House	NHS	Newtonmore	Strategic	25	
Wade Centre	NHS	Kingussie	Strategic	11	Consists of eight permanent bedrooms, two respite rooms and one bed to facilitate emergency situations.

Current approach to developer contributions towards healthcare infrastructure

Within the Cairngorms National Park, the overarching requirements for developer contributions in relation to education are currently set out in the adopted Cairngorms Local Development Plan Developer Obligations Supplementary Guidance (CNPA445).

This states that some development proposals, including commercial and small scale housing will be exempt from healthcare contributions.

However, all other developments will be required to make a contribution towards healthcare. Contributions towards primary healthcare (including GP surgeries, dental facilities and community pharmacies) may be required where the capacity of existing facilities has been met or exceeded. Examples of what contributions may be required to provide include (but are not limited to):

- New permanent accommodation.
- A permanent extension.
- Internal re-organisation of an existing building to provide additional capacity.
- Serviced land on which a healthcare facility can be built.

Contributions towards healthcare are determined in consultation with the relevant health board – NHS Grampian, NHS Highland or NHS Tayside.



Infrastructure first approach for healthcare and developer contributions

The Park Authority is committed to working with the health boards and health and social care partnerships to deliver an infrastructure first approach to healthcare infrastructure in the Cairngorms National Park. The Park Authority has engaged with all three Health Boards during the preparation of this schedule to develop a robust evidence base to inform the preparation of the Proposed Plan and a baseline of evidence to inform development contributions.

The Park Authority will continue to review the implications of proposed development throughout the preparation of the Proposed Plan. This will take account of the proposed level of residential development within settlements and be based on the latest available capacity data for General Practitioner services.

The Park Authority will continue to work in partnership with the health boards and health and social care partnerships that provide services for residents of the National Park to determine the level of developer contributions to be levied for healthcare infrastructure, in particular General Practitioner services, and the triggers for determining when developer contributions are needed. It is considered that developer contributions can be financial and / or land or property depending on the mitigation required.

Any developer contributions sought will need to be linked to specific developments, meet the tests set out in Circular 4 / 2025 (CNPA547) and embody the infrastructure first principles with National Planning Framework 4. Developer contributions may be secured through upfront payments under Section 69 of the Local Government (Scotland) Act 1973 (CNPA749), Section 48 of the Roads (Scotland) Act 1984 (CNPA875) or a Planning Obligation under Section 75 of the Town and Country Planning (Scotland) Act 1997 (CNPA003).

Healthcare infrastructure implications for Proposed Plan

Healthcare services in the Cairngorms National Park are delivered by three NHS health boards, five health and social care partnerships and five local authorities. The National Park is covered by fifteen General Practice catchments, which deliver services through seventeen surgeries. Many of these services are located outwith the National Park's boundary, highlighting the need for considering cross-boundary impacts.



Capacity

Extensive engagement has been undertaken with those delivering healthcare services to identify where capacity issues currently exist (see Table 8). Generally, the National Park is well-served by local General Practices. Within the area covered by NHS Highland there are practices in Aviemore, Grantown-on-Spey and Kingussie, which are all Strategic Settlements according to the spatial strategy set out within the Cairngorms National Park Partnership Plan (CNPA010)¹⁹. These practices have recently benefited from 'fit for purpose' investment and have capacity to meet current and future need.

Elsewhere however, the evidence highlights capacity pressures in a number of catchments, namely:

- Aboyne Health Centre, of which Tarland Surgery is a part.
- Gergask Medical Practice, which is in Laggan.
- Rinnes Medical Group, which has surgeries in Dufftown and Tomintoul.
- Strathdon Medical Centre.

Engagement with NHS Grampian indicates that there may also be capacity issues at Ballater Health Clinic; however, this will not be known until the outcome of a review by NHS Grampian and Aberdeenshire Health and Social Care Partnership. The findings of this are expected in Quarter 4 2025 / 2026 and will inform the preparation of the Proposed Plan (CNPA722). Ballater is Strategic Settlement and is therefore likely to be a location where additional housing land is identified, given that Strategic Settlements are expected to accommodate a higher proportion of the indicative housing land requirement of 170 dwellings for the Aberdeenshire Council area.

Braemar Health Clinic is not identified as having capacity issues and there are no further plans for expansion due to the historically low levels of housing growth. However, due to the following factors, the Park Authority consider that there may be a need for require developer contributions during the next plan period:

- NHS Grampian note that there is a small shortfall floor area.
- Braemar is an Intermediate Settlement in the Aberdeenshire Council area of the National Park and therefore will likely be a focus for identifying housing land, although at a lower level than the Strategic Settlements.

Tomintoul is also an Intermediate Settlement, within the Moray area of the National Park, which has an indicative housing land requirement of 35. As the only Intermediate Settlement within this area, it is likely that it will be the focus for delivering most of this

¹⁹ See Schedule 1: Plan outcomes for information on the National Park Partnership Plan's spatial strategy.



requirement. The need for developer contributions during the next plan period is therefore likely.

Strathdon and Laggan are Rural Settlements according to the Park Partnership Plan's spatial strategy, the former in the Aberdeenshire and the latter in Highland areas of the National Park. Aboyne Health Centre's catchment only covers a small area of the National Park, encompassing Dinnet, which is also a Rural Settlement in Aberdeenshire. Rural Settlements are not intended to be the focus for significant housing growth, although they may deliver part of the indicative housing land requirement through small sites. There is therefore the potential for these settlements to have some growth, which may trigger the need for developer contributions.

In summary, while there remains uncertainty about the capacity of Ballater Health Clinic, no other capacity issues have been identified in practices serving Strategic Settlements in the Partnership Plan's spatial strategy²⁰ (CNPA008), which are expected to accommodate a higher proportion of the indicative housing land requirement. These are:

- Aviemore
- Grantown-on-Spey
- Kingussie
- Newtonmore.

Alongside serving the Strategic Settlements, these practices also serve most of the Intermediate Settlements which will also be a focus for identifying housing land, although at a lower level than the Strategic Settlements. These are:

- Boat of Garten
- Carrbridge
- Cromdale
- Dulnain Bridge
- Kincaig
- Nethy Bridge.

Blair Atholl is served by Atholl Medical Centre in Pitlochry, which also has no capacity issues identified.

As set out in Table 8, Braemar and Tomintoul are the only Intermediate Settlement where there are capacity issues identified.

²⁰ See Schedule 1: Plan outcomes for information on the National Park Partnership Plan's spatial strategy.



This indicates that that the delivery of the indicative housing land requirement of 889 dwellings is realistic²¹. Furthermore, following an infrastructure first approach, this indicates that there exists the potential for new residential development within the settlements these practices serve. The exact level of development will however depend on a range of factors, including the status of the locations within the settlement hierarchy²², any environmental constraints²³ and the remaining capacity of the practices. This will be reviewed during the preparation of the Proposed Plan and will be considered through the site assessment process.

The Park Authority is committed to ongoing engagement with all the NHS health boards and health and social care partnerships throughout the Proposed Plan preparation process to determine where the need for contributions exists and what level it should be levied at. A working group has been established between the planning authorities covered by NHS Tayside and Angus and Perth and Kinross Health and Social Care Partnerships, and this should facilitate ongoing engagement with them on the development of developer obligations in the Tayside area of the National Park. Engagement with NHS Grampian and NHS Highland and their respective health and social care partnerships continues via email.

Condition

Information on the condition of assets is limited and only available for NHS Tayside assets.

Information on the condition of premises managed by NHS Grampian and the health and social care partnerships within its area was carried out in 2015. Since then, all properties that are listed within Table 8 have had works to either upgrade or reconfigure them. In the case of Braemar Health Clinic and Glenlivet Medical Practice, the upgrades have been significant (CNPA722). The data on condition held by NHS Grampian is therefore out of date and is not able to inform the preparation of the Proposed Plan.

NHS Grampian are currently progressing premises condition surveys, which are taken forward via the National Survey Programme funded by Scottish Government, however the number of locations being surveyed are limited due to the limits of the fund. It is not

²¹ See Schedule 13: Housing, Table 53 for further information on the indicative housing land requirement.

²² See Schedule 1: Plan outcomes for further information on the spatial strategy and its settlement hierarchy.

²³ Environmental constraints are covered in a number of schedules, including Schedule 5: Natural heritage, Schedule 6: Landscape, Schedule 7: Historic and cultural heritage, Schedule 8: Land use, soil and resources and Schedule 19: Flood risk and water management.



therefore likely that any information of condition will be available to inform the Proposed Plan.

In terms of condition, most of the assets are B: Satisfactory, or above, with the exception of the following, which are rated C: Poor:

It is important to note that the local development plan cannot require infrastructure provision or financial contributions from housing developments to address existing deficiencies in the school estate unless there is clear evidence that the proposed development would exacerbate those deficiencies. However, in accordance with the principles of infrastructure first, the condition and suitability of a school may be factors in evaluating the appropriateness of candidate sites for inclusion in the Proposed Plan.

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, 2006) (CNPA1036) 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, 2001) (CNPA1037). It cannot be assumed that the perceived safety by the community is higher due to over-all lower rates of crime (Ceccato, 2016) (CNPA1038).

Crime rate figures are not available for geography of the Cairngorms National Park; therefore, the Scottish Index of Multiple Deprivation data (CNPA534) 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 45 and Figure 46).

A comparison between the data zones in the Cairngorms National Park, the bounding local authorities and Scotland have been provided in Figure 44. 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.

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, 2021) (CNPA1039).
- Small towns and villages located in rural areas generally tend to experience lower crime rates (Deller, S and Deller, M, 2010 (CNPA1040), Donnermeyer, J, 2007 (CNPA1041), Marsham, B and Johnson, S, 2005 (CNPA1042)).

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 43). 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.



SIMD 2020 crime rank decile

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

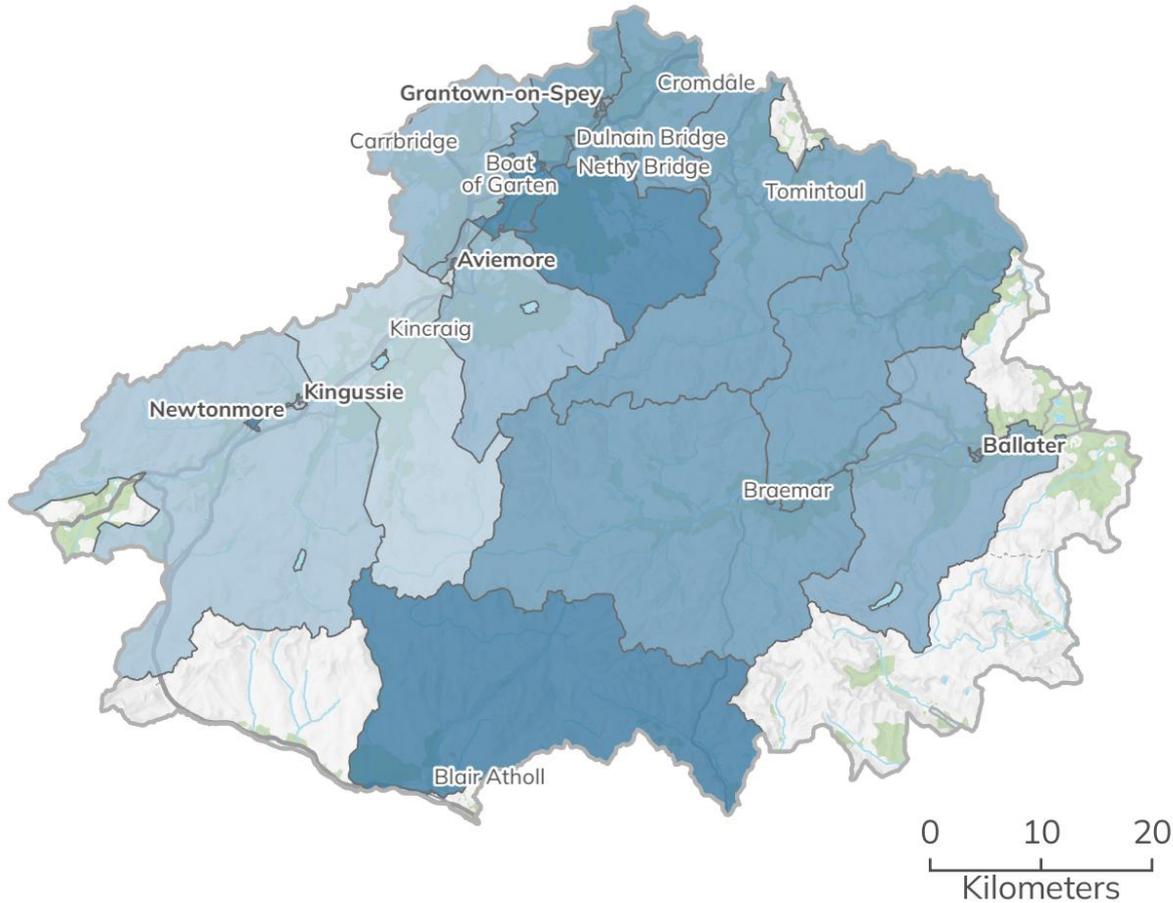


Figure 43 2020 Scottish Index of Multiple Deprivation 2022 (CNPA534) Crime domain rankings for the Cairngorms National Park data zones. Cairngorms National Park Authority © Crown copyright and database rights 2026 Ordnance Survey AC0000821810.

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 45 and Figure 46). 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.

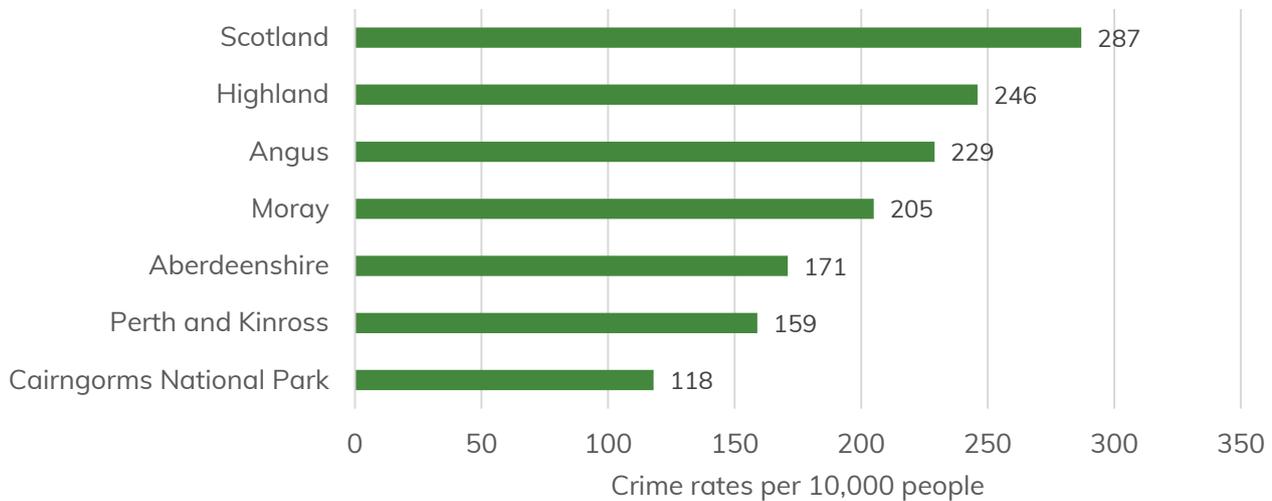


Figure 44 Recorded crime rates (selected categories²⁴) per 10,000 people in the Cairngorms National Park, Scotland and Local Authorities covering the National Park. Calculated using the Scottish Index of Multiple Deprivation 2020 data (CNPA534) which draws on data from Police Scotland.

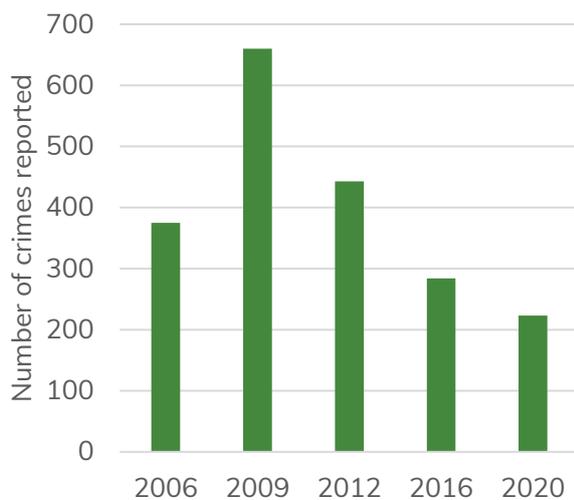


Figure 45 Number of reported crimes in the Cairngorms National Park. Scottish Index of Multiple Deprivation (CNPA534), 2006 – 2020.

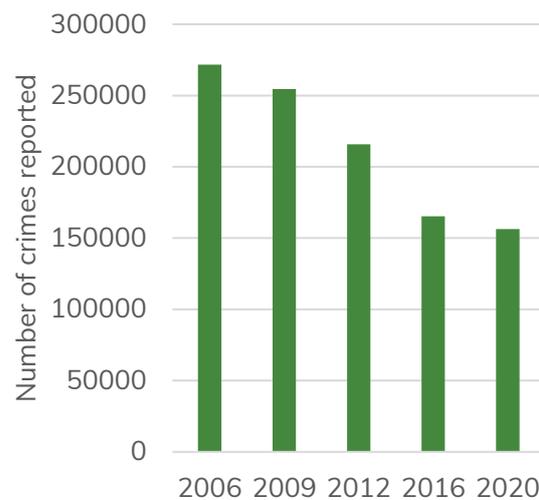


Figure 46 Number of reported crimes in Scotland. Scottish Index of Multiple Deprivation (CNPA534), 2006 – 2020.

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 (CNPA769), may be implemented through the design of developments. The Park Authority will seek to engage with Police Scotland in the

²⁴ Recorded crime rate of selected crimes of violence, sexual offences, domestic housebreaking, vandalism, drug offences and common assault - sum of each Scottish Index of Multiple Deprivation 2020 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 (CNPA441) at an intermediate data zone level, however more detail on road traffic casualties at specific locations in the Cairngorms National Park is discussed in Schedule 11: Sustainable transport.

Figure 47 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 47) 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 47). 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 47).

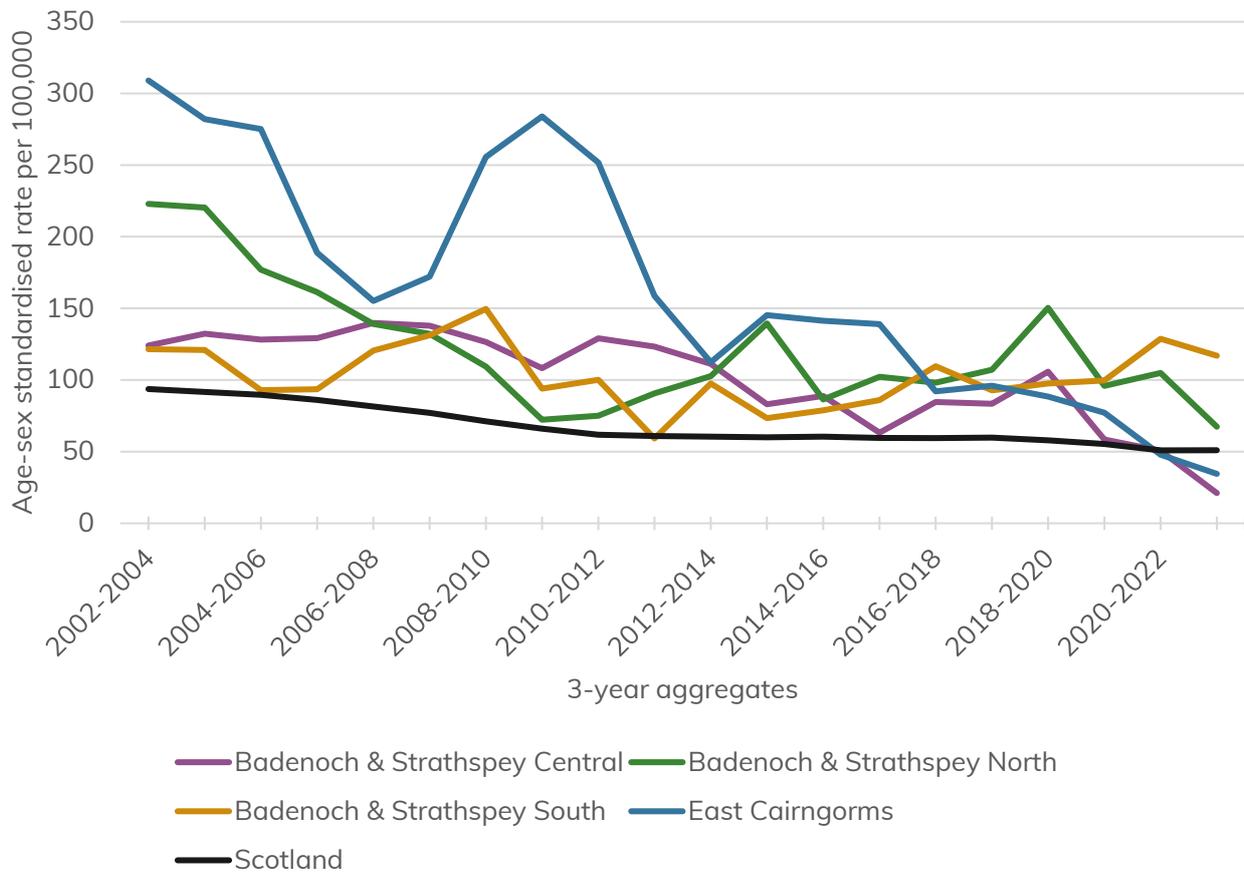


Figure 47 Road traffic accident casualties - Patients discharged from hospital after an emergency admission or died as a result of a road traffic accident: 3-year aggregates age-sex standardised rate per 100,000 population. Scottish Public Health Observatory data (CNPA441).

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 Schedule 11: Sustainable transport.

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 (CNPA770) (Table 10). 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 water²⁵ from Scottish Environment Protection Agency regulated industrial facilities.

Table 10 Scottish Pollutant Release Inventory (2024) (CNPA770) in the Cairngorms National Park.

National Identity Code ²⁶	Site name	Company name	Activity
2293	Granish Recycling Centre / Transfer Site, Granish Farm, Aviemore	David Ritchie and Sons Limited	Installations for the disposal of non-hazardous waste
99	Highland Council, Granish Landfill site, Aviemore, Inverness	The Highland Council	Installations for the disposal of non-hazardous waste
2250	Tayside Contracts, Blair Atholl Roads Depot Transfer Site.	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 have however seen a significant decline across the reporting period of 2007 – 2023 (Figure 48).

²⁵ Water pollution is covered in Schedule 19: Flood risk and water management.

²⁶ The unique identifier for Scottish Pollutant Release Inventory sites (CNPA770).

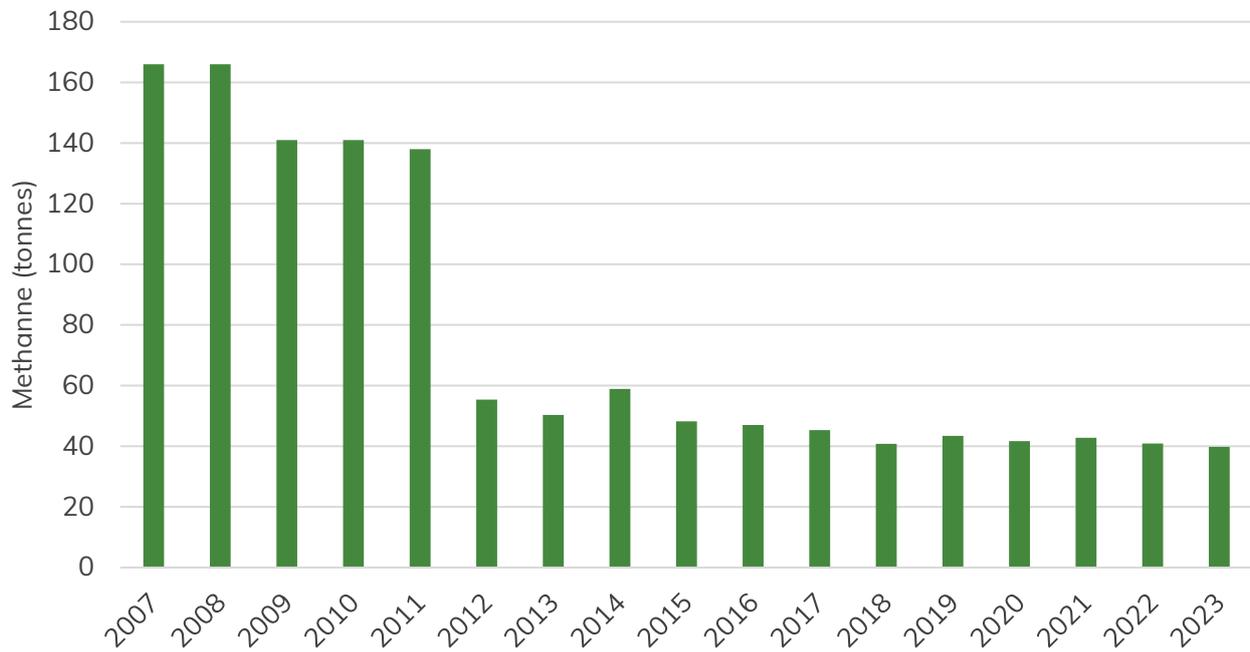


Figure 48 Methane emissions from Granish Landfill Site, Aviemore (Scottish Pollutant Release Inventory national identity code 99), 2007 – 2023. Source: Scotland Environment Web, 2026 (CNPA1084).

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 Schedule 10: Zero waste.

Noise pollution

Scottish Government are responsible for legislation on the control of statutory noise nuisance (CNPA758), 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 (CNPA755) updated the provisions of the 1990 Act (CNPA389) by introducing new nuisances of light and insects, as well as other changes including how the Act is enforced.



Noise maps (Figure 49 and Figure 50) 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 (CNPA1194) 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 (CNPA1223) and amended by the Environmental Noise (Scotland) Amendment Regulations 2018 (CNPA754) following the United Kingdom's exit from the European Union.

The three main Scottish Government objectives delivered through Scotland's noise (CNPA1086), (part of Scotland's environment) 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> (CNPA1043)

The data (CNPA1086) 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 49 and Figure 50). Figure 49 and Figure 50 are extracts from Scotland's noise mapping resource detailing noise pollution caused by rail and road traffic in and around the National Park area.

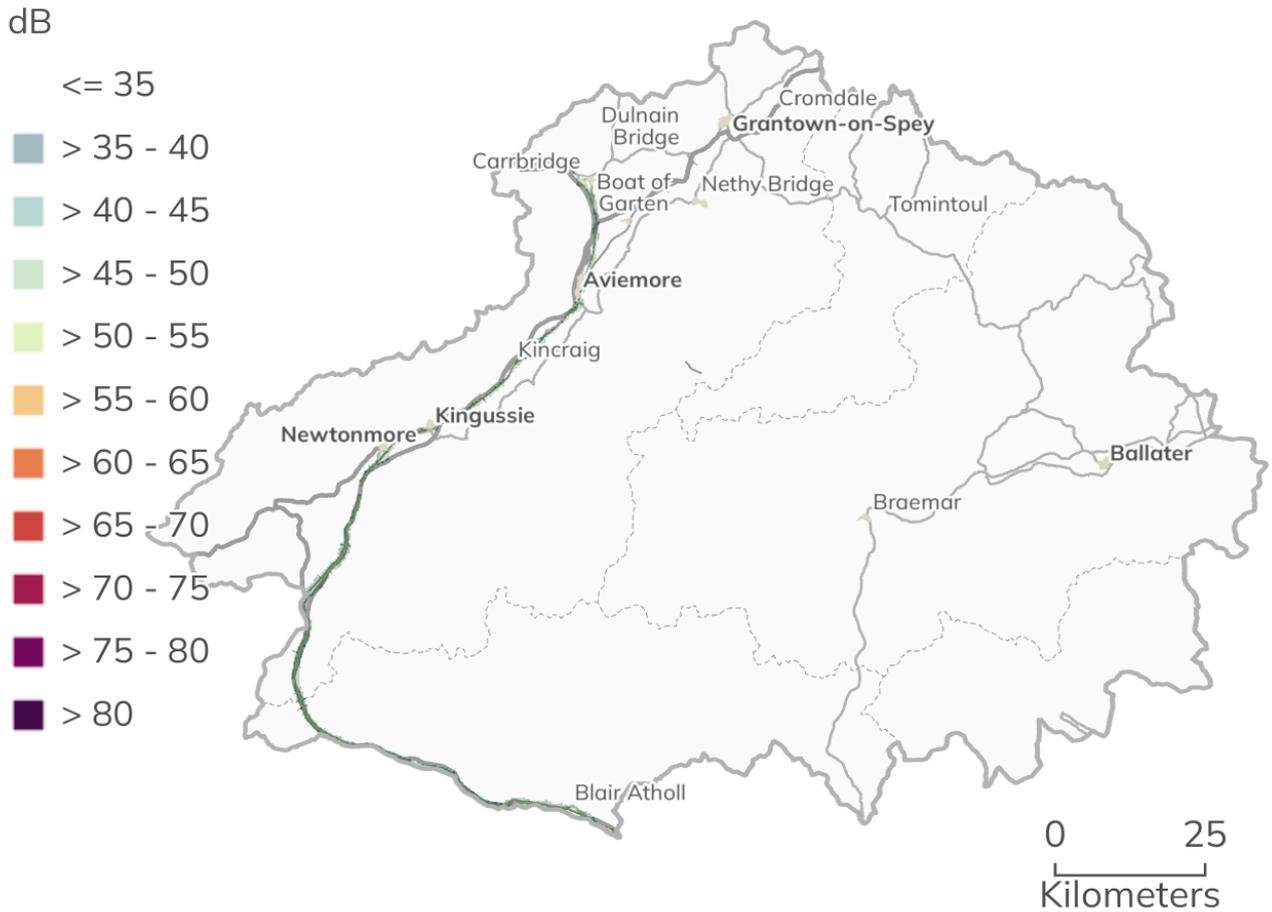


Figure 49 Map showing the day-evening-night level (Lden) noise indicator for overall annoyance based upon annual average A-weighted long-term sound over 24 hours, with a 5 dB(A) penalty for evening noise (19:00-23:00) and a 10 dB(A) penalty for night-time noise (23:00-07:00) attributed to rail use. Cairngorms National Park Authority © Crown copyright and database rights 2026 Ordnance Survey AC0000821810. Contains data © Scotland's noise, 2026 (CNPA1086).

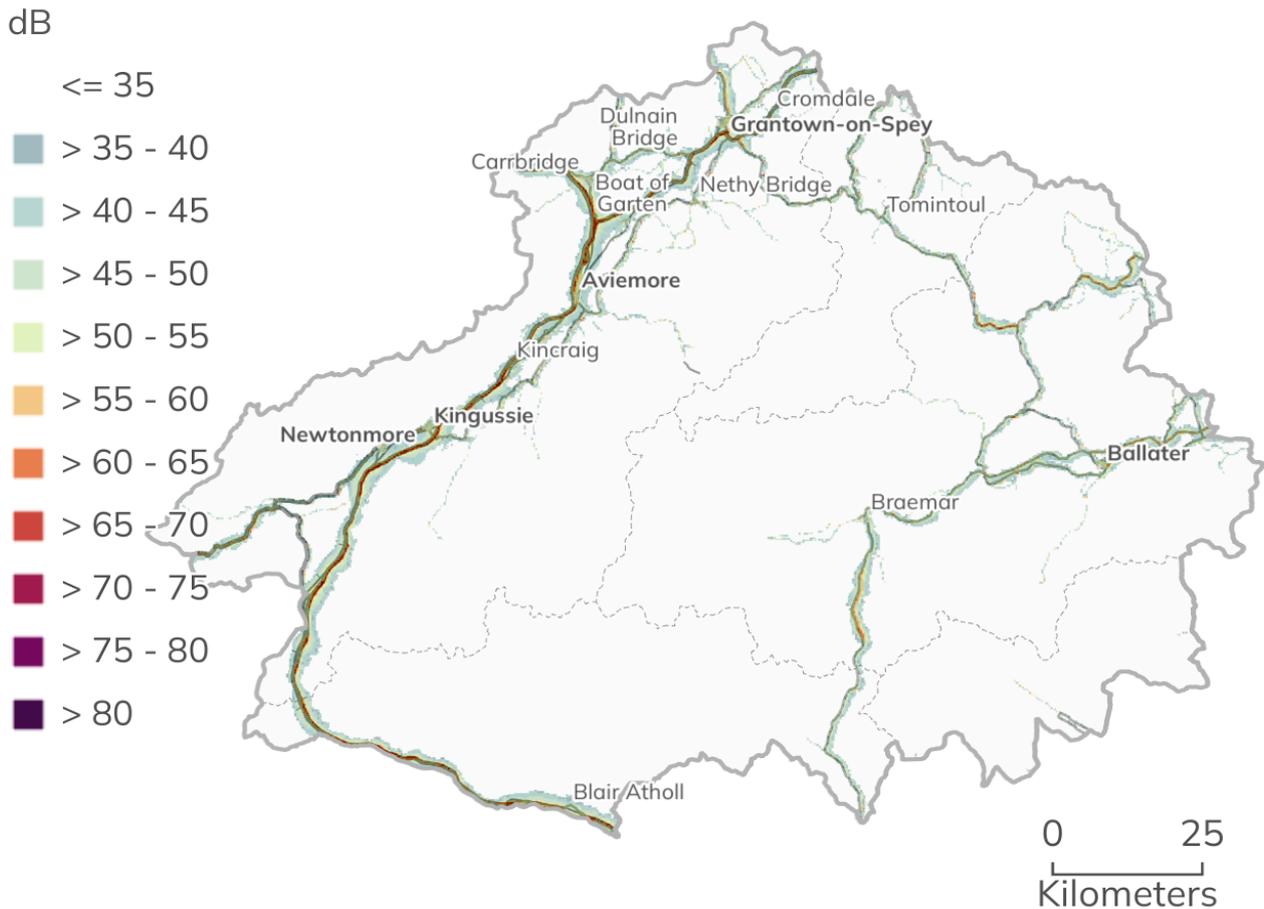


Figure 50 Map showing the day-evening-night level (Lden) noise indicator for overall annoyance based upon annual average A-weighted long-term sound over 24 hours, with a 5 dB(A) penalty for evening noise (19:00-23:00) and a 10 dB(A) penalty for night-time noise (23:00-07:00) attributed to road use. Cairngorms National Park Authority © Crown copyright and database rights 2026 Ordnance Survey AC0000821810. Contains data © Scotland's noise, 2026 (CNPA1086).

Error! Reference source not found. 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 (CNPA1194). The Transportation Noise Action Plan (2019 – 2023) (CNPA759), 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. At the time of publishing, no further updates on this work have been published.

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 (CNPA756) 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 Schedule 6: Landscape.



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.'

The UK Mining Remediation Authority Mapping (CNPA764) shows 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.

Landslides and debris flows

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

Transport Scotland have carried out studies (CNPA761) 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 51).



Hazard Ranking (Risk) Score
= Hazard × Exposure

- 120
- 125
- 175
- 225

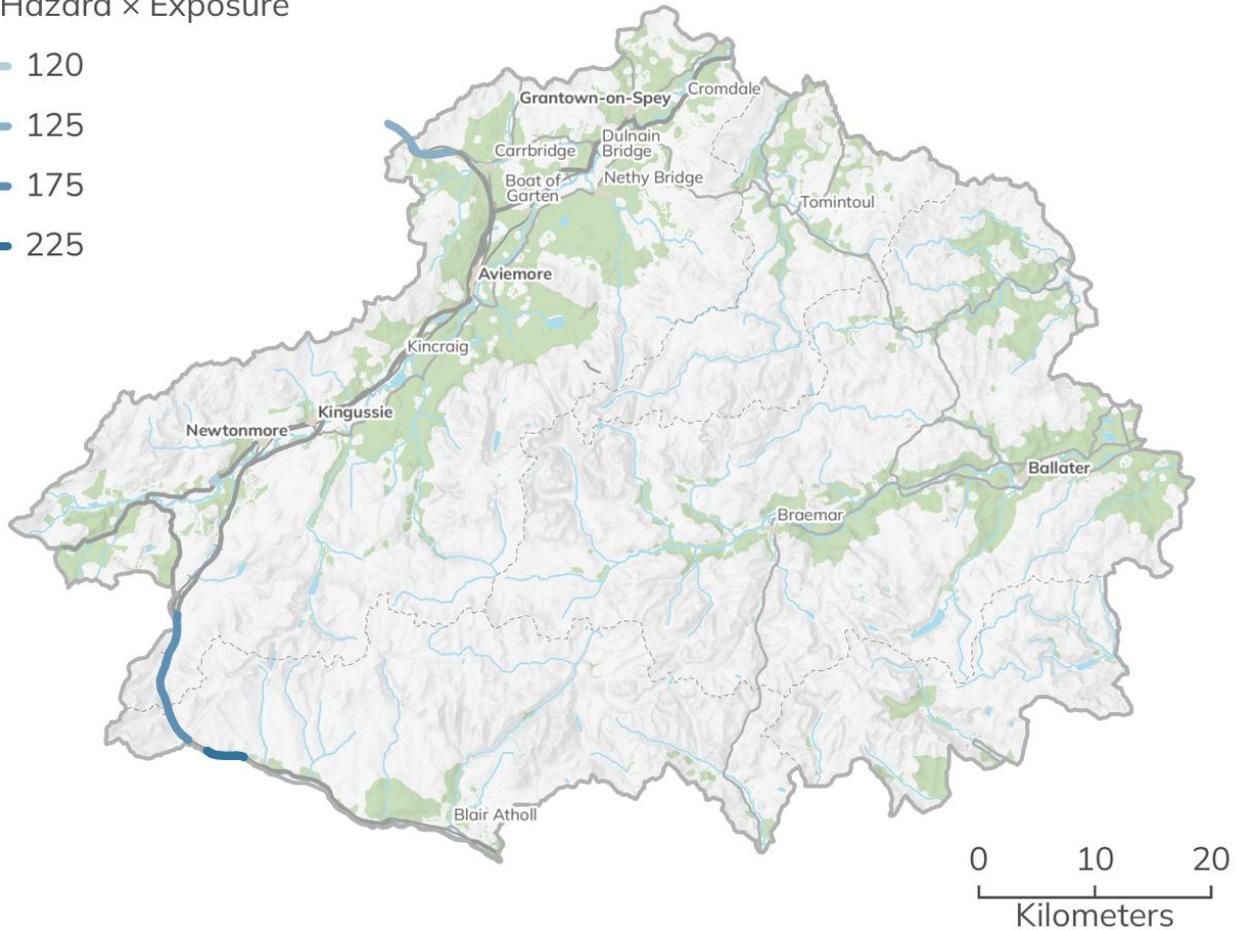


Figure 51 Sites that are at high risk (have a hazard ranking score of 100 or greater) of debris flows on the Cairngorms National Park. Cairngorms National Park Authority © Crown copyright and database rights 2026 Ordnance Survey AC0000821810. Contains data © Transport Scotland, 2026 (CNPA761).

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 is published on Transport Scotland's webpage (CNPA761).



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 Schedule 8: Land use, soil and resources.

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 Schedule 8: Land use, soil and resources.

Flood risk

Flood risk in the Cairngorms National Park is covered in the Strategic Flood Risk Assessment (CNPA097). This information and its implications are covered in Schedule 19: Flood risk and water management.

Water pollution

Water pollution, including its sources and effects on water quality, is covered in Schedule 19: Flood risk and water management.

Wastewater treatment works

The Sewerage Nuisance (Code of Practice) (Scotland) Order 2006 (CNPA762), 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 is provided in Schedule 19: Flood risk and water management.



Wildfire risk

Information of wildfire risk and its implications are covered in Schedule 4: Climate change.

Healthy living

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. The Proposed Plan should seek to support community growing sites and healthy food and may need to consider the detrimental effects of unhealthy food availability and its impact on general health.

Poor diet is one of the leading contributors to poor health globally (GBD 2019 Risk Factor Collaborators, 2020) (CNPA1044), 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 resources (Scottish Government, 2021) (CNPA1045). 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 foods (Scottish Health Survey 2023) (CNPA1046). 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). The Proposed Plan should consider how it may control the concentration of fast-food outlets and promote and encourage access to healthy food.

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 health (World Health Organization) (CNPA1047).

Public Health Scotland and the Scottish Directors of Public Health have jointly published a position statement – Better Places (Public Health Scotland) (CNPA1048) 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 inequalities (M Marmot M, Allen J, Boyce T et al., 2020) (CNPA1049). People living in the poorest areas have more alcohol and tobacco outlets, bookmakers and takeaways, meaning there is greater exposure to health-harming activities (Macdonald L, Olsen JR, Shortt NK et al. , 2018) (CNPA1050). 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'.

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.

Obesity²⁷ 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 life (Sarwer, DB and Polonsky, HM., 2016) (CNPA1055). 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 life (Flores-Cordero et al, 2022) (CNPA1056).

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 age (Balasundarem, P and Krishna, S. 2023) (CNPA1057).

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 (CNPA4411) for the intermediate data zones covering the National

²⁷ Obesity is classified as having a Body Mass Index (BMI) of 30 kg/m² or more.



Park on child healthy weight in primary 1 (Figure 52). 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 52). The Scottish average percentage of primary one children in 2021 / 2022 was 74.7%, in the East Cairngorms it was 85.7%, in Badenoch and Strathspey Central it was 80%, North it was 81.2% and South it was 77.8% (Figure 52).

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 52).

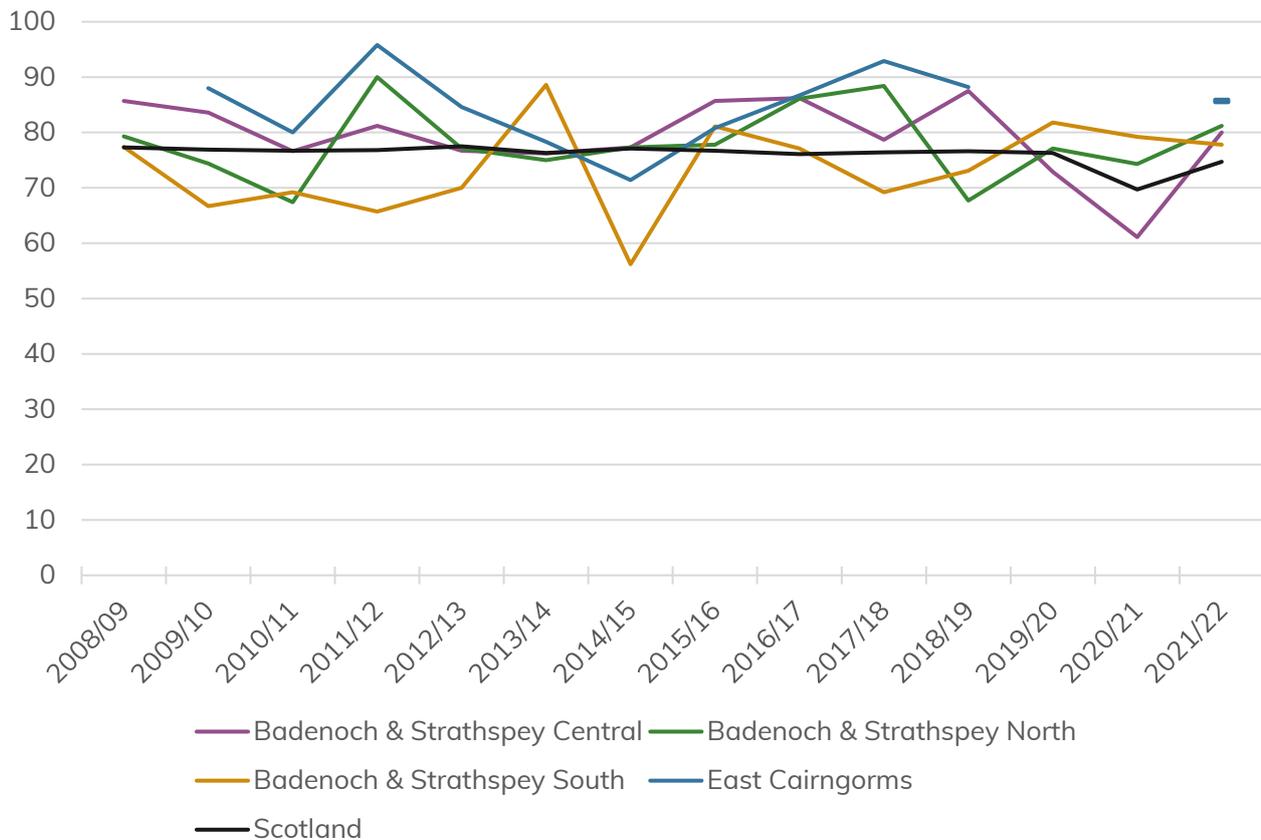


Figure 52 Proportion of children in P1 with healthy weight (2nd-85th centile based on 1990 UK reference range). Scottish Public Health Observatory data 2024 (CNPA441).

A project funded by the funded by the National Institute for Health and Care Research (NIHR) Public Health Research Programme (Hassan S, Burgoine T, Cummins S et al, 2024) (CNPA1058) 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 UK (Lake, A.A., ET AL, 2017). (CNPA1059). There is also evidence that exposure to takeaway food increases the risk of obesity for people in working adults (Burgoine, T., et al., 2014) (CNPA1060).



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 53). 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. The Proposed Plan should seek to reduce the number of unhealthy food options, if possible, and promote and encourage healthy eating.

In Grantown-on-Spey there are no food takeaways with 400m of the High School, however there are eight within 800m of the school and a further five a short distance further (Figure 54). In Kingussie there are takeaway food retailers within 400m of the High School (Figure 55). At both locations many of the school children use the local takeaways during school time for lunch time meals. The Proposed Plan will consider how it may control the concentration of fast-food outlets and their proximity to schools. The Proposed Plan may need to consider how it may control the concentration of fast-food outlets and their proximity to schools.

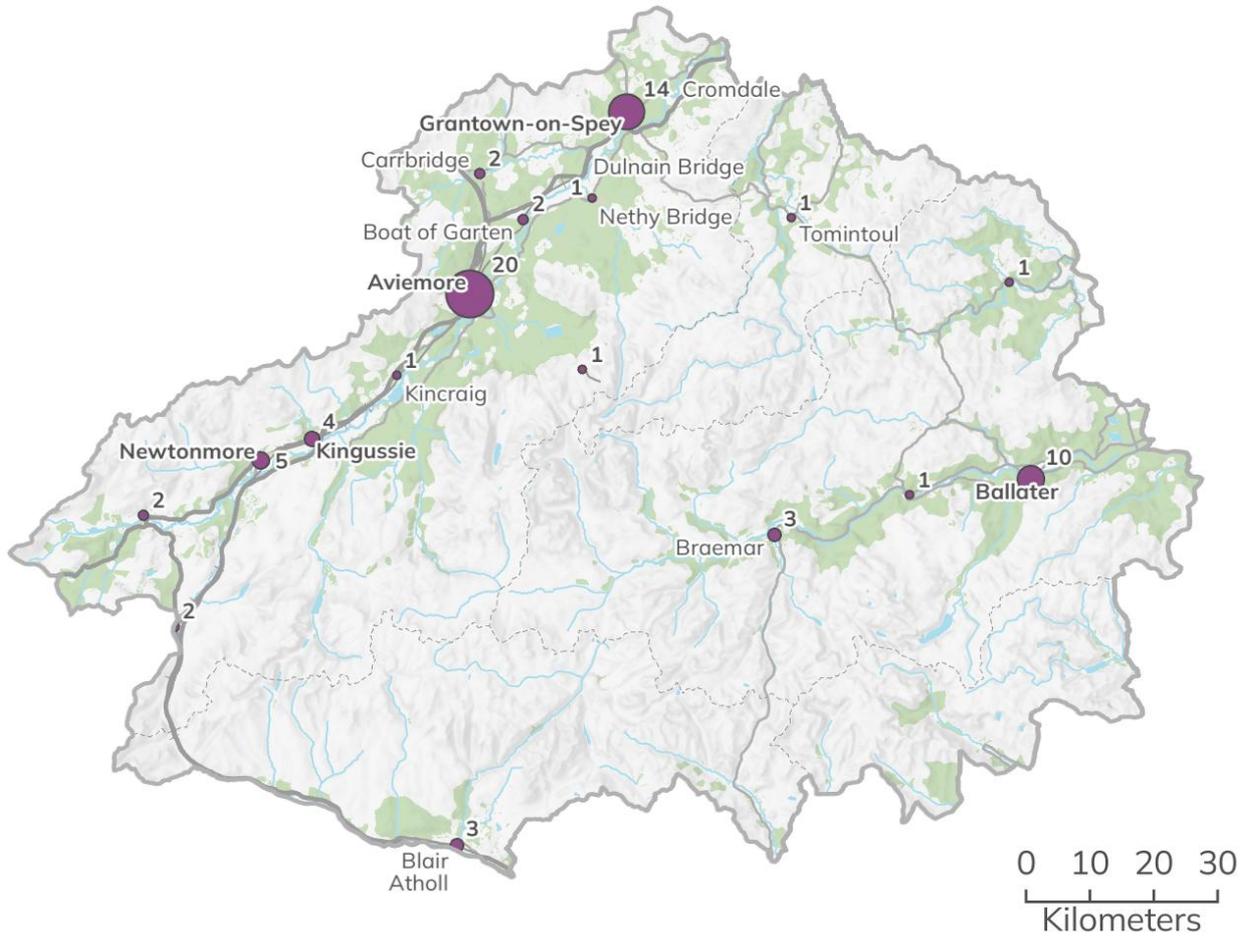


Figure 53 Location and number of retailers take away food in the Cairngorms National Park in February 2024. Cairngorms National Park Authority © Crown copyright and database rights 2026 Ordnance Survey AC0000821810.



Figure 54 Takeaway food retailers within 400m and 800m of Granttown Grammar School in the Cairngorms National Park 2024. Cairngorms National Park Authority © Crown copyright and database rights 2026 Ordnance Survey AC0000821810.

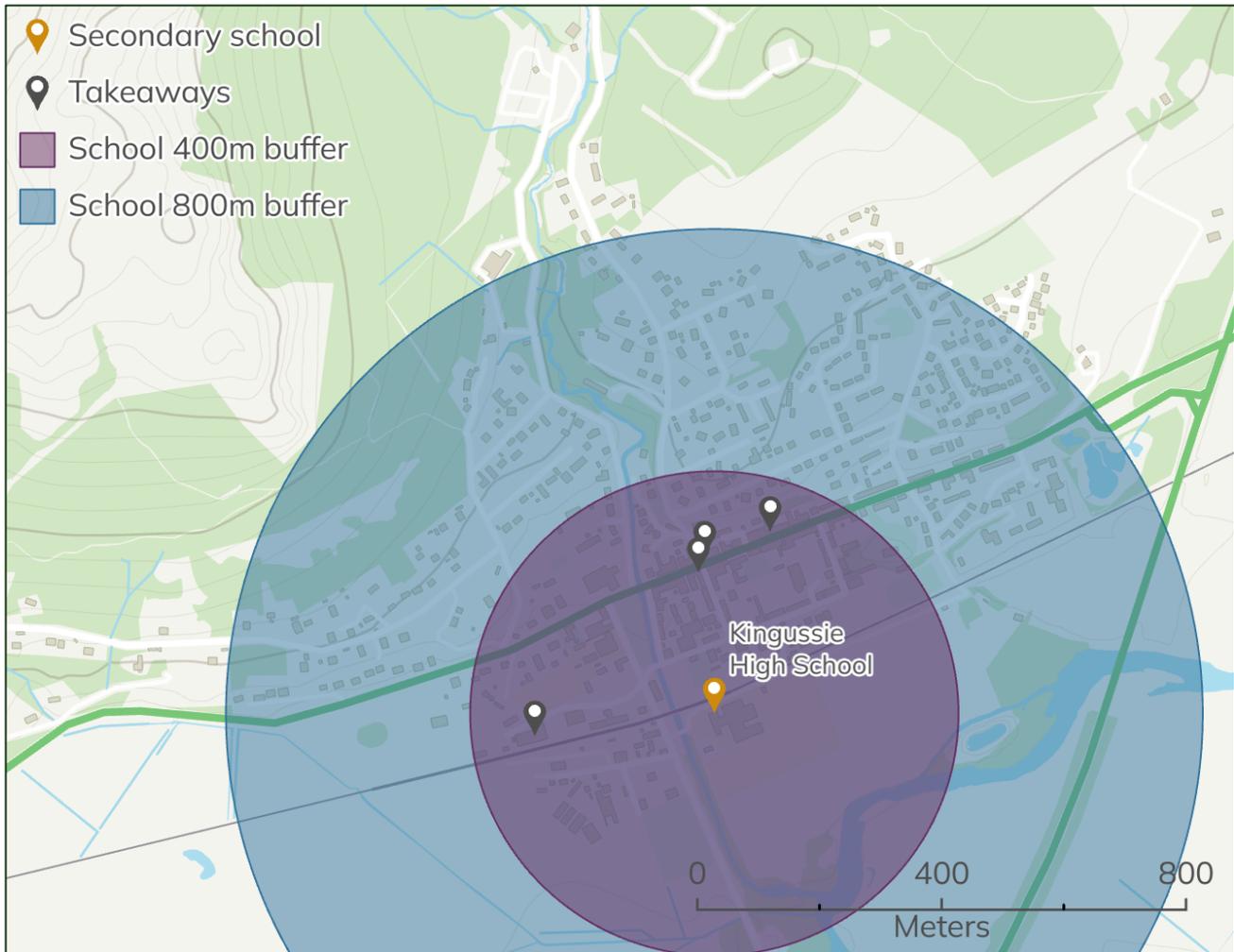


Figure 55 Takeaway food retailers within 400m and 800m of Kingussie High School in the Cairngorms National Park 2024. Cairngorms National Park Authority © Crown copyright and database rights 2026 Ordnance Survey AC0000821810.

Alcohol harm and availability

Data from the Public Health Observatory (CNPA441) shows that 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 56). 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 56.

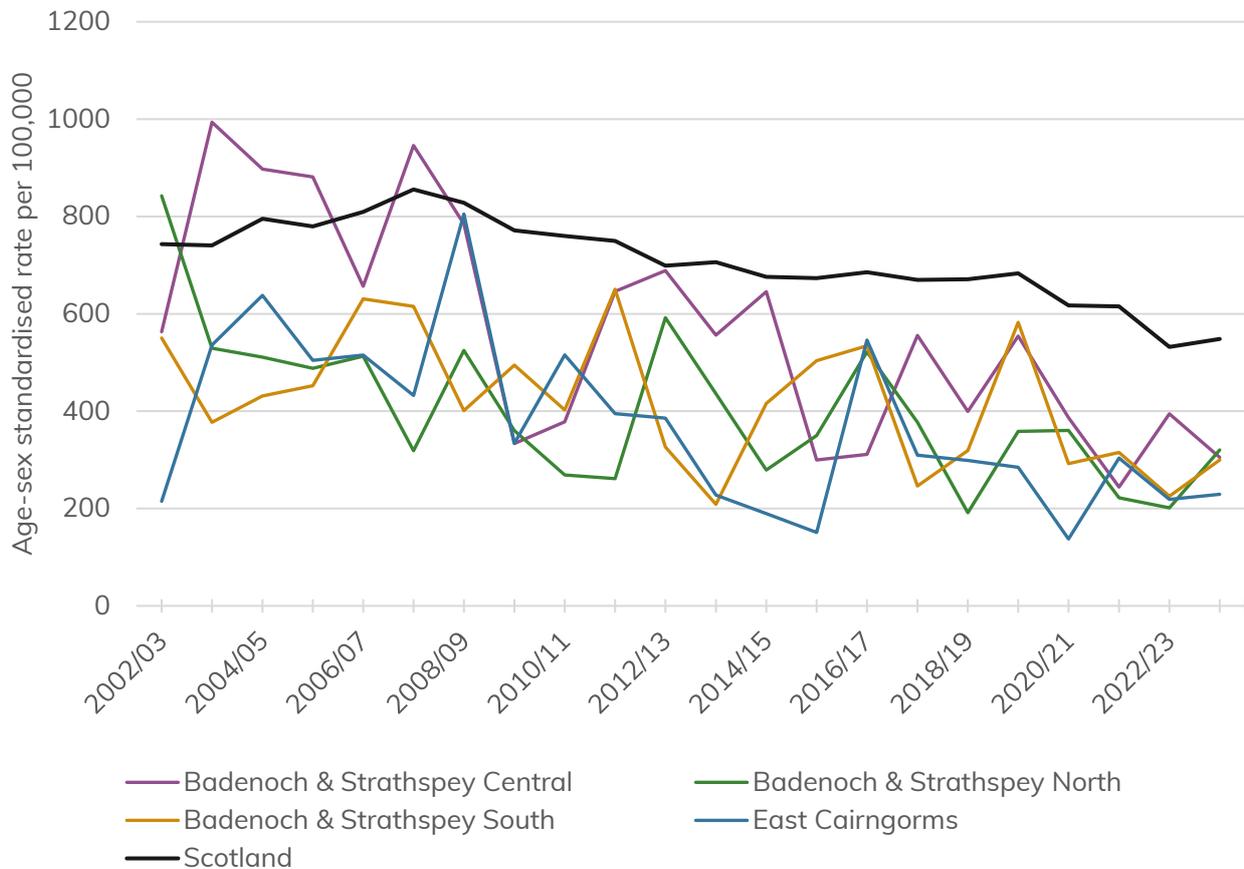


Figure 56 Alcohol-related hospital admissions - Age-sex standardised rate per 100,000 people. Scottish Public Health Observatory data (CNPA441).

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 harms (Carla A. C et al., 2009) (CNPA1051). 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 National Park (140), with 16 in the Moray area, 17 in Perth and Kinross area and 57 in the Aberdeenshire area (Figure 57). 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 57).



Consider how to limit development that is detrimental to human health, which may include restrictions on limiting development that supports or encourages an increase in alcohol use, 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.

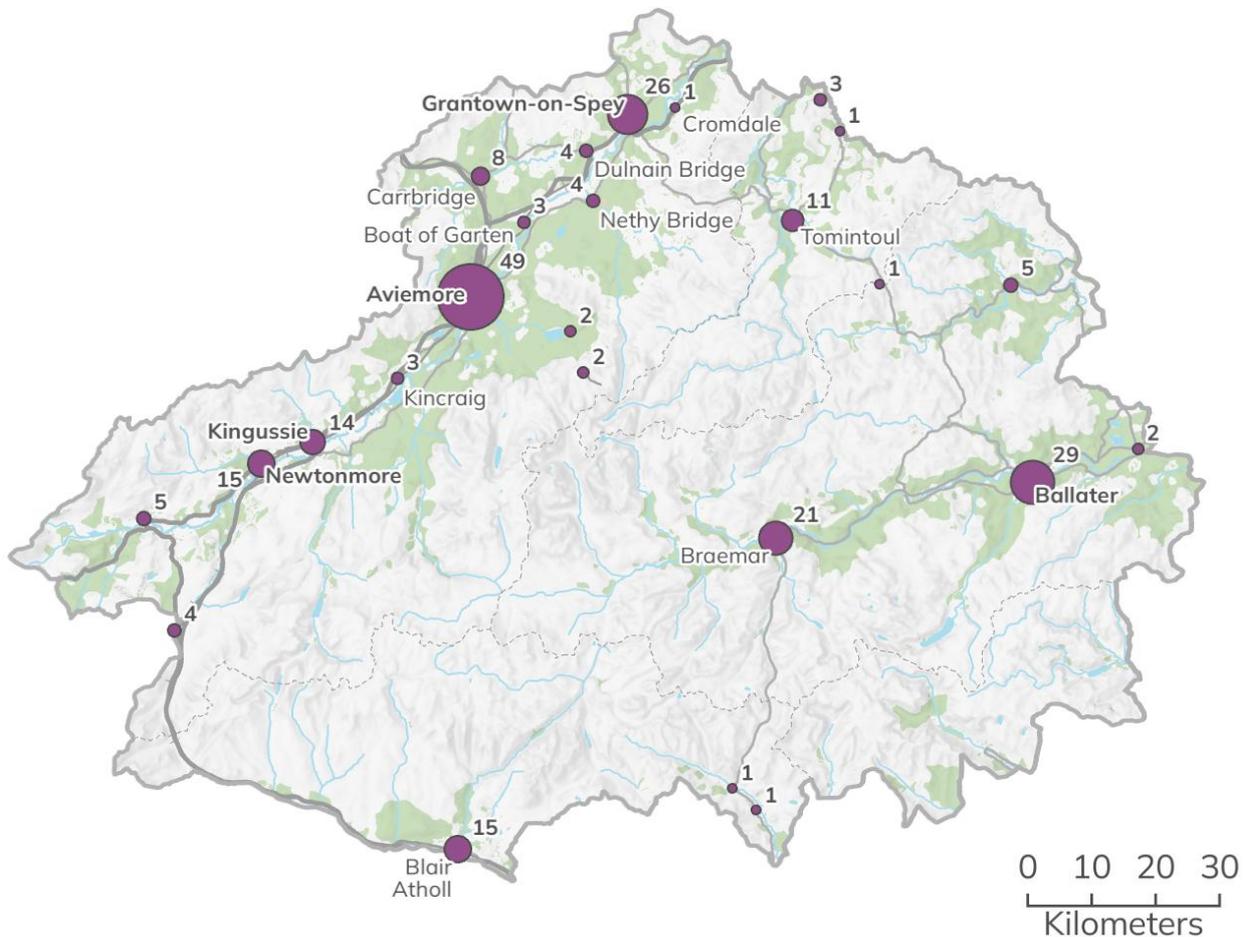


Figure 57 Location and number of licenced premises selling alcohol in the Cairngorms National Park in February 2024. Cairngorms National Park Authority © Crown copyright and database rights 2026 Ordnance Survey AC0000821810.

Tobacco harm and availability

The Scottish Health Survey (CNPA771) reported that 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 Scotland (CNPA771). Scottish Government's new Tobacco and Vaping Framework: a roadmap to 2034 (CNPA1052), 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 smoking (ScotPHO, 2025) (CNPA1053) 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) (CNPA441). 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 58) (CNPA441). There has been a downward trend in all areas including Scotland between 2002 / 2003 – 2004 / 2005 to 2021 / 2022 – 2023 / 2024 (Figure 58) (CNPA441).

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 58) (CNPA441).

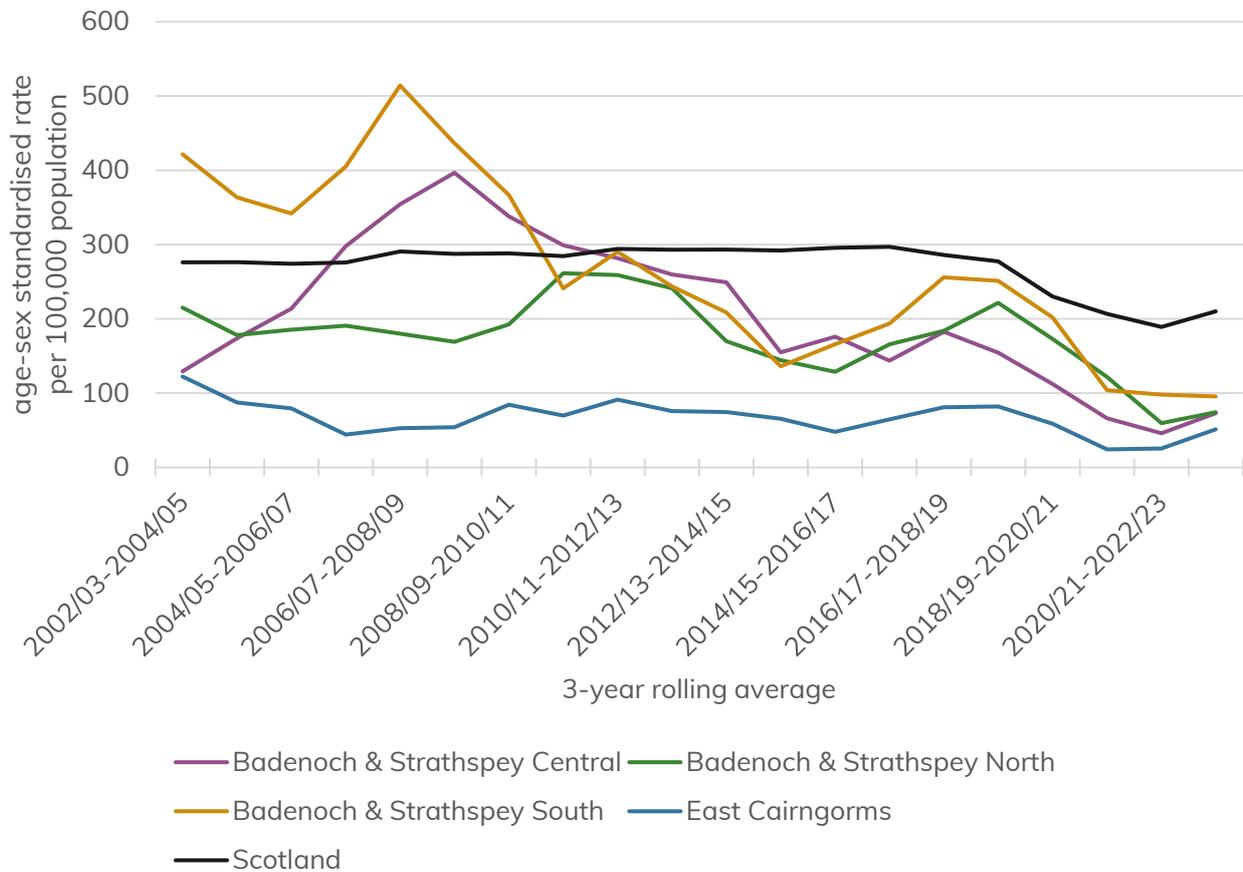


Figure 58 Chronic obstructive pulmonary disease (COPD) patient hospitalisations. Age-sex standardised rate per 100,000 people. 2021 / 2022 to 2023 / 2024 financial years; 3-year aggregates. Scottish Public Health Observatory data 2024 (CNPA441)

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 (CNPA441) on women recorded as smoking during pregnancy (Figure 59). 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.

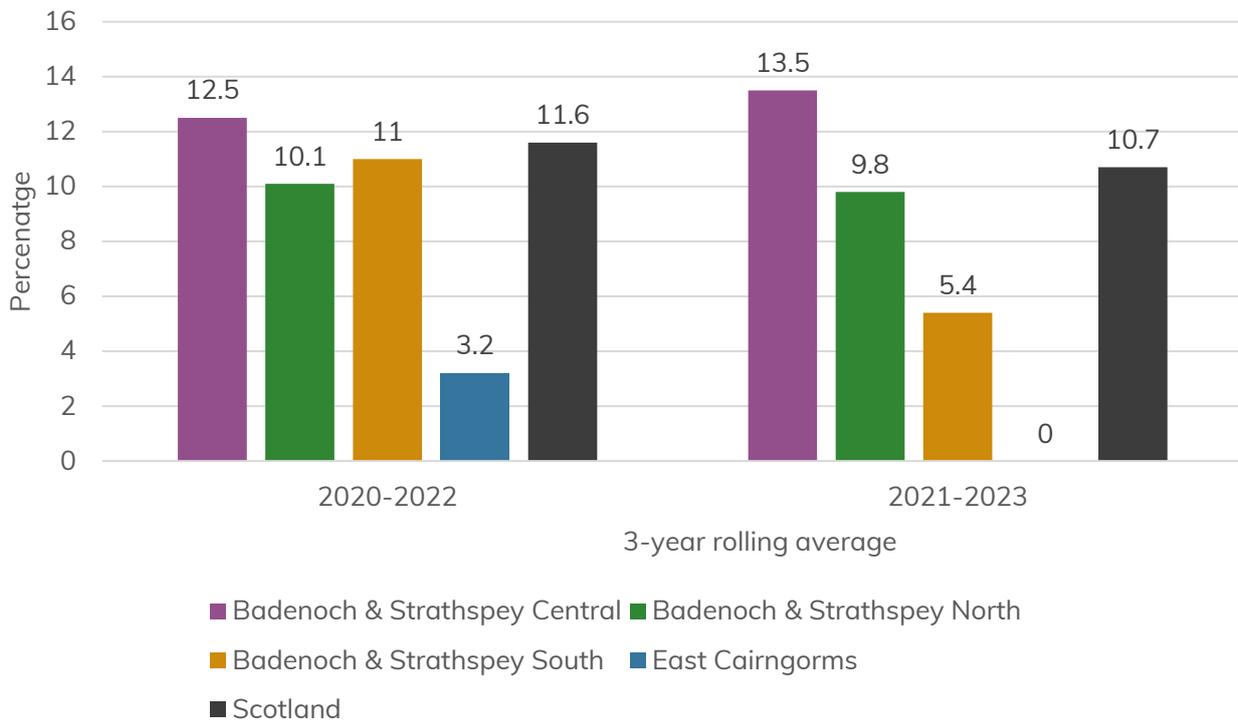


Figure 59 Percentage of women who at the 1st antenatal booking appointment are recorded as a 'current smoker' for the intermediate data zones and Scotland. Scottish Public Health Observatory data 2024 (CNPA441).

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 (CNPA441) 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 prevalence (CNPA1054). Figure 60 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.

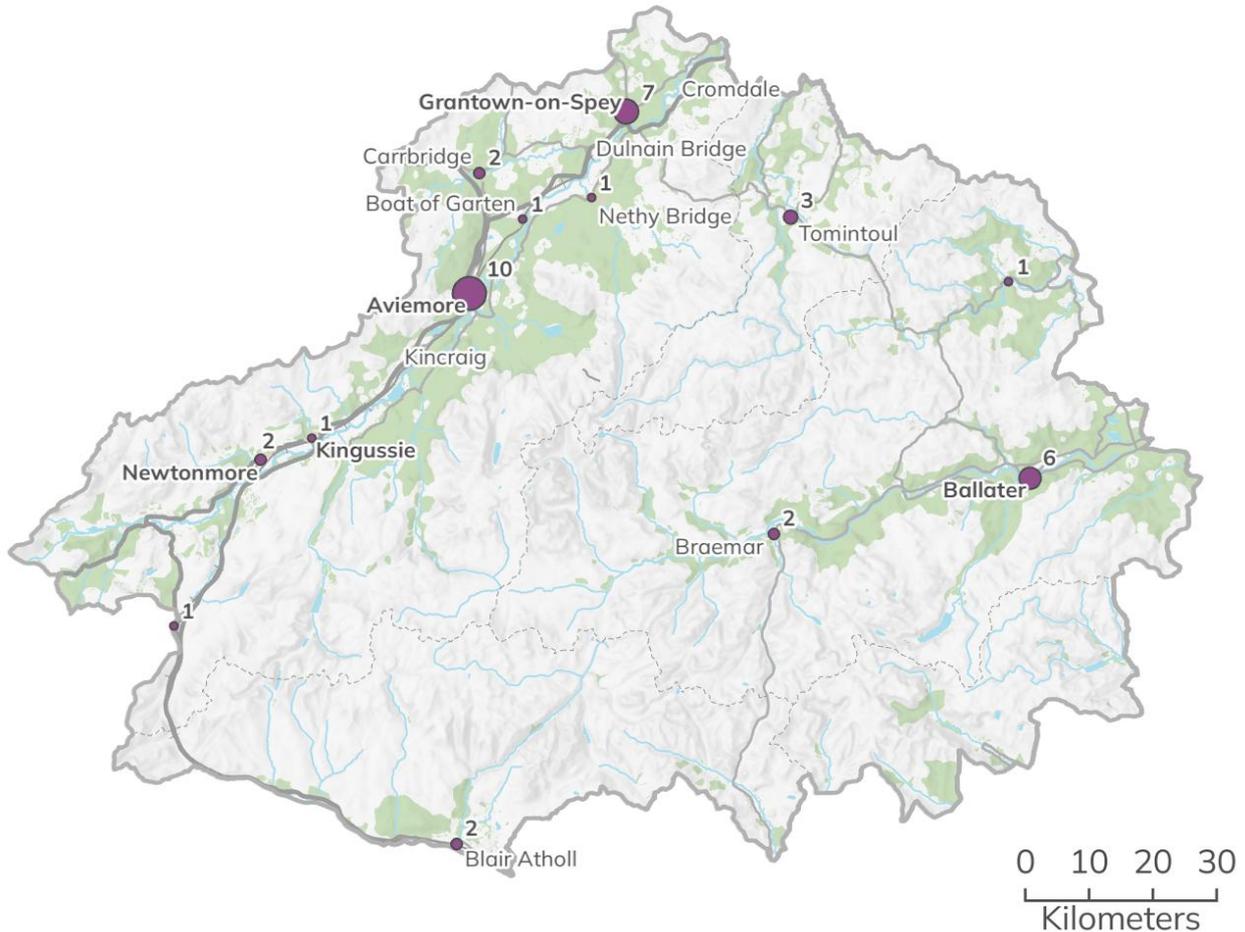


Figure 60 Location and number of retailers selling tobacco products in the Cairngorms National Park in February 2024. Cairngorms National Park Authority © Crown copyright and database rights 2026 Ordnance Survey AC0000821810.

The Proposed Plan may need to consider how to limit development that is detrimental to human health, which may include restrictions tobacco retailers 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 tobacco.

Planning for healthier communities: opportunities in the Scottish planning system

The report by Nesta and Public Health Scotland (CNPA1073) examines how Scotland's planning system can promote healthier food environments to tackle obesity and health inequalities. Planning policies influence access to food outlets, which significantly



impacts diet and obesity rates and currently affecting two-thirds of adults and one-third of children in Scotland, with higher rates in deprived areas.

The report highlights that Scotland's planning policies rarely address food environments directly. The National Planning Framework 4 (NPF4) and Local Development Plans now offer opportunities to integrate health-focused measures.

The report points to the use of Takeaway Management Zones (TMZs) as a mechanism to deliver change through the Local development Plans. Takeaway Management Zones, used in England, restrict new hot food takeaways near schools to improve diets. Scotland could adopt similar policies, but challenges include data gaps, consistency across councils, and legal limits (affecting only new outlets).

The report reiterates the importance of engagement with health boards early in the Local Development Plan development process through evidence provision, plan reviews, formal representations, and hearings.

The report sets out the following key recommendations:

- Act quickly to influence Local Development Plans
- Strengthen partnerships between planning and public health.
- Target areas with greatest health inequalities.
- Use Takeaway Management Zones as a starting point for broader strategies.

In conclusion, the report advises that Planning interventions like Takeaway Management Zones can help create healthier food environments, but success depends on collaboration, better data, and long-term commitment. Missing this opportunity could delay progress for a decade.

Food deserts and food security

The Consumer Data Research Centre produced the priority places for food index (CNPA763). 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 the nations 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. There are clear links between this section and Schedule 12: Living locally and 20 minute neighbourhoods and Schedule 11; Sustainable transport. The Proposed Plan will support Living locally and 20 minute neighbourhoods and promote and encourage sustainable travel. Both these commitments support access to supermarket and food retailers. Detail on the socio-economic standing across the National Park can be found in Schedule 21: Economic development. The economic position of the residents in the National Park will have direct impacts on fuel poverty and food insecurity.

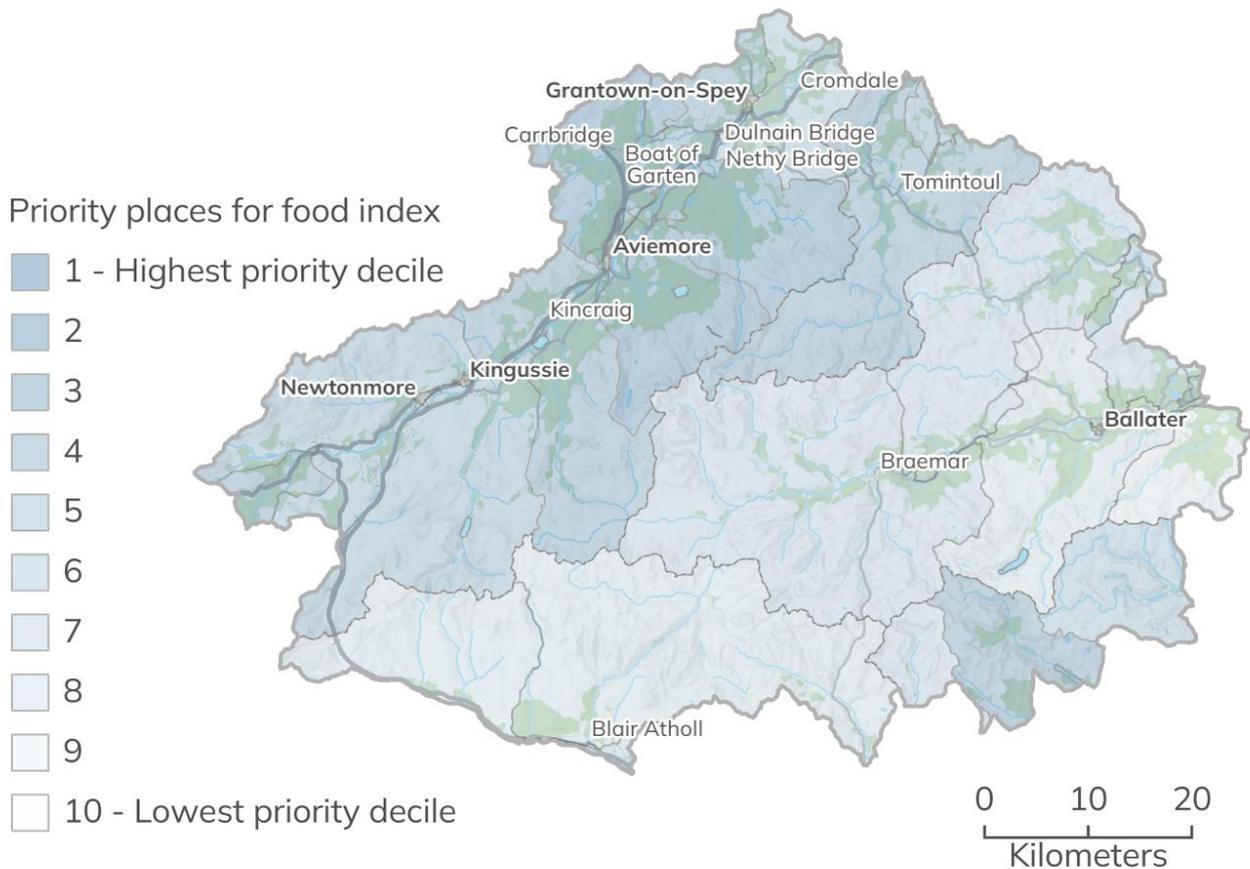


Figure 61 Map showing the priority places for food index (Version 2) identifying neighbourhoods that are most vulnerable to increases in the cost of living and which have a lack of accessibility to cheap, healthy, and sustainable sources of food. An output of the Consumer Data Research Centre (CNPA763), an ESRC Data Investment, ES/L011840/1; ES/L011891/1. Cairngorms National Park Authority © Crown copyright and database rights 2026 Ordnance Survey AC0000821810.

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 11 shows the breakdown of the seven data domains used to calculate the overall index ratings found in Figure 61.



Table 11 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 (CNPA763), 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 62 shows the supermarket proximity rankings (decile score) for data zones in the Cairngorms National Park (Table 11). 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 62 and Table 11).

The data for supermarket accessibility (Figure 63 and Table 11) (CNPA763) 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.

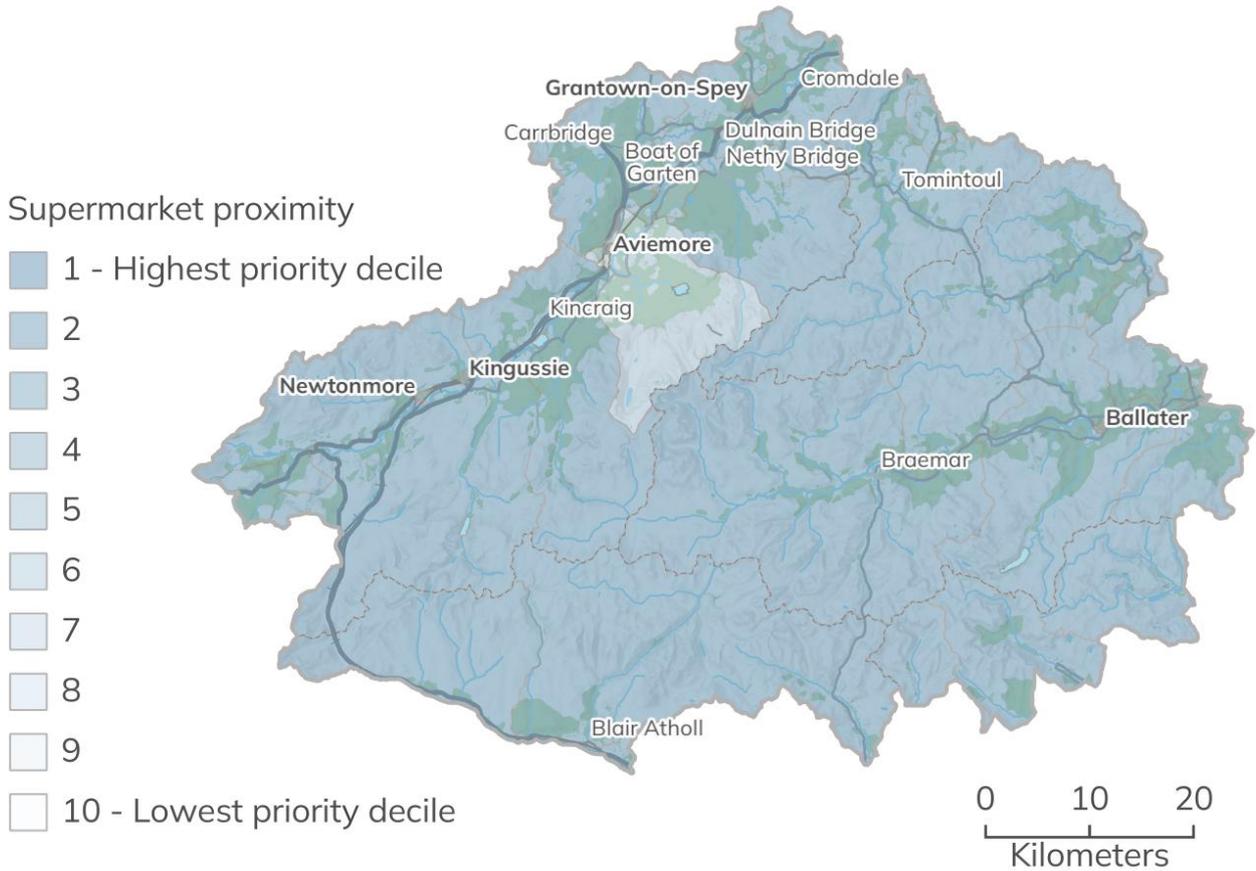


Figure 62 Map showing the supermarket proximity rankings (decile score) from the overall priority places for food index (Version 2) seven data domain decile scores for the data zones in the Cairngorms National Park. A data output of the Consumer Data Research Centre (CNPA763), an ESRC Data Investment, ES/L011840/1; ES/L011891/1. Cairngorms National Park Authority © Crown copyright and database rights 2026 Ordnance Survey AC0000821810.

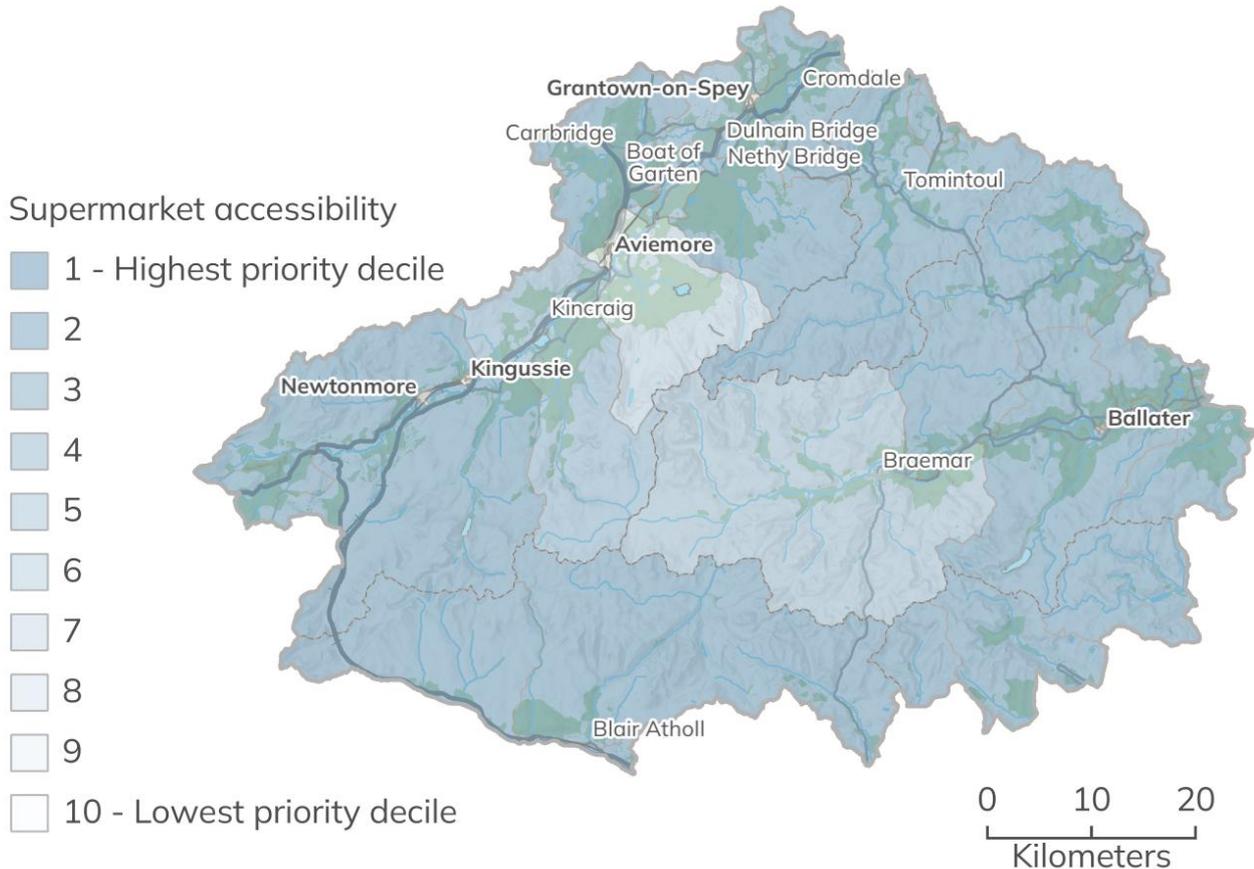


Figure 63 Map showing the supermarket accessibility rankings (decile score) from the overall priority places for food index (Version 2) seven data domain decile scores for the data zones in the Cairngorms National Park. A data output of the Consumer Data Research Centre (CNPA763), an ESRC Data Investment, ES/L011840/1; ES/L011891/1. Cairngorms National Park Authority © Crown copyright and database rights 2026 Ordnance Survey AC0000821810.

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 64).

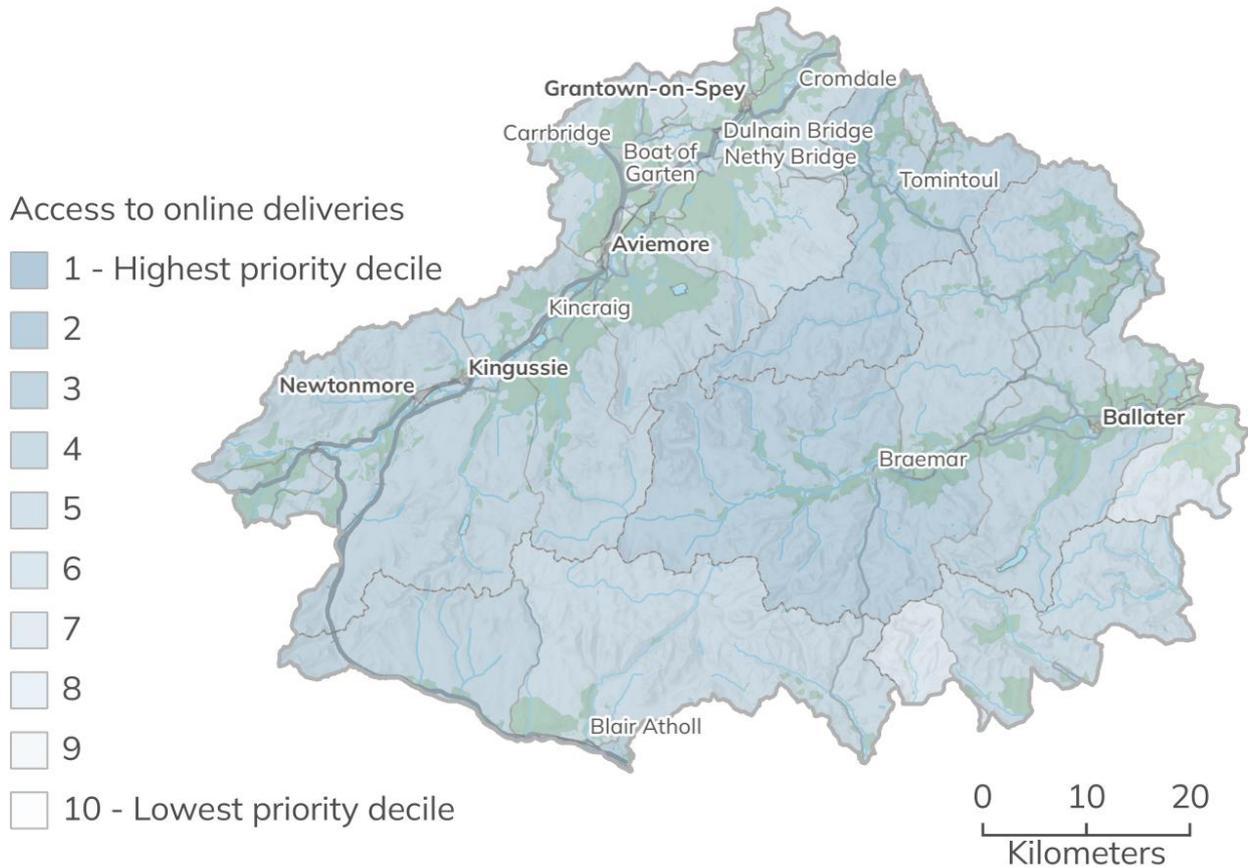


Figure 64 Map showing the access to online deliveries rankings (decile score) from the overall priority places for food index (Version 2) seven data domain decile scores for the data zones in the Cairngorms National Park. A data output of the Consumer Data Research Centre (CNPA763), an ESRC Data Investment, ES/L011840/1; ES/L011891/1. Cairngorms National Park Authority © Crown copyright and database rights 2026 Ordnance Survey AC0000821810.

For rankings of socio-economic barriers in the Cairngorms National Park (Figure 65) 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.

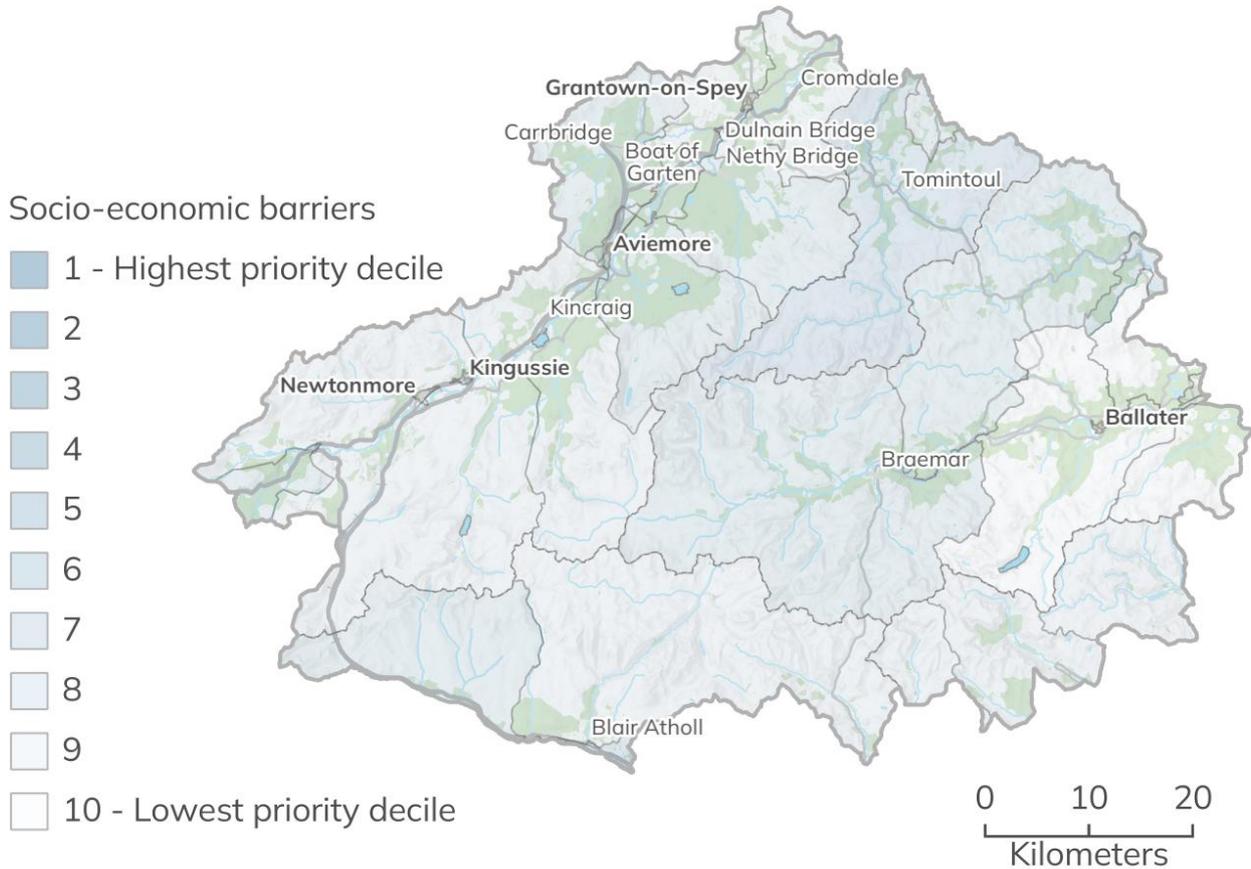


Figure 65 Map showing the socio-economic barriers rankings (decile score) from the overall priority places for food index (Version 2) seven data domain decile scores for the data zones in the Cairngorms National Park. A data output of the Consumer Data Research Centre(CNPA763), an ESRC Data Investment, ES/L011840/1; ES/L011891/1. Cairngorms National Park Authority © Crown copyright and database rights 2026 Ordnance Survey AC0000821810.



In terms of accessing non-supermarket food (Figure 66), the rural nature of the National Park, mean access is limited outwith settlements.

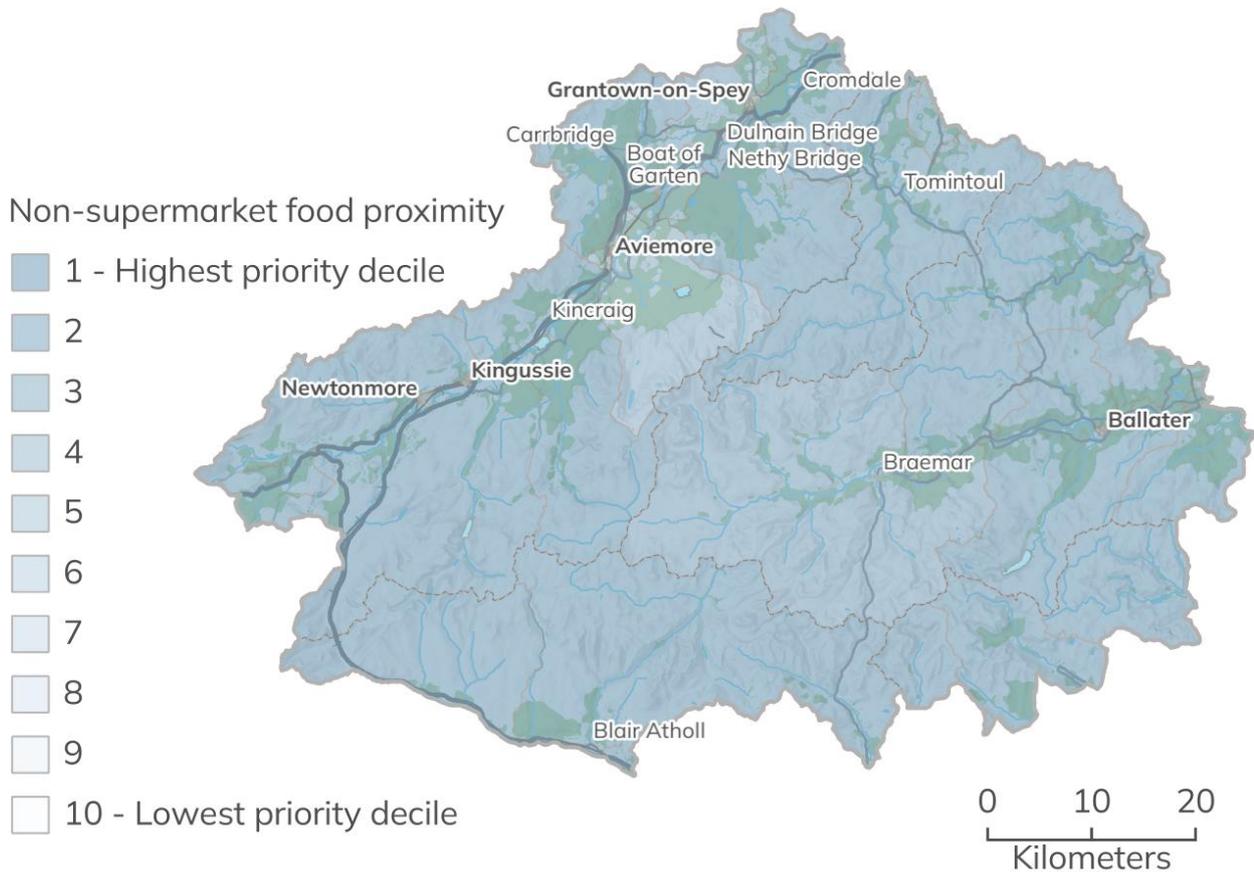


Figure 66 Map showing the rankings for non-supermarket food proximity (decile score) from the overall priority places for food index (Version 2) seven data domain decile scores for the data zones in the Cairngorms National Park. A data output of the Consumer Data Research Centre(CNPA763), an ESRC Data Investment, ES/L011840/1; ES/L011891/1. Cairngorms National Park Authority © Crown copyright and database rights 2026 Ordnance Survey AC0000821810.

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 67). 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.

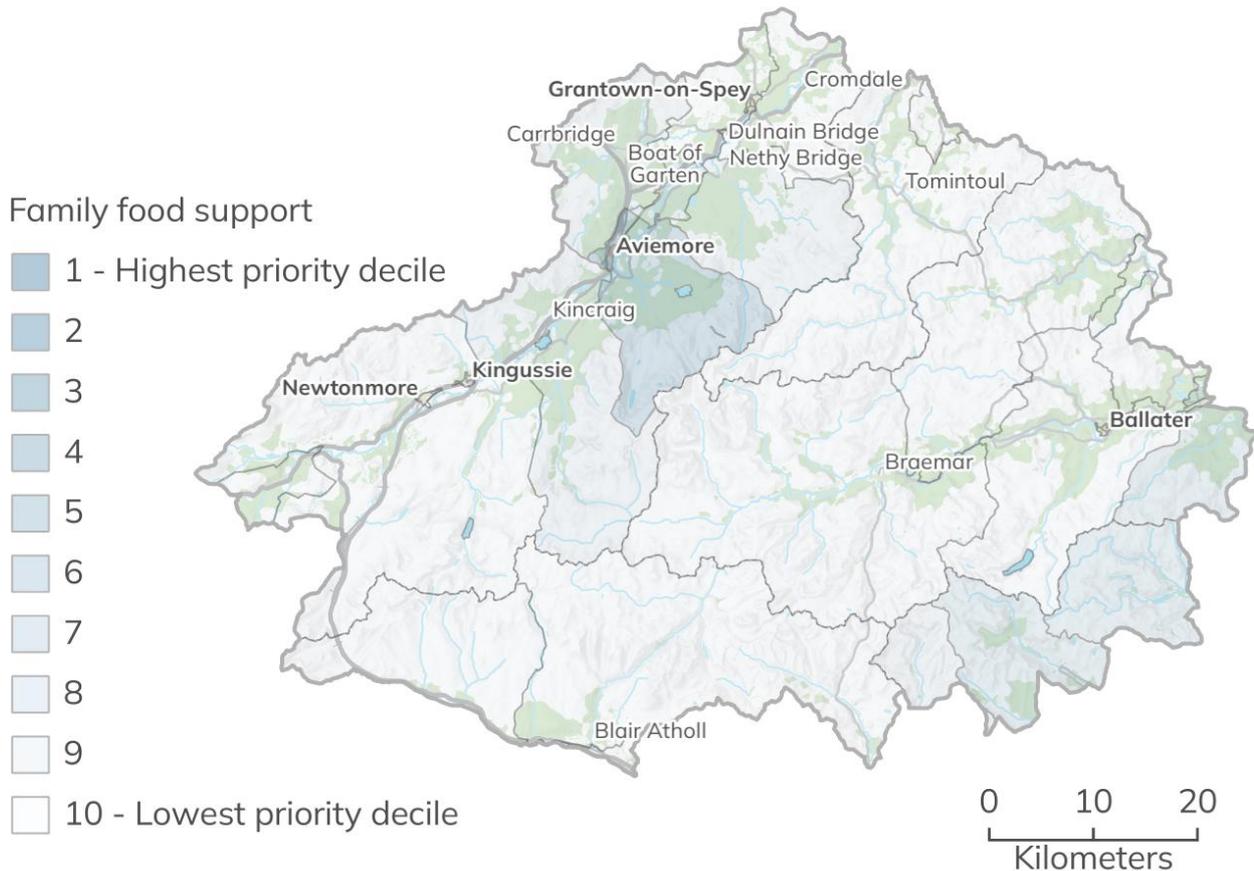


Figure 67 Map showing the rankings for family food support (decile score) from the overall priority places for food index (Version 2) seven data domain decile scores for the data zones in the Cairngorms National Park. A data output of the Consumer Data Research Centre (CNPA763), an ESRC Data Investment, ES/L011840/1; ES/L011891/1. Cairngorms National Park Authority © Crown copyright and database rights 2026 Ordnance Survey AC0000821810.

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 68), 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 11).

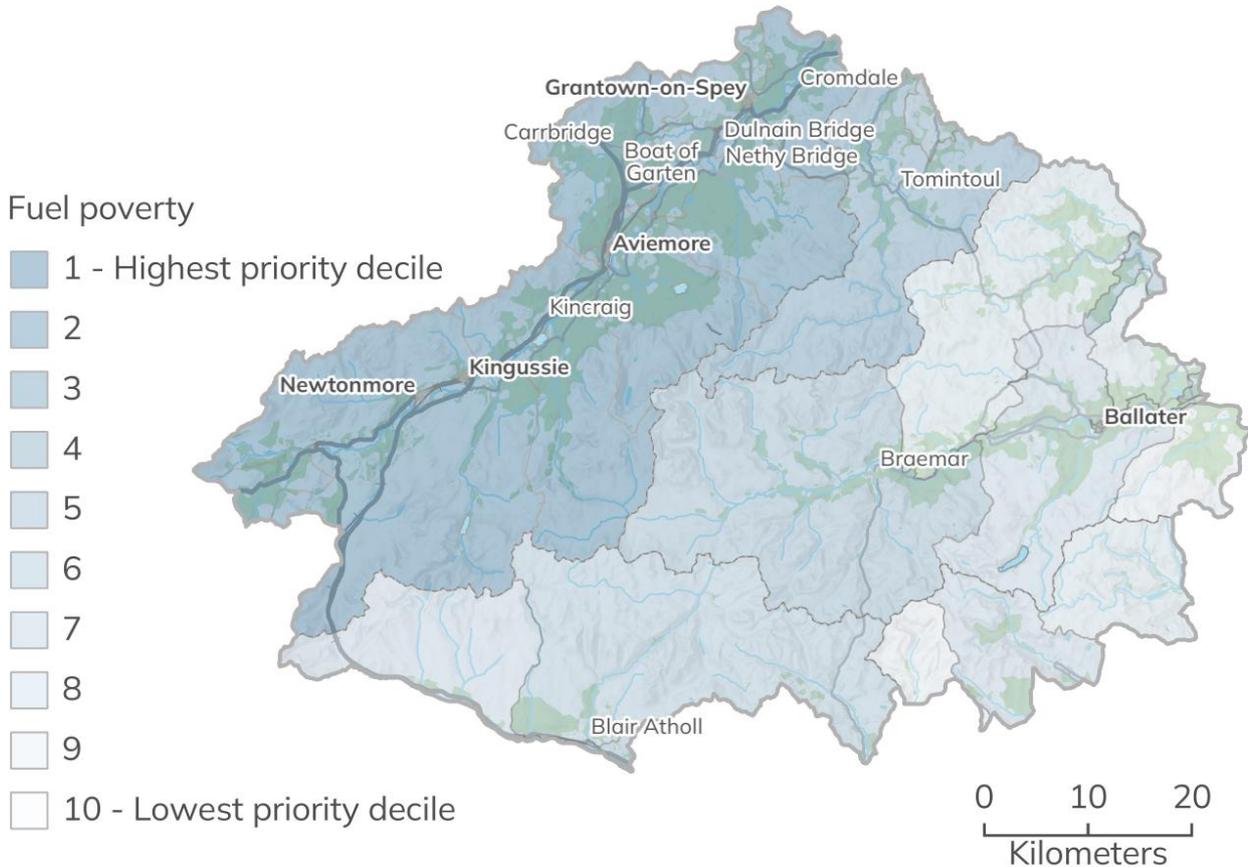


Figure 68 Map showing the rankings for fuel poverty (decile score) from the overall priority places for food index (Version 2) seven data domain decile scores for the data zones in the Cairngorms National Park. A data output of the Consumer Data Research Centre(CNPA763), an ESRC Data Investment, ES/L011840/1; ES/L011891/1. Cairngorms National Park Authority © Crown copyright and database rights 2026 Ordnance Survey AC0000821810.

Long-term food security

Scottish Government’s Cash-First: Towards ending the need for food banks in Scotland (Plan) (2023) (CNPA757) 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. For matters relating to income and deprivation in the National Park please refer to Schedule 21: Economic development.



This Scotland's Cash-First Plan sets out nine actions that Scotland will take forward over the next three years to improve the response to household financial crisis. Action Four sets out the Government's 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. During the call for sites / ideas, community groups will be encouraged to put forward proposal for sites to support community growing organisations.

Aberdeenshire

Fair Food Aberdeenshire (CNPA1065) 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 network (CNPA1066) in March 2022²⁸.

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 (NESCAN), 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 – 2026 (CNPA1067). 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

²⁸ More information is available at: <https://www.sustainablefoodplaces.org/about/what-are-sustainable-food-places/> (CNPA1066)



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 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.

Aberdeenshire Council Healthy Eating Active Living

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 (CNPA636). 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.

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 Sustainable Kirriemuir project (CNPA1068). 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.



Highland

One of the key principals which inform food and nutrition practice in the Highland Council’s school food, nutrition and health policy (2020)(CNPA1061) 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 Map (CNPA1062) is to help people find food and drink produced by those who share the Partnerships 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 Charter (CNPA1063). Table 12 shows the food based businesses listed / promoted on the Good Food Map.

Table 12 Food activity and community food provision in the Highlands area of the National Park. Information source: Highland Good Food Partnership, 2024 (CNPA1062) (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



Organisation	Operating area	Type of service	Service description	Address
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 and a Climate Conscious Carrbridge	Battanropie House, Station Rd, Carrbridge PH23 3AL
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 and 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



Organisation	Operating area	Type of service	Service description	Address
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 (CNPA1064) 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 Moray (CNPA1064) 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.

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.

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 (CNPA008) 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.

Community growing spaces

-  Allotments
-  Community orchard
-  Therapy garden
-  School orchard
-  Community garden

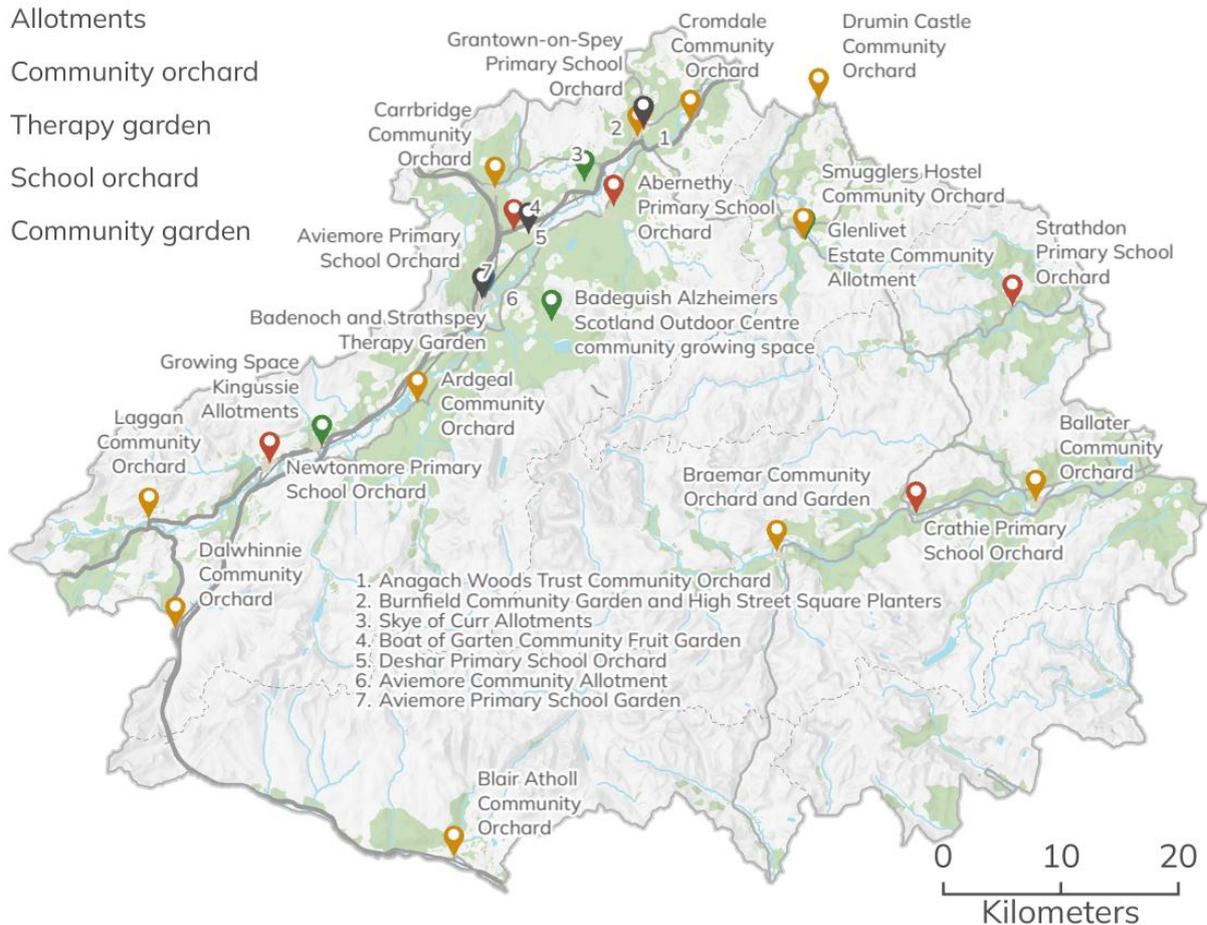


Figure 69 Map showing the community growing spaces in the Cairngorms National Park. Cairngorms National Park Authority © Crown copyright and database rights 2026 Ordnance Survey AC0000821810.

The Proposed Plan will seek to support / allocate land for community use – allotments / community growing / orchards and expansion of existing community growing sites in the National Park where a need has been identified. During the call for site and ideas the Park Authority will encourage community groups to propose new sites for community growing / allotments.



Existing local development plan allocation for community use

The adopted Local Development Plan 2021 (CNPA016) 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 13 Existing Community Use Allocations in the Cairngorms National Park Local Development Plan 2021 (CNPA016) potentially suitable for Community growing spaces.

Settlement	Allocation	Size	Constraints / Notes
Aviemore	C1: Land at Dalfaber Drive	0.7ha	
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 69), 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 69 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) (CNPA733) 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.

The Highland Council Growing Our Future – Community Food Growing Annual Report 2024/25 (CNPA1031) reports there is demand for allotments in Aviemore. The report also highlights the following project in Carrbridge:

- Carrbridge Ahead - Community Orchard, used by groups and individuals of all abilities. Carrbridge Primary will use the orchard area for their Eco Schools projects and out of school activities. Identified benefits of the project include:
 - Grow and conserve a mix of local varieties of fruit.
 - Optimise potential for wildlife on the site.
 - Create and implement an orchard management plan to grow and harvest local produce to be shared locally however leaving at least 10% for wildlife. This will address local health inequalities.
 - Encourage the creation of more community growing spaces and to work with other community orchard groups.
 - To offer a place of recreation.

The report (CNPA1031) also set the strategy action plan with actions that benefit the National Park including:

- Support the development and delivery of a Highland Community Food Growing Network
- Encourage communities and individuals to explore Community Food Growing opportunities for their community
- Encourage Grow Your Own projects in schools across Highland
- Explore opportunities to identify land with Community Planning Partners
- Explore development of a fund to support community food growing permissions (e.g. Title Investigations, planning permission etc)
- Co-location of services - promoting community food growing opportunities beside libraries, community centres and sport centres



- Council land made available for new or expanded allotment sites²⁹.

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 (CNPA736). 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 2024) (CNPA1032).

The Proposed Plan will seek to support / allocate land for community use – allotments / community growing / orchards and expansion of existing community growing sites where a need has been identified. During the call for site and ideas the Park Authority will encourage community groups to propose new sites for new allotment sites.

Physical exercise

National Planning Framework 4 (CNPA008), 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 are covered in Schedule 16: Blue and green infrastructure and Schedule 17: Play, recreation and sport. Information on play parks and sporting facilities is also covered in Schedule 17: Play, recreation and sport. Further information on other forms of recreation, including outdoor recreation, can be found in Schedule 23: Tourism, but could also apply here in relation to access to opportunities for exercise.

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 14 and Figure 70 is provided by Sports Scotland (Improvement Service dataset)(CNPA670) and online searches.

Further detail on the outdoor exercise opportunities in Schedule 16 Blue and green infrastructure and schedule 17: Play, recreation and sport.

²⁹ Information on local authority and other publicly owned land is set out within Schedule 8: Land use, soil and resources.



Table 14 Indoor leisure facilities available to the public (including members clubs) in the Cairngorms National Park. Includes Sport Scotland data, 2025 (CNPA670).

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
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



Settlement	Location	Provider name	Facilities offered
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 outdoor tennis and children play area.
Cromdale	The Yoga Steading, Wester Rynabeallich	Yoga in the Highlands	Yoga and pilates

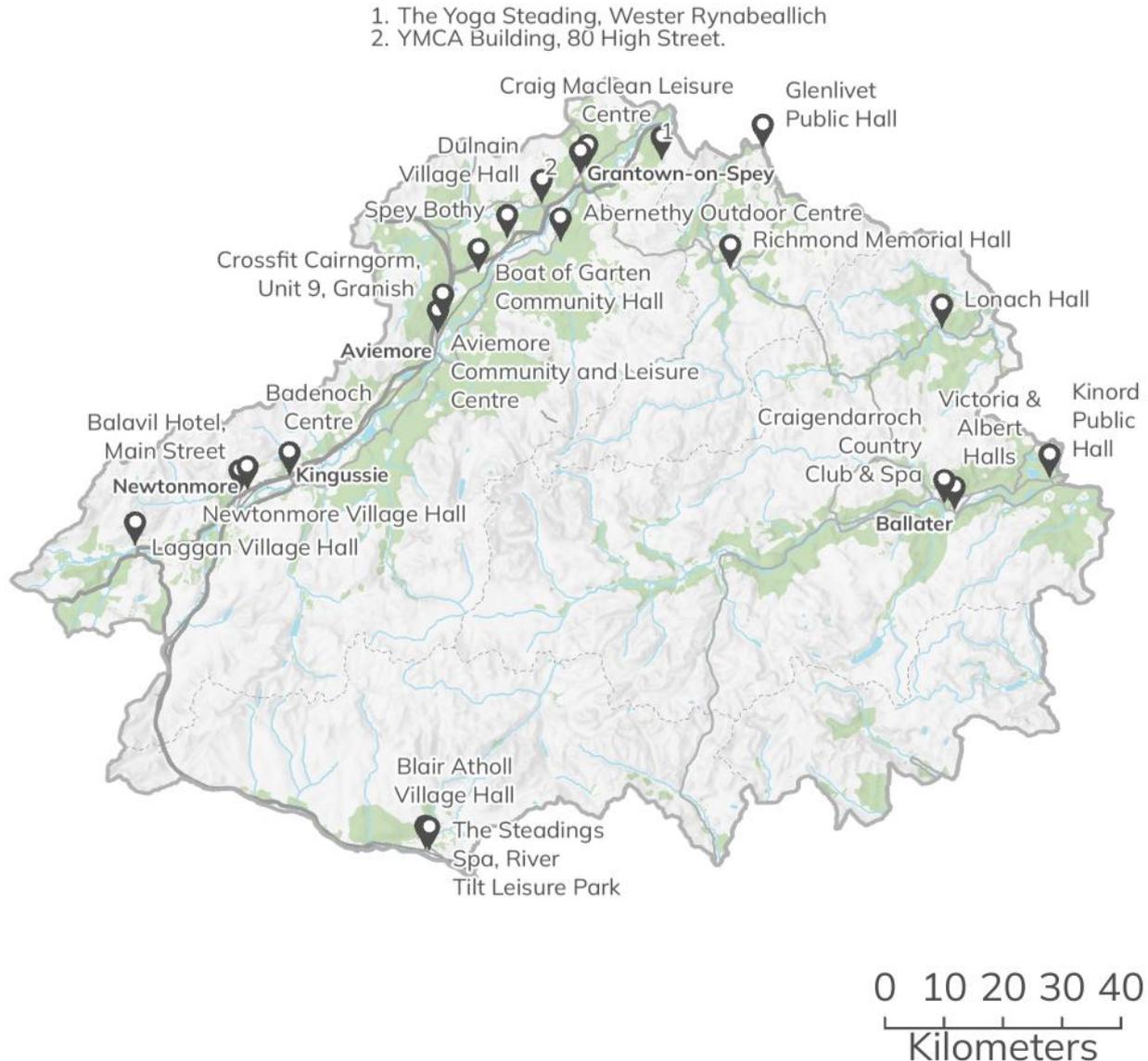


Figure 70 Map of indoor leisure facilities and village halls available to the public (including members clubs) in the Cairngorms National Park. Included Sports Scotland data (CNPA670). Cairngorms National Park Authority © Crown copyright and database rights 2026 Ordnance Survey AC0000821810.

For residents living in the Moray area of the National Park, the closest local authority run public leisure centres are located in Granttown-on-Spey. There is not a local authority run leisure centre 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.

The Proposed Plan should seek to support development that incorporates leisure facilities in settlements where there is an established lack of existing provision.

Burial grounds

The Burial Grounds (Scotland) Act 1855 (CNPA466) 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 (CNPA1226) 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% (CNPA1070). Burial grounds have been categorised in this section by the following method (Table 15):

Table 15 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

The Proposed Plan will 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. It should also identify and safeguard land for burial grounds where need is identified.

Moray

In the Moray area of the National Park there are five cemeteries outlined in the Future Cemetery Strategy (2018) (CNPA752). The cemeteries in Speyside, Moray within the National Park (Figure 71) are:

- Chapleton R.C. (Glenlivet)
- Drumin (Glenlivet)
- Kirkmichael (Tomintoul)
- St. Margaret's (Tomintoul)
- Tomintoul.

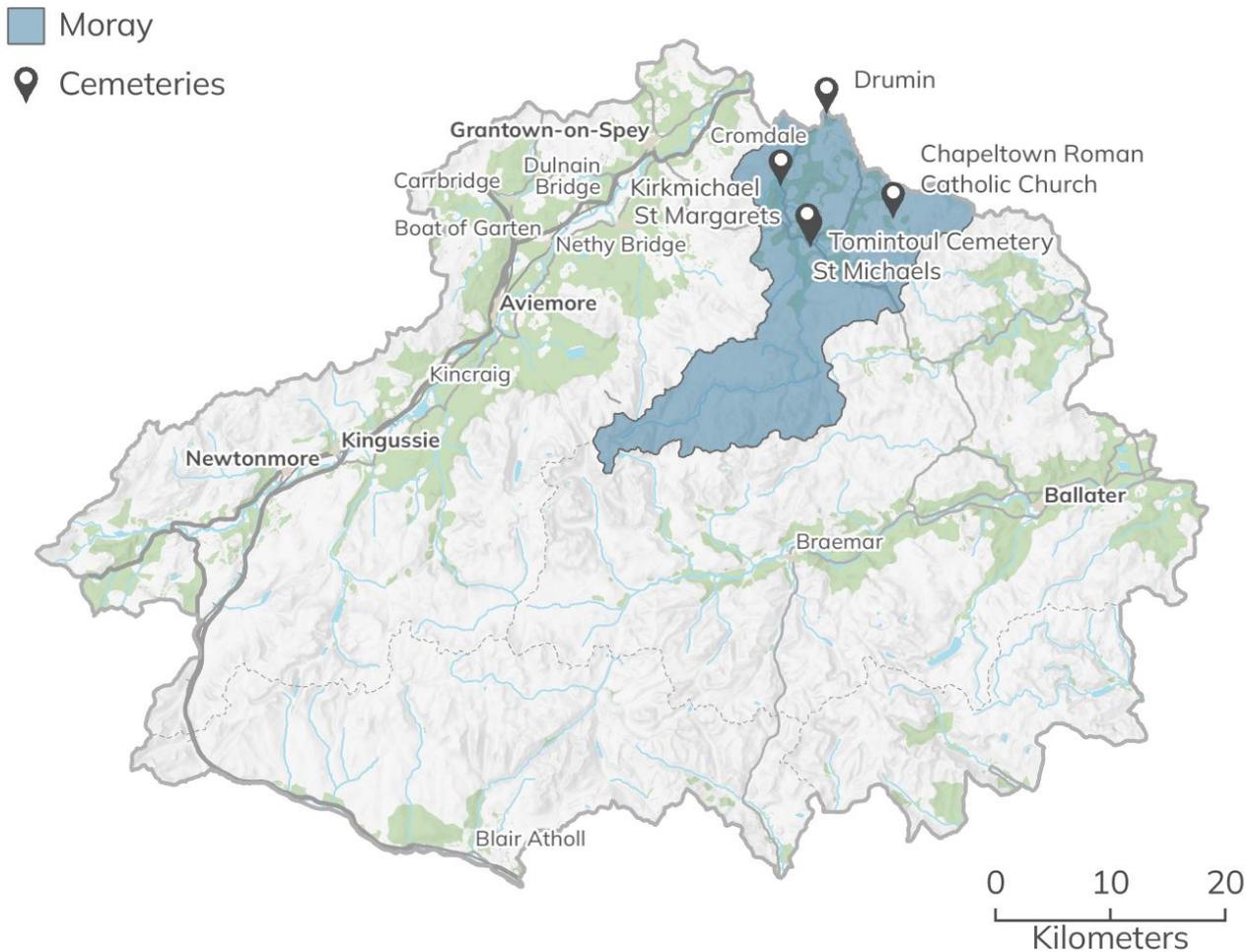


Figure 71 Cemeteries in the Moray Council area of the Cairngorms National Park. Cairngorms National Park Authority © Crown copyright and database rights 2026 Ordnance Survey AC0000821810.

Detail on the aforementioned cemeteries in Speyside, Moray in the National Park in terms of comments and information taken from the Council’s Future Cemetery Provision Strategy (CNPA752) and capacity data (2025) via ongoing engagement with Moray Council (CNPA1087) is shown below in Table 16. 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 16 Projected life expectancy of Moray Council's cemeteries within the Cairngorms National Park as of 31 October 2025 (CNPA752 and CNPA1087).

Cemetery	Cemetery Life Expectancy April 2025	Lairs remaining April 2025	Comments	Communities covered / Miles
Chapletown R.C.	0	0	Roman Catholic Cemetery – replacement outwith Councils responsibility.	
Drumin Cemetery, Glenlivet	1273	398	New cemetery or Glenlivet. Lairs available at Aberlour and Dufftown	
Kirkmichael, Tomintoul	122	23	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	110	180	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 / 2025 (CNPA753). Moray Council informed the Park Authority (CNPA1087) that they currently anticipate that this programme of work will be completed by March 2026 and the information then used to inform priorities for future infrastructure works within cemeteries (subject to available budgets).

Aberdeenshire



In the Aberdeenshire area of the National Park there are eleven cemeteries (Figure 72 and Table 17) identified on Aberdeenshire Council's online map of burial grounds (CNPA1074) 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.



Cemetery	Cemetery Capacity as of January 2024	Expected annual usage	Expected years left
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 ³⁰	332	1 every 2-3 years	830

Angus

In the Angus area of the National Park there are three cemeteries identified by Angus Council (Figure 73) which are:

- Lochlee New Churchyard
- Lochlee Old Churchyard
- Glen Clova Churchyard and Extension.

³⁰ 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.

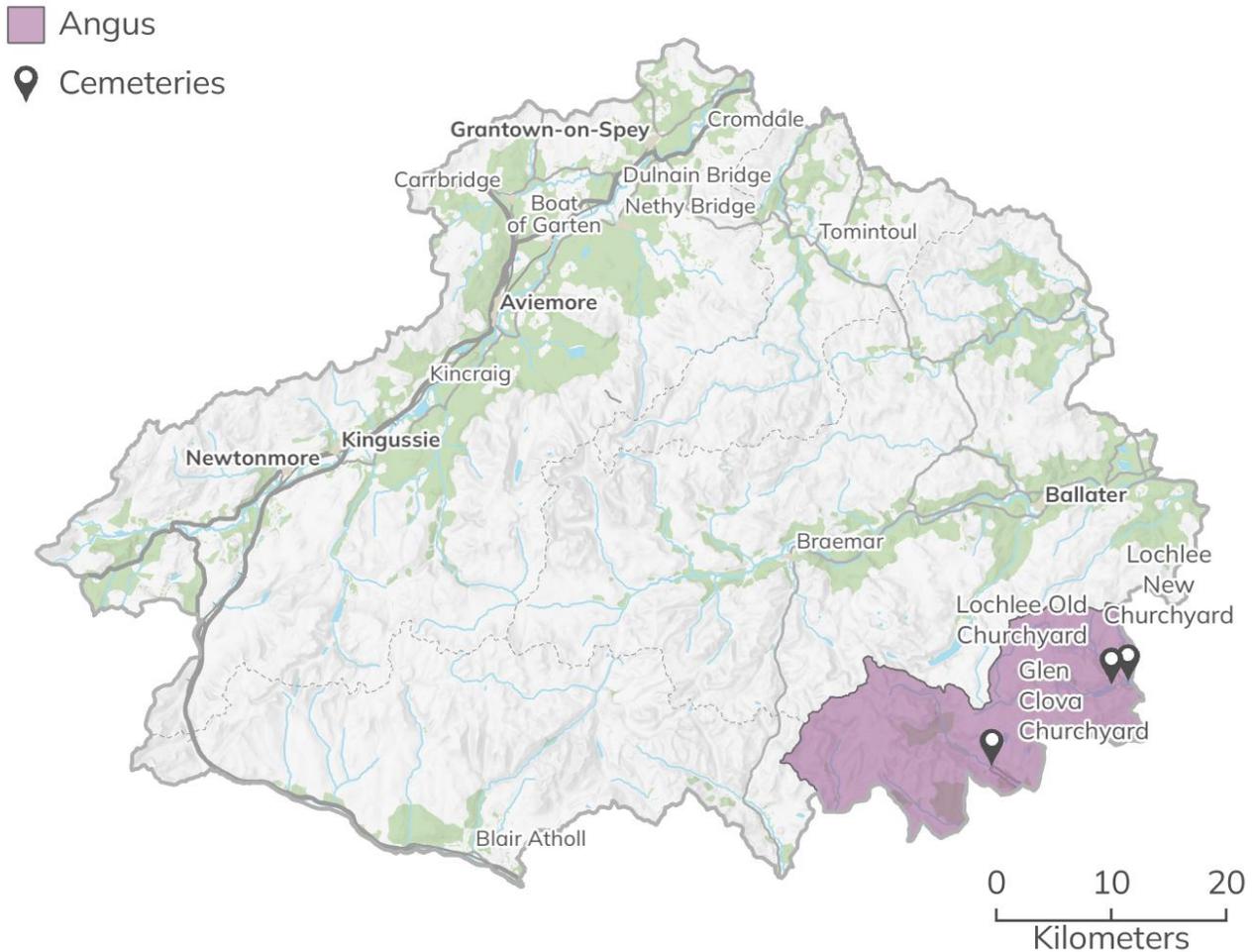


Figure 73 Cemeteries in the Angus Council area of the Cairngorms National Park. Cairngorms National Park Authority © Crown copyright and database rights 2026 Ordnance Survey AC0000821810.

Angus Council provided capacity information on these cemeteries (CNPA1099) (Table 18). The Council has advised (30 January 2025) that they are currently in the process of drafting a Cemetery Strategy was 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 18 Projected life expectancy of Angus Council’s cemeteries within the Cairngorms National Park as of 29 January 2025 (CNPA1099).

Cemetery	Cemetery Life Expectancy as of 29 January 2025	Lairs remaining as of 29 January 2025	Comments / notes
Lochlee New Churchyard	169 years	90	



Cemetery	Cemetery Life Expectancy as of 29 January 2025	Lairs remaining as of 29 January 2025	Comments / notes
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 Strategy (CNPA1075) 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 map (CNPA739) (data accessed 29 January 2025). Within the Cairngorms National Park, in the Perth and Kinross Council area are the following cemeteries (Figure 74):

- Spittal of Glenshee
- Kilmavonaig Churchyard
- Blair Atholl Churchyard.

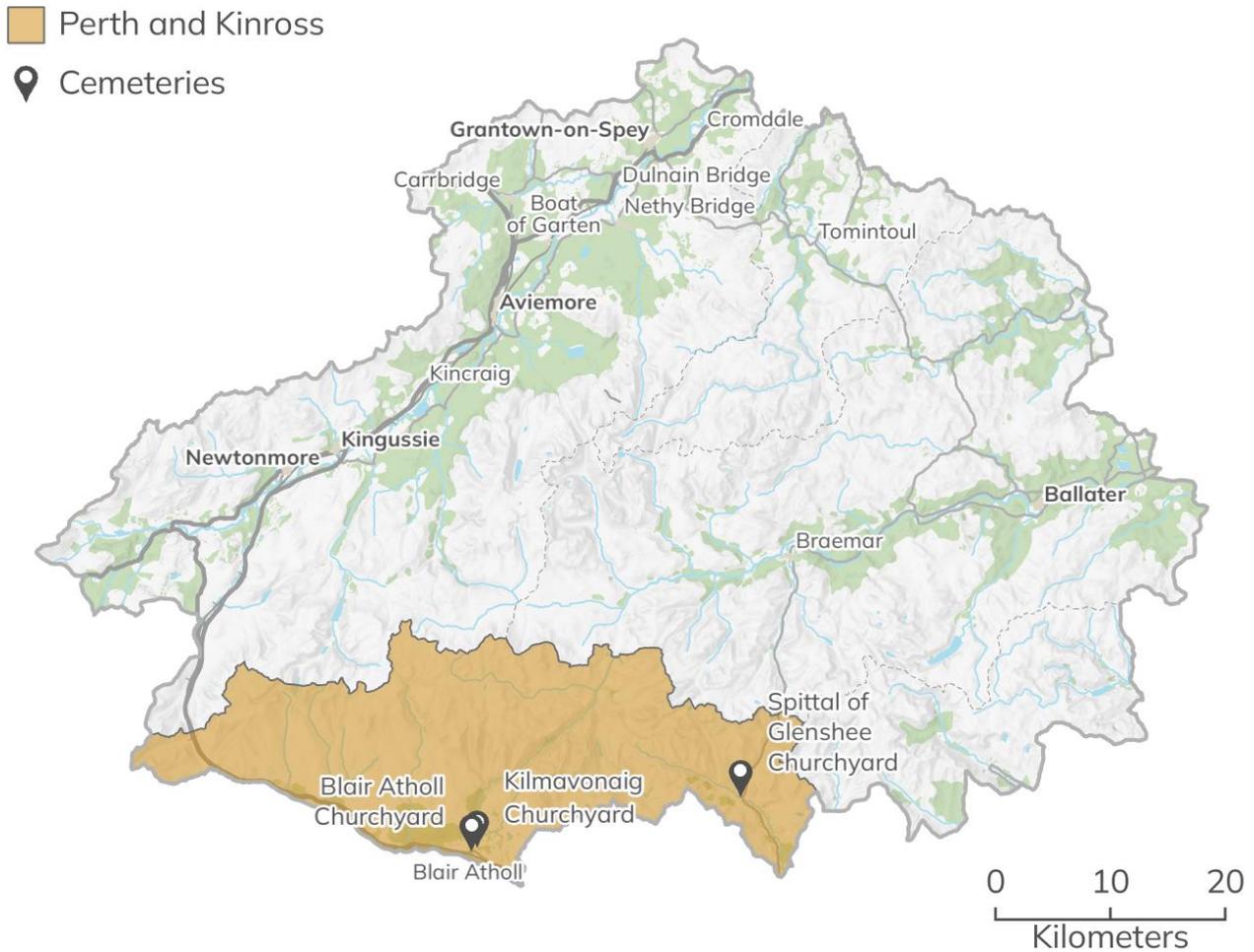


Figure 74 Cemeteries in the Perth and Kinross Council area of the Cairngorms National Park. Cairngorms National Park Authority © Crown copyright and database rights 2026 Ordnance Survey AC0000821810.

Perth and Kinross Council engaged with the Park Authority on burial matters in the National Park (CNPA1098). The Council provided the following updates to the named cemeteries above (Figure 74 and Table 19). 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 19 Projected life expectancy of Perth and Kinross Council’s cemeteries within the Cairngorms National Park as of 29 January 2025 (CNPA1098).

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;



Cemetery	Cemetery Life Expectancy as of 29 January 2025	Lairs remaining as of 29 January 2025	Comments / notes
			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 75). Highland Council provided information to the Park Authority (CNPA1097), in February 2025, on the cemeteries managed by the Council area of the Cairngorms National Park in terms of capacity shown in Table 20.

Table 20 Cemetery capacity in the Highland Council area of the Cairngorms National Park. February 2025. (CNPA1097).

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
Cromdale	24.0	30
Duthil	Closed	0



Cemetery	Estimated Years Remaining Capacity	Lairs remaining as of 21 February 2025
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.

Highland Council have published management rules for burial grounds (CNPA1077) which applies to all the burial grounds in the Highland area of the National Park. 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.

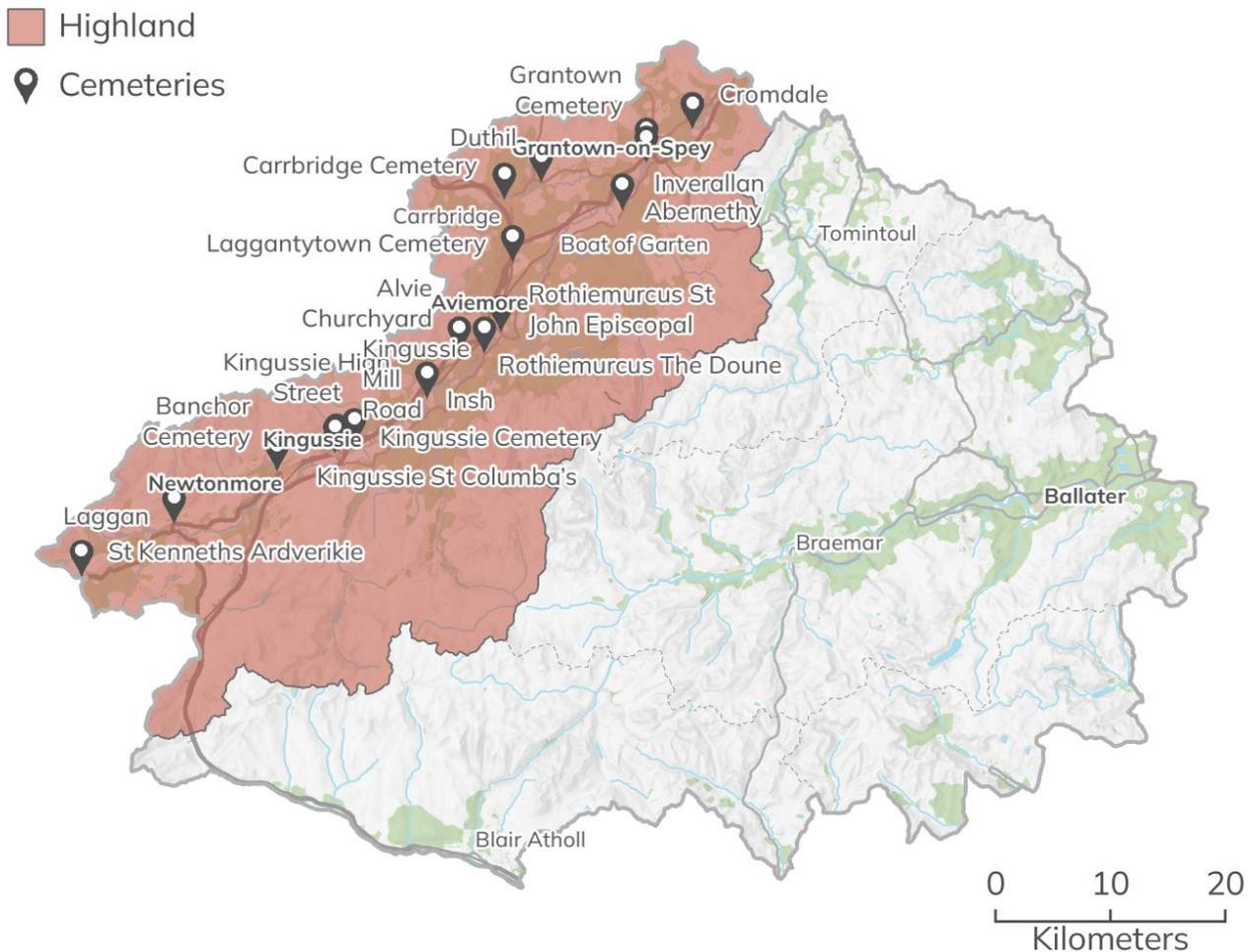


Figure 75 Cemeteries in the Highland Council area of the Cairngorms National Park. Cairngorms National Park Authority © Crown copyright and database rights 2026 Ordnance Survey AC0000821810.

Crematoriums

There are no crematoriums in the National Park (CNPA768) (Figure 76). 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 76 Map showing the crematoriums outwith the Cairngorms National Park, that potentially serve the National Park residents (CNPA768). Cairngorms National Park Authority © Crown copyright and database rights 2026 Ordnance Survey AC0000821810.

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 77).



There are several natural burial grounds outwith the National Park which residents may choose to use (CNPA1078). There is one at Wilkies Wood in Findhorn, Moray. In Aberdeenshire there is a natural burial ground outwith the National Park at Clovery Woods of Rest, Turriff (CNPA767) 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.

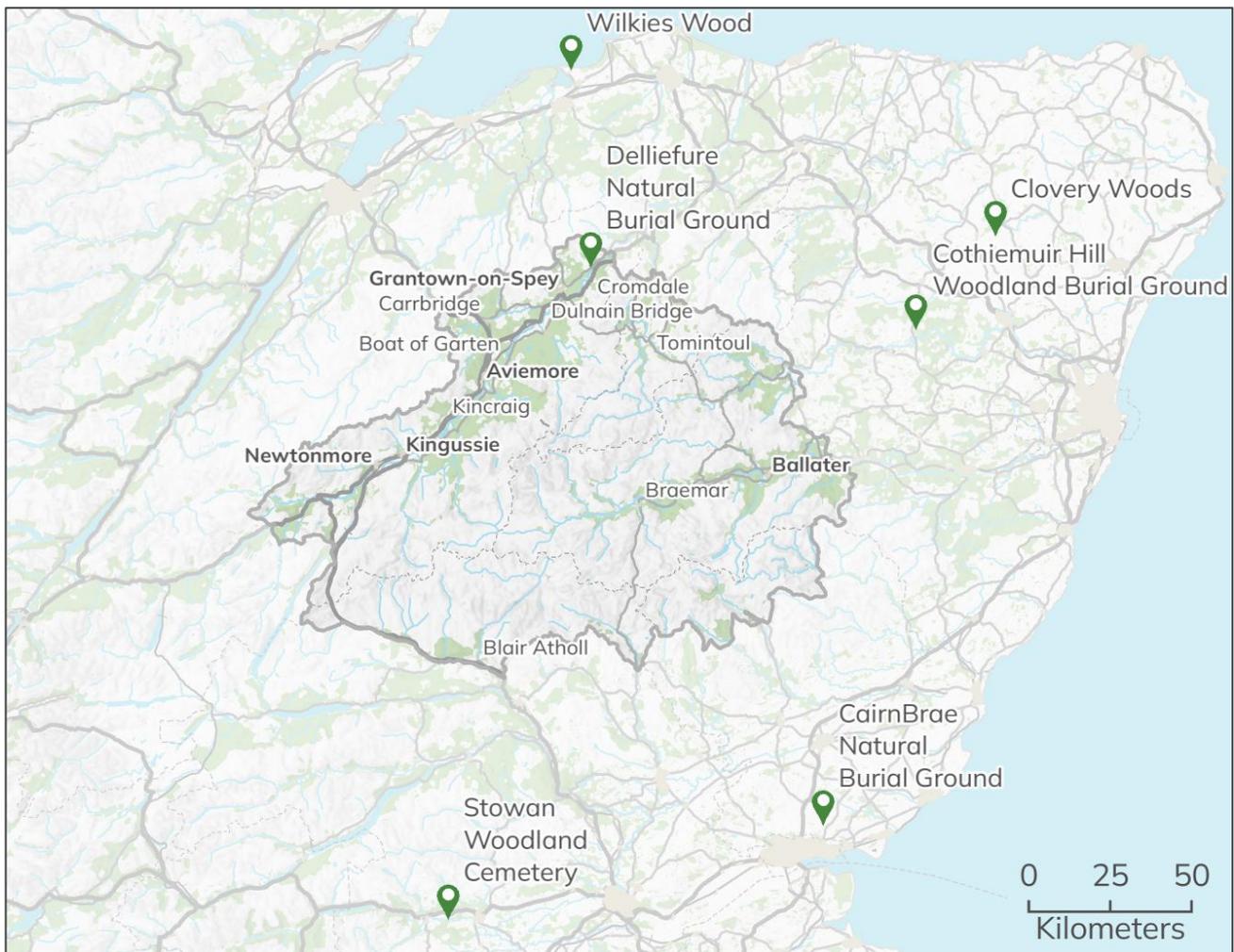


Figure 77 Map showing the natural burial grounds in and around the Cairngorms National Park area, that potentially serve the National Park residents (CNPA1078). Cairngorms National Park Authority © Crown copyright and database rights 2026 Ordnance Survey AC0000821810.

Landscapes for people and health

NatureScot have published landscape policy and guidance on landscapes for people and health (CNPA772) which includes the document: Developing the contribution of the natural heritage to a healthier Scotland (CNPA773). The Proposed Plan should support



and reflect the approach taken by NatureScot in the preparation of the Proposed Plan Scotland's natural heritage makes an important contribution to people's physical and mental health and well-being. This contribution can be strengthened through a range of action to support:

- Increased physical activity and contact with nature in the outdoors.
- Better planning, design and management of places to provide accessible, high quality greenspace, path networks and attractive landscapes close to where people live, work and learn.

Scotland's natural heritage, rich in accessibility, quality, and diversity, plays a vital role in enhancing public health and well-being. The positive impact of outdoor activity and engagement with nature is increasingly acknowledged by healthcare professionals and policymakers alike.

Encouraging more adults to being active outdoors each week is a key objective of the Scottish Government. This aligns with broader goals outlined in the National Performance Framework, which include slowing the rise in children's body mass index, boosting mental wellbeing among adults, and extending healthy life expectancy in disadvantaged communities.

NatureScot believes that the Scottish Government's objectives for a healthier Scotland will be more achievable if people have regular opportunities for enjoying the outdoors for exercise, relaxation, learning and active travel. The promotion of this stronger outdoor culture requires a concerted and long-term range of action in various settings, including in and around school or nursery, at work, and close to home.

The Proposed Plan should seek to 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.

More information on nature based assets and outdoor activities in the National Park that can benefit health and wellbeing is available in Schedule 5: Natural heritage, Schedule 16: Blue and green infrastructure, Schedule 17: Play, recreation and sport and Schedule 23: Tourism.



Health in All Policies

Health in All Policies (HiAP) (CNPA766) 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 Proposed 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’³¹ (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 Cairngorms National Park Authority Local Development Plan Strategic Environment’s Scoping Report was published in 2025 (CNPA211). Table 21 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. Following formal engagement with the key agencies, the Scoping Report will be updated in 2026.

³¹ More information available from the World Health Organization position paper (CNPA1079).



Table 21 Proposed strategic environment assessment objectives (CNPA211) that will consider matters relating to the Schedule 18: 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 • Biodiversity, fauna and flora
	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. 	

Evidence gaps

The following evidence gaps have been identified:

- Information on the capacity of Ballater Health Clinic. This is currently under assessment by NHS Grampian and is expected to be available in Quarter 4 2025 / 2026. It will therefore be available to inform the preparation of the Proposed Plan.
- Condition information for healthcare assets managed by NHS health boards and health and social care partnerships in Highland, Moray, Aberdeenshire and Angus Councils. This is not regarded as an issue as the data is not needed to inform developer contribution requirements. Engagement with all NHS health boards and health and social care partnerships will continue throughout the preparation of the Proposed Plan.

Summary of stakeholder engagement



Early online map based engagement revealed concerns about fire risk and safety within the Glenmore area, emphasising the need for continued management of visitor pressures and environmental protection. (CNPA026)

Engagement with Gypsy and Traveller communities revealed that participants expressed safety concerns relating to discrimination, unsafe roads, and the lack of public toilet facilities. These issues were identified as barriers to wellbeing and inclusion within the National Park. (CNPA028)

Engagement with children and young people highlighted safety concerns related to a small number of locations that suffer from vandalism and poor lighting. Concern was also raised about anti-social behaviour on public transport and speeding on roads (in particular its negative impact on cycling safety. However, overall, the National Park was generally considered to be a safe place.
(CNPA058, CNPA681, CNPA682, CNPA683, CNPA833, CNPA834, CNPA835)

Engagement with Aviemore and the Cairngorms 2030 Planning Power gamification events highlighted strong calls for increased support for individuals facing accessibility challenges when navigating the National Park. Discussions particularly focused on nature-based therapy options, with NPF4 policies such as Policy 23A (protecting people and places from harm) and Policy 23B (supporting health and wellbeing) explored in depth. Participants emphasized that the abundance of natural spaces within the park provides significant opportunities for these initiatives.

Participants also emphasized the need for more access points that connect natural areas with urban developments. They hoped these connections would help facilitate natural stress relief and improve mental health outcomes by promoting nature-based methods. (CNPA1105, CNPA1104)

Public engagement on this schedule (see CNPA1341 for engagement version) was carried out from 4 June – 11 July 2025. Six completed responses were received (CNPA1340).

NHS health boards and local health and social care partnerships

The Park Authority has engaged with all three of the health boards (NHS Highland, NHS Grampian and NHS Tayside) whose geographies overlap that of the National Park throughout the preparation of the schedule. The local health and social care partnerships have been engaged through these boards. It was through this process that



information on capacity and condition was derived (See Table 8) (CNPA1089, CNPA1107 and CNPA1092).

The Park Authority is also part of Local Development Plan Tayside NHS and Planning working group that meets regularly to update partner organisations on progress. The group includes representatives from NHS Tayside, Angus Health and Social Care Partnership, Perth and Kinross Health and Social Care Partnership, Angus Council and Perth and Kinross Council. The Park Authority will continue to engage with the group to inform the preparation of the Proposed Plan.

The Park Authority is committed to continuing ongoing engagement with the health boards and local health and social care partnerships to monitor and evaluate the health care provision and the impacts new development will have on existing capacity. Subsequent engagement with the health boards will inform the developer obligation approach and methodology developed during the preparation of the Proposed Plan.

The Park Authority has directly engaged with Angus Health and Social Care Partnership during the preparation of this schedule in relation to the inclusion of the confidential Angus Suicide Prevention Action Plan (page 57) and agreed they are content with the section relating to this Plan (CNPA1369).

Local authorities

Where there was not available up to date publicly available information on burial grounds, the Park Authority engaged with the local authorities directly. All of local authorities engaged the Park Authority during the preparation of this Schedule.

Summary of implications for Proposed Plan

Based on the available evidence and engagement with key agencies and other interested parties, the Park Authority consider this schedule to provide a sufficient evidence base on which to prepare the Proposed Plan.

The Park Authority will continue to engage the NHS health boards and health and social care partnerships 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) (CNPA004), in particular the third aim 'to promote public understanding and



enjoyment of the area's natural and cultural heritage' and the fourth aim 'to promote sustainable economic, social and cultural development of the area's communities'.

- Section 9(6) of the 2000 Act, which states that while the aims are to be pursued collectively, if there is conflict between the first aim and any of the others, greater weight is given to the first aim.
- The spatial strategy and principles of National Planning Framework 4 (CNPA008).

In its preparation of the Proposed Plan, and throughout the implementation of the adopted Local Development Plan, the Park Authority will work in partnership with the NHS health boards and health and social care partnerships that provide General Practice services to residents of the National Park to determine the level of developer contributions, if any, to be levied for healthcare infrastructure and the triggers for determining when developer contributions are needed.

The fact that there are no identified capacity issues within the practices serving the Strategic Settlements and all but two of the Intermediate Settlements, indicates that the delivery of the indicative housing land requirement of 889 dwellings is realistic and will not be fundamentally constrained by a lack of healthcare capacity. See Schedule 13: Housing for further information.

At present, the Park Authority anticipates that developer contributions may be required if development is proposed within the catchments of the following General Practices:

- Aboyne Health Centre, of which Tarland Surgery is a part.
- Ballater Health Clinic.
- Braemar Health Clinic.
- Gergask Medical Practice, which is in Laggan.
- Rinnes Medical Group, which has surgeries in Dufftown and Tomintoul.
- Strathdon Medical Centre.

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.
- Reflect feedback from the emergency services providers (police, ambulance and fire) operating in the Cairngorms National Park.



- Consider how biodiversity enhancement, connecting with nature and landscape design which can be positive for health, wellbeing and safety can be integrated into new development.

Statements of agreement

The following people / organisations agree that the evidence presented is sufficient to inform the preparation of the Proposed Plan:

- NHS Grampian (C006)
- Historic Environment Scotland (C002)
- NatureScot (C004)
- Icarus Charity (C043)

NHS Grampian (C006)

NHS Grampian agreed that the evidence presented in this report correctly identifies the characteristics of the Cairngorms National Park stating that from NHS Grampian's perspective it accurately captures General Medical Services, Pharmacy and Dental facilities that provide services to the Cairngorms National Park Area. They did request one additional change to be made in relation to Rinnes Medical Centre (Tomintoul Surgery) being a dispensing practice which means it provides pharmacy services in Tomintoul, and the surrounding area.

NHS Grampian also commented that they felt the evidence is comprehensive and key stakeholders have been engaged with and the document reflects the information provided. They did not know of any additional information that would help inform the preparation of the next Local Development Plan. Lastly, they agreed that the correct implications for the next Local Development Plan have been identified.

Park Authority response

The additional information has been added to the schedule to reflect NHS Grampian's comments.

Historic Environment Scotland (C002)

Historic Environment Scotland agreed that the evidence presented in this report correctly identifies the characteristics of the Cairngorms National Park and did not know of any additional information that would help inform the preparation of the next Local Development Plan. They agreed that the correct implications for the next Local



Development Plan have been identified, commenting they 'welcome the recognition of the connections between place and wellbeing outcomes.'

NatureScot (C004)

NatureScot agreed that that the evidence presented in this report correctly identifies the characteristics of the Cairngorms National Park subject to (CNPA849):

- The inclusion of the link to Natural heritage in terms of inter-relationships in Table 18: 'Proposed strategic environment assessment objectives that will consider matters relating to health and safety, under the outcome: 'Promote opportunities that maximise the health and wellbeing of local people, visitors and communities'

When asked if they knew of any additional information that would help inform the preparation of the next Local Development Plan they stated they did, suggesting the inclusion of the following:

- Scottish Biodiversity Strategy to 2045, which includes biodiversity as important for health and wellbeing.
- Reference to landscape evidence for importance to health.
- Links with National Planning Framework 4 Policy 14: Design, Quality and Place where the six qualities of success include, for example, Healthy - Supporting the prioritisation of women's safety and improving physical and mental health.

They agreed that the correct implications for the next Local Development Plan have been identified, but requested that the implications for the next Local Development Plan should also consider how biodiversity enhancement, connecting with nature and landscape design can be positive for health, wellbeing and safety.

Park Authority response

The additional information has been added to the schedule to reflect NatureScot's comments.

Statements of dispute

Icarus Charity (C043)

Although the Icarus Charity agreed that the evidence presented in this report is sufficient to inform the preparation of the next Local Development Plan and that the evidence presented in this report correctly identifies the characteristics of the Cairngorms National Park, they requested that information on tick borne illness in the National Park be added, and in particular a consideration for widespread signposting



around the National Park and prominent placement and signposting to tick tweezers with clear instructions on tick removal.

Park Authority response

The Park Authority understands the concern, however this falls outwith the scope of the Local Development Plan to address as these interventions are unlikely to require planning permission.

Margaret Kinsella (C097)

Margaret Kinsella did not agree that the evidence presented in this report is sufficient to inform the preparation of the next Local Development Plan stating:

‘While there is talk of improved facilities for children, there is little mention of young people / teenagers. Do you know what the current staff vacancies for services for children and young people is in the park area, what the reasons and consequences of that are and what you can do to support our most vulnerable children? Do you know or understand anything about the number of Looked after Children, Residential placements?’

Park Authority response

The information asked to be obtained by Margaret Kinsella on staff vacancies and residential placements falls outwith the scope of the Local Development Plan’s requirements.