Chapter 13 : Design, Wellbeing, Local Living and Placemaking

Information required by the Act regarding the issue addressed in this section	Town and Country Planning (Scotland) Act 1997 as amended: Section 15 (5) (a): • the principal physical, cultural, economic, social, built heritage and environmental characteristics of the district. Section 15(2A) • A local development plan is to include a statement of the planning authority's policies and proposals as to the provision of public conveniences. Section 15(2B) • A local development plan is to include a statement of the planning authority's policies and proposals as to the provision of water refill locations Section 16D: • A planning authority must assess the sufficiency of play opportunities in its area for children in preparing an evidence report. Town and Country Planning (Development Planning) (Scotland) Regulations 2023: Regulation 9 • The planning authority is to have regard to the open space strategy in preparing a local development plan
NPF4 LDP Requirements	NPF4 Policy 14 – Design, Quality and Place: • LDPs should be place-based and created in line with the Place Principle. The spatial strategy should be underpinned by the six qualities of successful places. LDPs should provide clear expectations for design, quality and place taking account of the local context, characteristics, and connectivity of the area. They should also identify where more detailed design guidance is expected, for example, by way of design frameworks, briefs, masterplans, and design codes. • Planning authorities should use the Place Standard tool in the preparation of LDPs and design guidance to engage with communities and other stakeholders. They should also where

relevant promote its use in early design discussions on planning applications.

NPF4 Policy 15 – Local Living and 20-minute Neighbourhoods:

- LDPs should support local living, including 20-minute neighbourhoods within settlements, through the spatial strategy, associated site briefs and masterplans. The approach should take into account the local context, consider the varying settlement patterns and reflect the particular characteristics and challenges faced by each place. Communities and businesses will have an important role to play in informing this, helping to strengthen local living through their engagement with the planning system.

NPF4 Policy 20 – Blue and Green Infrastructure:

- Local Development Plans should be informed by relevant, up-to-date audits and/or strategies, covering the multiple functions and benefits of blue and green infrastructure.
- The spatial strategy should identify and protect blue and green infrastructure assets and networks; enhance and expand existing provision including new blue and/or green infrastructure. This may include retrofitting.
- Priorities for connectivity to other blue and/or green infrastructure assets, including to address cross-boundary needs and opportunities, should also be identified.
- LDPs should encourage the permanent or temporary use of unused or under-used land as green infrastructure. Where this is temporary, this should not prevent future development potential from being realised.
- LDPs should safeguard access rights and core paths, including active travel routes, and encourage new and enhanced opportunities for access linked to wider networks.

NPF4 Policy 21 – Play, Recreation and Sport:

- LDP should identify sites for sports, play and outdoor recreation for people of all ages. This should be based on an understanding of the needs and demand in the community and informed by the planning authority's Play Sufficiency Assessment and Open Space Strategy. These spaces can be incorporated as part of enhancing and expanding blue and green infrastructure, taking account of relevant agencies' plans

or policy frameworks, such as flood risk and/or water management plans. New provisions should be well-designed, high quality, accessible and inclusive.

NPF4 Policy 23 – Health and Safety:

- LDP spatial strategies should seek to tackle health inequalities particularly in places which are experiencing the most disadvantage.
- LDPs 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.
- LDPs 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.

NPF4 Policy 27 – City, Town, Local and Commercial Centres:

- LDPs should support sustainable futures for city, town, and local centres, in particular opportunities to enhance city and town centres. They should, where relevant, also support proposals for improving the sustainability of existing commercial centres where appropriate.
- LDPs should identify a network of centres that reflect the principles of Local Living and the town centre vision.
- LDPs should be informed by evidence on where clustering of non-retail uses may be adversely impacting on the wellbeing of communities. They should also consider and, if appropriate, identify where drive-through facilities may be acceptable where they would not negatively impact on the principles of local living or sustainable travel.
- LDPs should provide a proportion of their Local Housing Land Requirements in city and town centres and be proactive in identifying opportunities to support residential developments.

NPF4 Policy 28 – Retail:

- LDPs should consider where they may be a need for further retail provision. This may be where a retail study identifies deficiencies in retail provision in terms of quality and quantity in an area, or when allocating sites for housing or the creation of

	new communities, in terms of the need for neighbourhood shopping, and supporting local living. • LDPs should identify areas where proposals for healthy food and drink outlets can be supported.
Links to Evidence	**(THC140)** Local Transport Strategy 2025-2030 **(THC141)** Active Travel Strategy **(THC142)** Road Safety Plan to 2030 **(THC159)** Developer Contributions Supplementary Guidance **(THC201)** Developing a Place Based Framework **(THC202)** Future Highlands Strategic Partnership Priority 4 – Place Based Planning and Investment in Communities **(THC204)** Public Health Scotland Public Health Observatory Highland Profile Report **(THC205)** NHS Highland Public Health Intelligence Partnership Profiles **(THC207)** Place Standard Tool Design Version **(THC209)** Highland Outcome Improvement Plan (HOIP) **(THC214)** Bereavement Services Update **(THC215)** Highland Burial Ground Capacity **(THC217)** Creating Hope Together in Highland **(THC220)** Air Quality Action Plan 2024 **(THC221)** Inverness City Centre Development Brief **(THC222)** Environmental Health – Air Quality Update 2024/25 to City of Inverness Area Committee, 19 May 2025 **(THC223)** The Highland Council Inverness AQMA Revocation Order 2025 **(THC225)** HSE Consultation Zones and Hazardous Sites **(THC231)** Growing Our Future - A Community Food Growing Strategy for Highland **(THC233)** Playpark Strategy and Action Plan **(THC235)** Draft Play Sufficiency Assessment **(THC237)** High Life Highland Progress Report 2024 **(THC238)** SportScotland FPM Highland Council Report **(THC239)** High Life Highland Evidence Submission **(THC241)** Draft Surface Water Management Plan (SWMP) **(THC242)** Draft SWMP Long List and Short List **(THC245)** Local Living Mapping Technical Note **(THC247)** Local Living Consultation Report **(THC249)** Update on Public Conveniences Provision

(THC254) Highland Child Healthy Weight by Intermediate Zone
(THC258) Tackling Payday Lending and Gambling in Scottish Town Centres and neighbourhoods
(THC259) Highland Licensing Board Gambling Policy Statement
(THC261) NHS Submission on Overprovision
(THC262) Highland Alcohol Licensed Retailers
(THC264) Register of Highland Tobacco and NVP Retailers
(THC265) Inverness Strategy
(THC266) Development Plan Delivery – Committee Report
(THC267) Highland GP Practice List Sizes
(THC268) Highland Health Facilities
(THC269) IMFLDP2 Report of Examination
(THC271) Place Standard Tool Children's Engagement Materials
(THC272) Place Standard Tool Young People's Engagement Materials
(THC275) Accessible Amendments to Houses Analysis
(THC276) Residential Annex for Elderly Family Analysis
(THC330) Transport - Draft Chapter Key Agency and Stakeholder Consultation Report
(THC335) Active Highland Strategy 2025

Online Resources	Date Accessed
Place Principle	31 October 2025
Six Qualities of Successful Places	31 October 2025
Creating Places: A policy statement on architecture and place for Scotland	31 October 2025
Place Standard Tool	31 October 2025
Place and Wellbeing Outcomes	31 October 2025
Place and Wellbeing Outcome Indicators	31 October 2025
Designing Streets: A Policy Statement for Scotland	31 October 2025
Designing Streets toolkit	31 October 2025
Planning (Scotland) Act 2019	17 March 2025

	Masterplan Consent Area Guidance	31 October 2025
	World Health Organization (WHO) - definition of health	31 October 2025
	PHS Scotland – Health as a fundamental human right	31 October 2025
	Scotland's Public Health Challenges	31 October 2025
	Scotland population dynamics – stalling mortality trends	31 October 2025
	Healthy life expectancy in Scotland falls to near ten year low	31 October 2025
	Public Health Observatory Dashboard	31 October 2025
	Annual Report of the Director of Public Health 2024 - Health Inequalities	31 October 2025
	Scotland's Population Health Framework	31 October 2025
	Health in All Policies: A Primer	31 October 2025
	Evidence behind Place Standard Tool and Place and Wellbeing outcomes	31 October 2025
	Wellbeing Economy Toolkit	31 October 2025
	Local Wellbeing Economy Monitor Guidance	31 October 2025
	Scottish Index of Multiple Deprivation	17 March 2025
	Final report of the Access Data Short-Life Working Group	31 October 2025
	Understanding the changing nature and context of poverty in Scottish rural and island communities	31 October 2025
	Guide to Public Health Impact Assessment	31 October 2025
	Health Impact Assessment Support Unit (HIASU)	31 October 2025
	Creating Hope Together – Year 1 Delivery plan (2023-24)	31 October 2025

	Probable Suicides, 2024 - National Records of Scotland (NRS)	31 October 2025
	National Guidance on Action to Address Suicides at Locations of Concern	31 October 2025
	Place and wellbeing: integrating land use planning and public health in Scotland	31 October 2025
	Health and Social Care Service Renewal Framework	31 October 2025
	NHS Highland Strategy 2022-227: Together we care with you, for you	31 October 2025
	Improvement Service Spatial Hub NHS Hospitals GP Practices Pharmacies	31 October 2025
	GP Workforce and Practice List Sizes	31 October 2025
	General practice list size and demographics information	31 October 2025
	Culloden Medical Practice and Culloden Surgery	31 October 2025
	General Practice (in-hours) Workforce Survey 2024	31 October 2025
	NHS Highland Workforce statistics to 30 June 2025	31 October 2025
	NHS Scotland Workforce statistics to 30 June 2025	31 October 2025
	NHS Highland List of Dental Practitioners	31 October 2025
	NHS Highland consultant workforce data	31 October 2025
	Care homes and day care - NHS Highland	31 October 2025
	Care homes across the Highland HSCP area	31 October 2025
	Care Homes for the Elderly	31 October 2025
	Independent Care Sector Home Overview and Collaborative Support Update	31 October 2025

	Social Care Insights Dashboard	31 October 2025
	Call for Development Sites	31 October 2025
	Highland Council Burial Grounds Map	17 March 2025
	Public Health Scotland Death Rates by Council Area	31 October 2025
	UK National Air Quality Strategy	31 October 2025
	Cleaner Air for Scotland 2 (CAFS2)	31 October 2025
	National Air Quality Standards and Objectives	17 March 2025
	Air Quality Management Area	17 March 2025
	Air Quality in Scotland	31 October 2025
	Doctors encourage Scottish Government to take forward schools air quality monitor pilot	31 October 2025
	Scotland's Noise Map	17 March 2025
	Transportation Noise Action Plan	31 October 2025
	Transport Poverty: A Public Health Issue	31 October 2025
	Why is transport important for health?	31 October 2025
	Public Health Scotland - definition of Transport Poverty	31 October 2025
	Obesity Action Scotland Factsheet (2024)	31 October 2025
	Coal Authority Development High Risk Areas	31 October 2025
	Dounreay & Vulcan NRTE Offsite Emergency Plan	31 October 2025
	Nuclear Decommissioning Authority (NDA) Group Draft Strategy	31 October 2025
	A More Active Scotland: Scotland's Physical Activity Delivery Plan	31 October 2025
	National Physical Activity for Health Framework	31 October 2025

	OS MasterMap Greenspace Layer	31 October 2025
	Third State of Scotland's Greenspace Report	31 October 2025
	Scottish Household Survey Data	31 October 2025
	Tree Equity Score UK	31 October 2025
	Working together to build climate resilient, healthy and equitable places	31 October 2025
	Water Resilient Places	31 October 2025
	Blue and Green Infrastructure Mapping	31 October 2025
	OS MasterMap Greenspace Layer	31 October 2025
	Recommended riparian corridor layer	31 October 2025
	Geomorphic risk layer	31 October 2025
	Riparian vegetation planting opportunities (25m)	31 October 2025
	Scottish Wetland Inventory layer	31 October 2025
	Core Path Network	31 October 2025
	Long Distance Trails	31 October 2025
	Culverts	31 October 2025
	Evidence Gathering Planning Advice Note for Planning Authorities: LDP Evidence Gathering: Achieving sufficiency of evidence relating to flood risk and the water environment	31 October 2025
	Crofting Commission Annual Report and Accounts 2023/24).	31 October 2025
	The Value of Crofting	31 October 2025

	Economic Condition of Crofting 2019-2022	31 October 2025
	Highland Good Food Map | Highland Good Food Partnership	31 October 2025
	Scotland's Play Vision Statement and Action Plan	31 October 2025
	Highland Council Play Areas	31 October 2025
	Play Sufficiency Assessment Planning Guidance	31 October 2025
	The State of Play in Scotland	31 October 2025
	Highland Play Sufficiency Assessment Map	31 October 2025
	Local Living Interactive Map	31 October 2025
	Designing Streets: A Policy Statement for Scotland	31 October 2025
	Find a leisure centre	31 October 2025
	Sportscotland's Facilities Database	31 October 2025
	West Highlands And Islands Core Paths Plan Review	31 October 2025
	Local Living and 20-Minute Neighbourhood Planning Guidance	31 October 2025
	How to map a 20 Minute Neighbourhood Guidance	31 October 2025
	Living Well Locally: 20 Minute Communities in the Highlands and Islands	31 October 2025
	Public Conveniences Map	31 October 2025
	Comfort Scheme (Highland Council)	31 October 2025
	Scottish Water Top Up Tap Map	31 October 2025
	Town Centre First Principle	17 March 2025
	Town Centre Toolkit	17 March 2025

	A New Future for Scotlands Town Centres	31 October 2025
	Town Centre Health Checks Storymap	17 March 2025
	Town Centre Health Checks Dashboard	17 March 2025
	Town Centre Action Plan Review	31 October 2025
	Business Improvement Districts	17 March 2025
	High Streets in Great Britain	17 March 2025
	Getting the Right Change – A retail strategy for Scotland	31 October 2025
	Inverness City Centre Retail Audit Dashboard	17 March 2025
	Inverness Retail Parks Dashboard	17 March 2025
	High street employment, land use and resident population – Office of National Statistics	31 October 2025
	Research Project: To Explore the Relationship Between the Food Environment and the Planning System	31 October 2025
	Evidence Brief - Are takeaways adding pounds? - MRC Epidemiology Unit	31 October 2025
	Diet and Weight: Out of Home Action Plan	31 October 2025
	Local Levers for Diet and Healthy Weight	31 October 2025
	Managing takeaways near schools: a toolkit for local authorities	31 October 2025
	Food Environment Assessment Tool	17 March 2025
	Evidence Brief - Are takeaways adding pounds? - MRC Epidemiology Unit	31 October 2025
	Town and Country Planning (Use Classes) (Scotland) Order 1997 (UCO)	17 March 2025
	CreshMap	17 March 2025
	A cross-sectional analysis of the relationship between tobacco and alcohol outlet density and neighbourhood deprivation	31 October 2025
	Registered Highland Tobacco Retailers	17 March 2025
	Proximity of Takeaways and Tobacco Retailers to Schools	17 March 2025

	Health harms of vaping – evidence briefing	31 October 2025
	Tobacco and Vaping Framework	31 October 2025
	School proximity to tobacco retailer map	31 October 2025
	Highland Local Development Plan - Evidence Consultation – Area Profiles Plus Errata Highland Local Development Plan | Highland Local Development Plan - Evidence Consultation: Errata	31 October 2025

In order to avoid repetition of content contained elsewhere within the Evidence Report, this chapter should be read in conjunction with other chapters. We recognise that there are relevant crossovers between Design, Wellbeing, Local Living and Placemaking and other topics including:

- **Chapter 4: Climate Change and Energy**
- **Chapter 5: Nature and Environment**
- **Chapter 7: Flood Risk Management**
- **Chapter 8: Economy, Business, Tourism and Productive Places**
- **Chapter 9: Housing**
- **Chapter 10: Transport**
- **Chapter 11: Infrastructure**
- **Chapter 12: Historic Assets, Brownfield Land and Empty Buildings**

Where apparent, the Council has referenced relevant linkages between policies areas throughout the chapter.

Summary of Evidence

13.1   The Council ambition is to reinforce our existing communities across the entire Highland region to ensure they are modern, resilient and fit for the future, whilst safeguarding and protecting our existing important built heritage asset. To achieve this, the Council will need to encourage, promote and facilitate well designed developments where our residents live in healthy and well-designed communities, which have quick and easy access to shops, workplaces, community facilities, play and open space, and local services, allowing them to

spend less time commuting and more time with family and friends. This chapter brings together a summary of evidence required to address these issues. This Summary of Evidence focuses on information relating to:

- **Placemaking**
- **Health and Wellbeing**
- **Health and Social Care Needs**
- **Health Harms**
- **Open Space, Recreation and Blue-Green Infrastructure**
- **Local Living**
- **Retail and Town Centres**
- **Clustering of Non-Retail Uses**

Placemaking

National Context

13.2　The Place Principle is the overarching context for place-based working in Scotland. Place is where people, location and resources combine to create a sense of identity and purpose and is at the heart of addressing the needs and realising the full potential of communities. Places are shaped by the way resources, services and assets are directed and used by the people who live in and invest in them.

13.3　The Place Principle encourages a joined-up and Design, Quality and Place participative approach to services, land and buildings, across all sectors within a place to enable better outcomes for everyone and increased opportunities for people and communities to shape their own lives.

13.4　The Six Qualities of Successful Places are outlined in NPF4 Annex D as follows:

- **Healthy**: Supporting the prioritisation of women's safety and improving physical and mental health,
- **Pleasant**: Supporting attractive natural and built spaces,
- **Connected**: Supporting well connected networks that make moving around easy and reduce car dependency,
- **Distinctive**: Supporting attention to detail of local architectural styles and natural landscapes to be interpreted into designs to reinforce identity,
- **Sustainable**: Supporting the efficient use of resources that will allow people to live, play, work and stay in their area, ensuring climate resilience and integrating nature positive biodiversity solutions,

- **Adaptable**: Supporting commitment to investing in the long-term value of buildings, streets and spaces by allowing for flexibility so that they can meet the changing needs and accommodate different uses over time.

13.5   Creating Places: A policy statement on architecture and place for Scotland underpins the Scottish Governments approach towards good places and describes good design as not something that is merely aesthetic but something that enhances the quality of the lives of the people and adds value, namely:

- Physical value – enhances a setting;
- Functional value – meets and adapts to the long-term needs of all users;
- Viability – provides good value for money;
- Social value – develops a positive sense of identity and community; and
- Environmental value - efficient and responsible use of our resources.

13.6   The values of good buildings and places that are put forward in *Creative Places* are grouped into themes which align closely with the Six Qualities of Successful Places.

13.7   The Place Standard contains 14 themes that support the Six Qualities of Successful Places, providing a consistent framework to consider and to assess the quality of new and existing places. The Place Standard Tool is designed to support communities, public, private and third sectors to work efficiently and effectively together to assess the quality of a place and to support the consideration of development planning and design within the framework of the 14 Place Standard themes and to deliver on the Six Qualities of Successful Places. Place Standard Tool results for the 10 areas within Highland are detailed in **Chapter 2: Area Profiles and Key Areas of Change**.

13.8   The Place and Wellbeing Outcomes provide a consistent and comprehensive focus for where place impacts on the wellbeing of people and planet. The incorporation of these Outcomes within NPF4 supports their consistent use across Scotland. There are a core set of Place and Wellbeing Outcome Indicators that can be measured and reviewed over time to assess the contribution to the delivery of the Place and Wellbeing Outcomes locally.

Placemaking in Highland

13.9   *Developing a Place Based Framework* **(THC201)** sets out the case for applying a place lens in Highland and has been designed to support communities and

public sector partners to take a collective approach to service design, planning and area priority planning taking a place-based approach.

13.10 Communities across Highland have been invited to consider preparation of their own Local Place Plans - a community's proposals for the development or use of land and buildings in their local area, to reflect on how to make their place better, agree priorities for the future and how to act on them. Priorities identified within Local Place Plans registered to date have been evidenced throughout this Evidence Report and will inform the HLDP.

13.11 In addition, sub-regional Area Place Plans are also being developed across Highland to bring together an overview of existing strategies and projects, to provide a future guide to get the best impact for people living in an area, based on a shared understanding of local need. At its simplest, Area Place Plans will be tools that make publicly clear what activity and investment is happening in each area, the outcomes being delivering against, when they are intended to be delivered and who is responsible for doing so.

13.12 The Highland-wide Area Place Plan programme was initiated following the publication of *Future Highlands Strategic Partnership Priority 4: Place Based Planning and Investment in Communities* **(THC202)** and has been endorsed by the Council and Highland Community Planning Partnership. The programme has brought in partners from across council services, the wider public sector, third sector, business and communities to steer the process.

Placemaking within the Development Plan

13.13 A number of policies already exist in the Council's current Local Development Plans which were designed to combat placemaking issues. The most recent review of the IMFLDP2 brought these issues into sharper focus.

13.14 A new Placemaking Policy was developed as part of the Inner Moray Firth Local Development Plan Review (IMF2 - General Policy 8: Placemaking) which developed a new approach requiring developments of 4 or more dwellings, and major non-housing applications, to complete a Placemaking Audit. This Placemaking Audit was developed in-house and aimed to ensure high quality design, appropriate site layouts and developments being built at the right density in the right location, all of which combine to achieve good placemaking whilst protecting our finite natural and biodiversity resources.

13.15 As the Audit was prepared before the publication of NPF4, by the time the IMFLDP2 was considered at examination a number of the requirements and

ambitions, including the 6 qualities of placemaking were outdated. Consequently, the Reporter recommended that the Placemaking Audit be excluded from the adopted version of the IMFLDP2 and instead that the Council progress the Audit as non-statutory planning policy **(THC269)**. This recommendation to exclude the Audit from the adopted IMFLDP2 was accepted by the Council and work is ongoing to consider bringing forward the Audit as non-statutory guidance.

13.16　The *Inverness Strategy* **(THC265)** serves as an Inverness City Centre Masterplan and focuses on key priorities for the City Centre, with recognition that quality placemaking is vital to the success of other policies, namely business and investment; health and wellbeing, and sustainable transport.

13.17　Street design is a key consideration in placemaking. Designing Streets: A Policy Statement for Scotland and the Designing Streets toolkit provide guidance on how to create well-design streets. The guidance emphasises placemaking in street design, moving away from a system focused upon the dominance of motor vehicles, to achieve better outcomes and the creation of successful places.

Masterplan Consent Areas

13.18　Masterplan Consent Areas (MCA)s are a new upfront consenting mechanism introduced by the Planning (Scotland) 2019 Act where the planning authority proactively sets out, and grants consent, in an MCA 'Scheme' for development it wishes to be delivered, subject to any conditions. The Council has considered the Scottish Government's recently published Masterplan Consent Area Guidance in this regard. The principle behind the MCA process, in terms of it giving consent, is akin to other consenting. The main differences between the application route to planning permission and MCAs are that an MCA is led by the authority and can offer four types of consent, which can be in place for up to 10 years.

13.19　As discussed in **Chapter 8: Business, Economy, Tourism and Productive Places**, and **Chapter 9: Housing**, the Council considers that MCAs provide significant potential to support the delivery of major projects and enable large scale infrastructure projects such as housing needs, national developments, and Green Freeports. One of the 6 commitments announced by the Council at the October 2024 Housing Summit was to prepare 3 MCAs by the end of June 2026. Meetings with Scottish Government officials and other potential *early*

adopter councils have taken place as to the use of MCAs in Highland and elsewhere. The Council seeks to be proactive in working collaboratively with stakeholders to identify feasible locations for MCAs.

13.20   MCAs are a means to take forward place-based approaches and go further than previous masterplan initiatives undertaken by the Council thus far. They are an important addition to the planning and placemaking toolkit, as a way for authorities to proactively shape and facilitate the type of development they want to happen in their areas.

13.21   MCAs will allow planning authorities to plan; front-loading consideration of design, infrastructure and environmental matters at an earlier stage in the planning process. This can allow local authorities to take a leadership role in the planning of high-quality places, rather than reacting to applications put before them.

13.22   They are a flexible placemaking tool, grounded in and responding to a place, and how it may change to meet local needs and outcomes. With a masterplan at their heart, MCAs are an opportunity for the authority to set its expectations around quality. MCAs can incentivise high quality development by providing a streamlined consent process for those proposals which comply with the scheme, helping to create well-designed places in line with the Six Qualities of Successful Places.

Health and Wellbeing

Context

13.23   The World Health Organization (WHO) defines health as *'a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity'.* Health is a fundamental human right.

13.24   After decades of improvement, Scotland's health is worsening report Public Health Scotland. For example: people are dying younger, the number of people dying early is increasing people are spending more of their life in ill health, the gap in life expectancy between the poorest and the wealthiest is growing. Improvements in life expectancy have stalled and are currently below the 2012-2014 values for both males and females. Healthy life expectancy in Scotland has fallen to near ten-year low.

Health Profile

13.25   The *Public Health Scotland Public Health Observatory Highland Profile Report* **(THC204)** evidences the health of Highland's population across a range of health indicators drawn from the Public Health Observatory Dashboard. Life expectancy in Highland is generally higher in Highland for both males (77.4 years) and females (81.9 years) relative to Scotland equivalents, though lower than for England and Wales. Healthy life expectancy – the number of years spent in good health - is also higher in Highland for males (63.5 years) and females (65.8 years) than in Scotland (60 years for females and 59.6 years for males).

13.26   Highland has a lower proportion of those aged 0-15 (15.6%) and 16-39 (24.7%) than Scotland (16.3% aged 0-15 years, 30% aged 16-39 years), and trends indicate that these younger population shares are continuing to decline. Highland has higher proportions of those aged 40-64 (35.4%), 65-74 (13.1%), and 75+ (11.2%) than Scotland (33.4%, 11% and 9.3% respectively). While Scotland's population is ageing, Highland's populations aged 65-74 and 75+ have been rising more rapidly than Scotland since 2014. The prevalence of many conditions and the number of people with frailty are likely to increase as the number of older people increases. This is understood to increase demand for Adult Health and Social Care Services in future years (Annual Report of the Director of Public Health 2024 - Health Inequalities).

13.27   Across a broad range of health indicators **(THC204)**, Highland generally performs well relative to Scotland in some areas such as smoking attributable conditions, hospitalisations and deaths, yet performs worse than Scotland for alcohol indicators such as consumption habits, premise licenses per 10,000 population, alcohol-attributable hospital admissions in young people aged 11-25 years, and recorded incidences of driving under the influence.

13.28   There are significant variations in the health profile of Highland's communities. Overviews of Demographic Profile, Adult Health and Child Health provided by NHS Highland Public Health Intelligence **(THC205)** have also been considered at Area level which highlight areas of strength or concern for specific health indicators within Highland's diverse areas.

13.29   To summarise, the Inverness area, East Ross, Mid Ross and Caithness all have live birth rates higher than the Highland average, while Lochaber, Nairnshire, Badenoch & Strathspey, Skye, Wester Ross and Sutherland have lower birth rates and have populations that are ageing faster than Highland as a whole. Over recent years, the number of deaths caused by dementia and Alzheimer's

disease has increased. Life expectancy at birth has stalled across Highland, and is lower in East Ross, Caithness and Inverness relative to Highland overall.

13.30 Scotland's Population Health Framework sets out Scottish Government and COSLA's long term collective approach to improving Scotland's health and reducing health inequalities. The Framework is structured around the prevention drivers of health and wellbeing, including *Places and Communities.* A key action of this framework is to "embed health and wellbeing considerations into the development and delivery of Local Development Plans (LDPs)".

Health Inequalities

13.31 Health inequalities, defined by Public Health Scotland, mean an unfair outcome of reduced life expectancy in parts of Scotland. They are the unjust and avoidable differences in people's health across social groups and between different population groups. In the most affluent areas of Scotland, people live longer in good health, compared to those living in deprived areas.

13.32 Characteristics such as housing, infrastructure and the economy influence population health. These are sometimes referred to as the wider determinants of health, or the metaphorical 'building blocks' of health as used in Scotland's Population Health Framework. When people across Highland experience these differently they can contribute to health inequalities, which are systematic, avoidable and unfair differences in people's health outcomes across the population or between social groups within the same population (Health in All Policies: A Primer).

13.33 Highland contains areas with multiple deprivation within urban areas and towns. Income and employment deprivation are highest in Inverness, East Ross and Caithness **(THC205)**. Health inequalities by deprivation have been demonstrated in many measures of health, including life expectancy. Highland has a substantial remote, rural and island geography. Whilst there are many positive aspects to this, including access to green and blue spaces, there is significant deprivation in access to services. Higher costs of living in remote, rural and island areas can compound difficulties in accessing services and be a barrier to healthy lifestyle choices.

13.34 'A Scotland where we live in vibrant, healthy and safe places' is one of the six Public Health priorities in Scotland (Annual Report of the Director of Public Health 2024 - Health Inequalities). There is growing evidence on how the

design and function of neighbourhoods impacts on health and wellbeing and contributes to inequalities. To tackle these inequalities, it is necessary to consider action beyond the health and care system.

13.35   Place based approaches to improve health and wellbeing and reduce health inequalities acknowledge the link between the physical and economic environment and its impact on the people who live, work, play and learn there. This affects different groups in different ways and requires interventions to be based on an understanding of people and the place itself. Elements within a place that are likely to improve health and wellbeing, and tackle inequalities are described in a set of Place and Wellbeing Outcomes which are also structured around the same 14 themes as the Place Standard Tool and are based on evidence of how place impacts on health and wellbeing (Evidence behind Place Standard Tool and Place and Wellbeing outcomes). Place and Wellbeing Outcomes also includes quantitative indicators for monitoring place and wellbeing outcomes.

13.36   Delivering health and wellbeing in places, through the design and development process can be supported by tools such as the *Place Standard Tool Design Version* **(THC207)**. This tool adapts existing Place Standard questions and enables them to be used to guide proposals during the design process, with flexibility for the different stages in the design and development process.

13.37   The quality of our neighbourhoods varies from place to place. This variation contributes to increasing inequalities. People in our most deprived areas are more likely to experience poor quality buildings and community spaces, and are more likely to have increased exposure to health harming commodities, such as alcohol, tobacco, High Fat Salt and Sugar (HFSS) foods, and gambling.

13.38   The Wellbeing Economy Toolkit and the Local Wellbeing Economy Monitor Guidance have informed the selection of indicators presented throughout this chapter, recognising that a range of built environment aspects have implications for health and wellbeing.

13.39   Scottish Index of Multiple Deprivation (SIMD) data reveals where the most and least deprived data zones within Scotland are, using domains (or groups of indicators) for health, income, employment, access, education, housing and crime. Accordingly, 20 of Highland's 312 data zones are within the 20% most heath deprived nationally, of which 8 are within the 10% most health deprived nationally. These datazones are clustered in the Dalneigh, Hilton, Merkinch, and Muirtown areas of Inverness, in addition to Alness, Invergordon and Wick.

While there are limitations to the SIMD in capturing individual experiences of inequality (e.g. individuals living in the most deprived areas but are not experiencing deprivation themselves), it is still a useful evidence source at a local population level.

13.40 Rural and island communities experience higher costs of living, which can compound difficulties in accessing services and be a barrier to healthier lifestyle choices (NHS Highland The Annual Report of the Director of Public Health 2024). Since 2010, the changing nature and context of poverty in Scottish rural and island communities demonstrates their distinct challenges, including significant and widening disparities in rates of poverty. Observed poverty trends between geographical areas are likely to result from multiple intersecting factors related to changes in demographics, employment challenges, housing pressures, geopolitical changes and access to public services amongst others. These factors are recognised in the evidence presented in **Chapters 8 & 9**.

13.41 The need to tackle inequalities is recognised and committed to within the Council's wider corporate strategies. The *Highland Outcome Improvement Plan (HOIP)* **(THC209)** vision is to tackle inequality and maximise opportunities for all people of Highland. The HOIP contains three strategic priorities that HLDP will require to have regard to:

- People - Enable people to live independently, safe and well within their community,
- Place - Work in partnership to develop sustainable and resilient local communities, and
- Prosperity - Creating opportunities for all people and places to thrive economically.

Health Impact Assessments

13.42 Health impact assessment (HIA) is a practical way to systematically consider the potential, and sometimes unintended, effects a policy, strategy or service plan may have on the health of a population. HIA considers the socioeconomic determinants of health and the pathways through which they influence health outcomes. It is particularly useful for considering effects on vulnerable or disadvantaged groups and promotes a 'Health in All Policies' approach (Health in All Policies: A Primer). NPF4 includes the potential for HIA to be required within development management, but it would be required for the planning

authority to identify the policy framework setting out the criteria for when this would apply, and a procedure for reviewing any HIA received.

13.43 Public Health Scotland's Guide to Public Health Impact Assessment and Health Impact Assessment Support Unit (HIASU) provide guidance and resources on how to conduct a HIA, including for initial screening stages to ascertain whether a HIA would be beneficial in developing policy such as the LDP. A HIA is not a statutory requirement as part of LDP preparation, unlike other impact assessments such as Equalities Impact Assessment (EQIA), Public Sector Equality Duty Assessment (PSED), Fairer Scotland Duty Assessment (FSDA), Island Communities Impact Assessment (ICIA), Strategic Environmental Assessment (SEA), and Habitats Regulations Appraisal (HRA). Local Development Planning Guidance iterates that planning authorities may wish to undertake a Health Inequalities Impact Assessment as the spatial strategy is prepared, which may encompass other assessments already being undertaken. As NPF4 asserts that LDP spatial strategies should seeks to tackle health inequalities, the Council will require to consider whether a HIA is proportionate and feasible to fulfil this.

Suicide Prevention

13.44 Since the early 2000's suicide prevention has been a strategic priority in Scotland (Creating Hope Together – Year 1 Delivery plan (2023-24)). NPF4 Policy 23(f) requires that development proposals be designed to take into account suicide risk. Scottish Government (2023) Local development planning guidance suggests that an awareness of locations of concern for suicide should be addressed in the Evidence Report.

13.45 Highland's rate of suicide has been persistently among the highest in Scotland's for many years for both men and women (Figure 13:1), although the majority of registered suicides are among men. Highland's mortality rate for suicide deaths was most recently recorded as 20.5 per 100,000 people, relative to Scotland's equivalent rate of 14.6 **(THC204)**. At area level, evidence suggests that mortality rates for suicide deaths are higher still within Easter Ross, Lochaber, Inverness and Caithness **(THC205)**. Deaths from suicide in young people aged 11-25 are also higher in Highland, with a rate of 17.1 per 100,000 relative to Scotland's rate of 10.9 **(THC204)**.
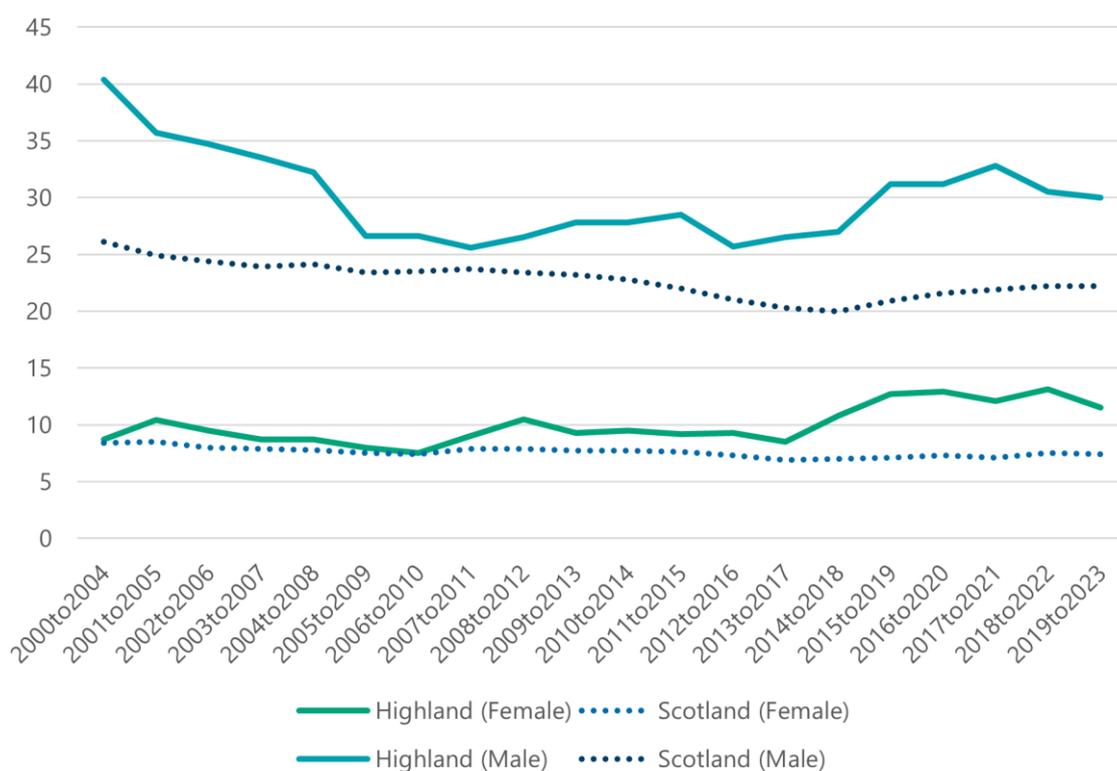
Figure 13:1 Age-standardised mortality rate per 100,000 people for probable suicides in Highland Council and Scotland by sex – five-year averages (Probable Suicides, 2024 - National Records of Scotland (NRS))

13.46   *Creating Hope in Highland* **(THC217)** is the local suicide prevention plan for Highland, developed with partners and stakeholders including the HCCP. One of the 8 objectives within this seeks to identify places of concern and develop actions to make them safer within a subsequent Locations of Concern Action Plan. The Planning Service has collaborated with the Suicide Prevention User Group to address the suicide risk posed by a number of sites, which has led to several physical interventions already being implemented.

13.47   National Guidance on Action to Address Suicides at Locations of Concern published by Public Health Scotland iterates that the reasons why particular sites become locations of concern are complex. These locations can often be particularly scenic or iconic public structures or sites such as:

- Tall buildings, bridges, cliffs and other manufactured or natural structures,
- Rural or secluded locations such as car parks, roadside lay-bys and woodlands,
- Sections of railway lines and roads where bridges span the tracks,

- Locations that provide access to water.

13.48   The Planning Service remains part of the Suicide Prevention User Group and remains informed of sites considered to be a risk and ongoing actions.

13.49   It is recognised open space provision, play spaces, community facilities and healthcare facilities provided through development can support health and wellbeing or promote the inclusion of features and amenities that will enhance health and wellbeing (Place and wellbeing: integrating land use planning and public health in Scotland). Putting health equity at the heart of development aligns with Scotland's Population Health Framework, which calls for collective accountability for population health outcomes and inequalities. Using the Place Standard Tool and statutory and non-statutory community-led planning approaches such as Local Place Plans, Community Action Plans, provide opportunities for community input into the identification of infrastructure needs that support health and wellbeing are enabled – **Chapter 3: Statement of Engagement** outlines the approaches taken for this Evidence Report.

Health and Social Care Needs

Overview

13.50   LDPs 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. More detailed provision of how health infrastructure needs can be factored into future developer contributions are detailed separately in **Chapter 11: Infrastructure**.

13.51   Scotland's Health and Social Care Service Renewal Framework 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's 'Community Principle: More care in the community rather than a hospital focused model' seeks to support people to live well locally, in line with the 'Local Living' principle of NPF4. Future planning and delivery of community hubs seek to ensure that opportunities for infrastructure co-location are considered to further develop person-led approaches for access to seamless and coordinated care.

13.52   NHS Highland (NHSH) services cover the entirety of Highland and Argyll and Bute Councils, spanning an area that equates to 42% of Scotland's landmass. The Highland Health and Social Care Partnership (HHSCP) covers the Highland

Council area. 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 (NHS Highland Strategy 2022-227: Together we care with you, for you).

13.53   As Highland's population is broadly equally divided across urban areas, small towns, rural areas and very rural areas, delivery of health and social care services to large populations living out with settlements places significant challenges on NHS Highland's operational delivery relative to other Health Boards with more compact population distributions.

13.54   Outside Inverness and the Inner Moray Firth, a number of key settlements including Wick and Thurso, Fort William, Aviemore, and Nairn act as local service centres for the extensive rural areas which make up the majority of the region.

Primary & Secondary Care Facilities

13.55   Information on known health facilities within Highland was accessed from the Improvement Service Spatial Hub, which provides records of NHS Hospitals, GP Practices, and Pharmacies. Summarised in Table 13:1, there are currently 11 Community Hospitals across Highland, two Rural General Hospitals in Wick and Fort William, one mental Health Unit in Inverness and one District General (Acute) Hospital (Raigmore) in Inverness.

13.56   Information on General Practice provision was accessed via Public Health Scotland. Specifically, the number of practices and the average practice list size was accessed via the PHS GP Workforce and Practice List Sizes datasets and is shown in Table 13:2.

Table 13:1 Hospital Provision in Highland

Site Name	Location	Type of Facility	Tenure
Raigmore Hospital	Inverness	District General Hospital	Owned
Belford Hospital	Fort William	Rural General Hospital	Owned
Caithness General Hospital	Wick	Rural General Hospital	Owned
New Craigs	Inverness	Mental Health Hospital	PFI/NPD
Badenoch & Strathspey Community Hospital	Aviemore	Community Hospital	Owned
Broadford Hospital	Broadford	Community Hospital	Owned

Town & County Hospital	Wick	Community Hospital	Owned
Dunbar Hospital Thurso	Thurso	Community Hospital	Owned
Ian Charles Hospital	Grantown on Spey	-	*Closed*
Invergordon County Community Hospital	Invergordon	Community Hospital	PFI/NPD
Lawson Memorial Hospital	Golspie	Community Hospital	Owned
Migdale Hospital 2011	Bonar Bridge	Community Hospital	Owned
Portree Hospital	Portree	Community Hospital	Owned
Ross Memorial Hospital	Dingwall	Community Hospital	Owned
Royal Northern Infirmary	Inverness	Community Hospital	Owned
Town & County Hospital Nairn	Nairn	Community Hospital	PFI/NPD
Abban Street Chiropody Clinic	Inverness	Clinic*	Owned
Bruce Gardens Day Centre	Inverness	Clinic*	Leased
Culloden Health Centre	Inverness	Clinic*	Owned
Dunbeath Health Clinic	Dunbeath	Clinic*	Owned
Dundonnell Clinic	Badcaul	Clinic*	Owned
Harm Reduction	Inverness	Clinic*	Leased
Kilchoan Nurses Base	Acharacle	Clinic*	Leased
Raasay Clinic	Isle of Raasay	Clinic*	Owned
Staffin Nurse's Base	Staffin	Clinic*	Owned
Unit 67 Eastgate Centre	Inverness	Clinic*	Leased

* Clinics include Day Hospitals and Resource Centres

13.57 While Highland has lower average practice list sizes than Scotland has a whole, 23% of Highland's registered patients are aged 65+ in contrast with Scotland's 19%. Detailed indications of demand at individual practices was accessed via PHS General practice list size and demographics information which are correct as of April 2025.

13.58 In general, GP Practices in the Inverness Area have a greater share of registered young patients aged 0-14, often equating to between 13-18% of total patients registered. By contrast, GP Practices in Wester Ross, Skye and Sutherland have a greater share of registered patients aged 65+ which often exceed 30% of total patients registered. A full dataset **(THC267)** of registered patients at individual practices is provided detailing this information further.

13.59 Practices that have experienced the greatest increase in registered patients from October 2023 to April 2025 include Kinmylies Medical Practice (9.4%), Dunedin Medical Practice (6.7%), and Burnfield Medical Practice (5.4%), which are all located within Inverness. Several other practices with significant increases in registered patients include The Pearson Practice in Wick, Dornoch Medical Practice in Sutherland, Drumnadrochit Medical Practice South of Inverness, and Cromarty Medical Practice in the Black Isle.

Table 13:2 GP Patients registered in Highland and Scotland by Age Group (April 2025)

		Highland	Scotland
No. of Practices		62	**897**
No. of GPs		307	**5,209**
Patients Age Group	0-4	9,466	**237,880**
	5-14	24,669	**607,758**
	15-24	23,804	**685,493**
	25-44	59,947	**1,744,497**
	45-64	71,347	**1,589,398**
	65-74	31,664	**633,541**
	75-84	20,863	**400,840**
	85+	6,928	**135,160**
	All ages	246,844	**6,035,952**
Average Practice List size		4,011	**6,804**

13.60 List Closure Notices were received from Culloden Medical Practice and Culloden Surgery in July 2024 and since August 2024, both practices have not registered new patients, for an envisaged one year period. The Practices have highlighted concerns about their increasing list size for a number of years, and this has been accelerated by the high volume of new homes being built in the area.

13.61 The Practices have been in discussions with NHSH about expanding the size of their premises. However, as there is a pause of capital spending across NHS Scotland, no premises work can progress at this time. The Council seeks to continue engagement with NHSH on the issue of rising list sizes as detailed in **Chapter 11: Infrastructure**.

13.62 NHSH, as with other health boards, are increasing the placement of primary care staff in general practices and in the community, where they can work alongside GPs and practice teams to deliver an increased range of services. Provision of GP Practices and Pharmacies are summarised at area level within Table 13:3, using 2022 Census population estimates to illustrate the provision per 10,000 population. A full dataset **(THC268)** of this information at settlement level is available, evidencing that most settlements tend to have one of each facility.

13.63 NHS Highland Workforce statistics to 30 June 2025 reported 426 total GPs, an increase in 11.2% over the last 10 years and a 3.9% annual change. NHS Highland reports 14.3% of GP practices had vacancies (total 16) and around 80 vacant sessions per week (3.2%), which are both lower than the Scottish average of 22.1% of practices with vacancies and 7.6% vacant sessions per week. Over 80% of general practices in NHS Highland use locums (temporary or short-term staff), with 29.2 WTE locums required (26.5 WTE are filled locums). Highland had 87% percent regular locum sessions which is comparable to the Scotland-wide figure of 88%.

Table 13:3 Provision of Primary Care Facilities (GP and Pharmacy) in Highland Administrative Areas

Admin Area	GP Practice		Pharmacy	
	No.	Per 10,000 Population	No.	Per 10,000 Population
Badenoch and Strathspey	4	2.8	3	2.1
Black Isle	3	2.9	1	1.0
Caithness	7	2.8	6	2.4
Dingwall and Seaforth	1	0.8	4	3.1
Easter Ross	3	1.3	7	3.1
Inverness and Area	14	1.7	16	1.9
Lochaber	7	3.5	3	1.5
Nairnshire	1	0.7	2	1.5
Skye	5	5.0	1	1.0
Sutherland	8	6.1	4	3.0
Wester Ross Strathpeffer and Lochalsh	9	7.4	4	3.3
Total	**62**	**2.6**	**51**	**2.2**

13.64 There were a total of 208 dentists (including primary care) employed in NHS Highland as of 31 March 2025 (NHS Scotland Workforce statistics to 30 June

2025). There are 60.8 primary care dentists per 100,000 population (compared to 59.2 per 100,000 in Scotland). NHS Highland maintains a list of dental practices and their practitioners in Highland (NHS Highland List of Dental Practitioners) which is summarised in Table 13:4. It is noted that dentists are listed as providing services at multiple practices and evidence on dental clinic hours, or dentist FTE hours was not available. Also, any dental practices not contracted to NHS are not included in this list.

Table 13:4 HHSCP North and West Highland Operational Unit Dental Practices and Practitioners contracted to provide NHS Dentistry, September 2025 (Source: NHS Highland List of Dental Practitioners)

Admin District	Dental	
	Dentists	Practices
Caithness	16	7
Sutherland	9	6
Skye, Lochalsh and West Ross	7	5
Lochaber	22	4
East Ross	21	5
Mid Ross	14	6
Inverness East	56	14
Inverness West	26	8
Nairn, Ardersier, Badenoch & Strathspey	23	9
Total	*****	**64**

*A figure of total number of dentists is not reported as some dentists in each district serve multiple practices or districts.

13.65 NHS Scotland Workforce statistics to 30 June 2025 report 9,459.6 WTE employees of NHS Highland, total of 11,420 headcount staff. The medical workforce is 723 WTE, and the non-medical workforce is 8,736.5 WTE (including 3, 578.8 nurses and midwifes WTE). The headcount workforce is 81.9% female (compared to 77.1% females across for NHS Scotland), with a median age of 47 (older than for NHS Scotland at 44 median age), and 30.6% over 55 years (23.2% NHS Scotland).

13.66 In nursing and midwifery there are 328.5 total vacancies, predominantly within adult nursing (200+). Medical and dental consultants have 12 WTE vacancies which is well below previous vacancy rates ranging from 20-40 WTE post-Covid. Allied health professions had 38.4 WTE vacancies (including

physiotherapy, occupational therapy, podiatry, speech and language therapy and diagnostic radiography).

13.67   NHS Highland consultant workforce data reports 167.7FTE consultants, across a range of specialties which includes:

- Emergency medicine – 11.1 FTE
- Anaesthetics – 38.6 FTE
- Intensive care – *nil reported*
- Clinical laboratory -17.7 FTE
- Medical – 11.4 FTE
- Psychiatric – 20.2 FTE
- Surgical – 45.6 FTE
- Paediatrics – 8.5 FTE (plus 6.4 FTE community paediatric consultants)
- All dental – *nil reported*

Social Care Facilities

13.68   Information on Social Care facilities and capacity are provided by NHS Highland **(THC274)**, outlined in Table 13:5. Capacity figures are up to date as of September 2025. There are 66 Care Home and Day Care service facilities in Highland.

*Table 13:5 Capacity of Care Homes and Day Care services in Highland, by sector (Source: **THC274**)*

Care Home, by location	Total capacity (Number of beds)	Capacity filled (%) Sept 2025	Sector
Easter Ross			
Catalina House Nursing Home	28	54%	Private
Innis Mhor Care Home	40	95%	Private
Kintyre House	41	85%	Private
Mull Hall Care Home	42	100%	Private
Redwoods Nursing Home	42	93%	Private
Mid Ross			
Eilean Dubh Care Home	40	93%	Private
Fairburn House Nursing Home	40	78%	Private
Fodderty House Care Home	16	94%	Private
Nansen - Tigh Na Cloich	4	75%	Third Sector
Seaforth House Respite and Care Centre	22	86%	Private
Strathallan House	32	94%	Private
Urray House Care Home	40	85%	Private

Wyvis House Care Home	50	88%	Private
Caithness			
Bayview House	23	83%	NHS
Pentland View Care Home	50	80%	Private
Pulteney House Resource Centre	18	100%	NHS
Riverside House Nursing Home	44	84%	Private
Seaview House Nursing Home	42	90%	Private
Sutherland			
Meadows Nursing Home	40	90%	Private
Melvich Centre	6	67%	NHS
Oversteps Eventide Home	24	92%	Third Sector
Seaforth House Resource Centre	15	93%	NHS
Inverness			
Ach-An-Eas	24	67%	NHS
Aden House	24	92%	Private
Ballifeary House	24	92%	Third Sector
Birchwood Highland Recovery Centre	23	9%	Third Sector
Cameron House Eventide Home	-	-	-
Castlehill Care Home	88	57%	Private
Centred Recovery Centre - Block	23	26%	Third Sector
Centred Recovery Centre - Spot	23	70%	Third Sector
Cheshire House For The Highlands	16	25%	Third Sector
Culduthel Care Home	65	83%	Private
Daviot Care Home	74	76%	Private
Highview House Nursing Home	83	87%	Private
Isobel Fraser Residential Home	30	73%	Third Sector
Kingsmills Nursing Home	60	87%	Private
Kinmylies Lodge Nursing Home	18	94%	Private
Maple Ridge	13	69%	Private
Maple Ridge - High Dependency Unit	5	80%	Private
Mayfield Lodge Residential Home	12	100%	Private
Meallmore Lodge - Drumboe Unit	74	22%	Private
Nansen - Fram House (Residential)	5	80%	Third Sector
Pittyvaich Care Home	58	59%	Private
Southside Nursing Home	33	70%	Private
Nairn			
Bruach House	22	86%	Private
Carolton Care Ltd	20	95%	Private
Hebron House Nursing Home	22	91%	Private
Hillcrest House Nursing Home	23	65%	Private
St Olaf Nursing Home	-	-	-

The Manor Care Centre	43	58%	Private
Whinnieknowe Residential Home	24	79%	Third Sector
Badenoch & Strathspey			
Grant House Resource Centre	20	50%	NHS
Lynemore Care Home	40	83%	Private
Mains House Care Home	31	77%	NHS
Wade Centre Community Care Unit	22	36%	NHS
Lochaber			
Abbeyfield House	30	110%	Third Sector
Invernevis House Resource Centre	32	100%	NHS
Mackintosh Centre	8	88%	NHS
Moss Park Nursing Home	40	55%	Private
Telford Centre Community Care Unit	10	90%	NHS
Skye and Lochalsh			
An Acarsaid	10	90%	NHS
Home Farm Care Centre	35	71%	NHS
Wester Ross			
Howard Doris Centre	n/a		Third Sector
Isle View Nursing Home	25	88%	Private
Lochbroom House Community Care Unit	11	91%	NHS
Strathburn House Resource Centre	14	43%	NHS

13.69 Care homes across the Highland HSCP area are mapped by NHS Highland, demonstrating the spatial distribution of care homes provided by the public sector, private sector and third sector. This data is also available on the Improvement Service Spatial Hub Care Homes for the Elderly.

13.70 As of May 2025, there are 62 total care homes across north Highland, 45 which are operated by independent sector care home providers and 17 of which are in-house care homes operated by NHSH (Independent Care Sector Home Overview and Collaborative Support Update 7 May 2025). There are currently around 1,856 care home beds commissioned or delivered, with around 84% of beds commissioned from independent providers. In terms of size of care homes, within Highland, 16% (7) independent sector care homes have 50 beds or over, with 3 of these being over 80 beds. The majority of care homes, this being 84% (38 care homes), are under 50 beds, with 22 care homes operating with 30 beds or less.

13.71 For Highland, figures from the Public Health Scotland Social Care Insights Dashboard 2022/23 show that 36 per 1,000 people are supported by Social

Care Services, which include: care at home, care home, meals, community alarm/telecare, housing support, social worker and day care. This rate is lower than the Scottish equivalent of 42.8 per 1,000 people but represents a slight increase relative to figures for 2017/2018, and the rates of increase are slightly higher in Highland than Scotland as a whole. From recent data it is estimated that there are 26,179 unpaid adult carers in the North Highland area, this information is obtained from the Carers Census 23/24 which is currently the most up to date published figure. However, it is recognised and estimated that in reality this figure is likely to be 30% higher as it is known that unpaid carers do not self-identify as an unpaid carer especially in the older adult population.

13.72 The Independent Care Sector Home Overview and Collaborative Support Update details that over the course of 2024/2025 there have been continued sustainability concerns and arising quality issues within the independent sector care home market within Highland. There is a higher proportion of smaller size of operator and smaller scale of provision within north Highland. Whilst this smaller scale provision reflects Highland geography and population, it presents increased financial sustainability and vulnerability risks, particularly given that the National Care Home Contract (NCHC) rate is calculated on the basis of a 50 bed care home, operating at 100% occupancy.

13.73 Independent providers and NHSH care homes continue to experience difficulties in recruiting and retaining staff and this represents a very high risk across the sector. The most significant difficulties are with recruiting nurses to work in care homes. Staffing difficulties are further exacerbated in homes in rural locations away from the larger population centres but are not limited to these locations. Further, smaller care homes in rural communities are very vulnerable to availability of workforce and housing availability is a key factor in being able to recruit and retain workforce. These rural care homes are also generally in older buildings and the Care Inspectorate environmental requirements on the buildings are becoming increasingly difficult to comply with - making those services increasingly vulnerable to closure.

13.74 Sinch March 2022, there have been 6 independent sector care home closures and 4 NHSH in-house care home closures with a total loss of 204 registered beds (Independent Care Sector Home Overview and Collaborative Support Update 7 May 2025). Strathburn, Gairloch has since re-opened in spring 2025. There have also been three care home acquisitions by NHS Highland / The Highland Council since November 2020 (Home Farm, Main's House and Moss Park). The common theme across all of these closure situations relates to staff

recruitment and retention, the cost of securing agency cover and financial viability. This has coincided with increasing rates of delayed discharges from hospitals which remain a concern both nationally and within NHS Highland and more care-at-home capacity needs to be generated to alleviate this issue (Independent Care Sector Home Overview and Collaborative Support Update 7 May 2025).

13.75 Additional capacity has been added with the opening of Pittyvaigh, a 56 bed care home in Milton of Leys in Inverness, in June 2025. Planning applications for two further care homes, which if granted would provide a further 22 beds. The Call for Development Sites for the HLDP, which received suggestions from landowners, developers and others from 31 January to 2 May 2025, included one suggested site for a care home in the Black Isle.

13.76 NHSH and the Council are collaboratively developing a locality model as a preferred and intended direction of travel for the provision of health and social care services, the key objectives of which are safe, sustainable and affordable locality provision. This is the direction as set out in the Joint Strategic Plan. However, there has been and continues to be, immediate and operational challenges from arising and anticipated care home closures, which require to be addressed. Given the evolving nature of the developing situation, the available courses of action to prevent a significant scale of lost provision may not entirely align with the intended strategic direction but these actions are being taken or considered out of necessity (Independent Care Sector Home Overview and Collaborative Support Update 7 May 2025). Work to progress a care home strategy, commissioning plan and market facilitation plan has been delayed due to operational pressures. Capacity has now been created within the Partnership's joint Transformational Programme, which will now see some much needed progress in these areas. This transformational activity will consider sustainable forward care models.

13.77 However, there has been and continues to be immediate operational challenges arising from care home closures which require to be addressed in the short term, diverting resources away from fully progressing the locality model. There is insufficient capacity within the health and social care system to cope with the ongoing scale of lost provision. Mitigating actions are therefore required to avoid whole system destabilisation, whilst ideally at the same time, moving toward the locality model in development. Given the evolving nature of the developing situation, and the unpredictability of the future of independent sector care homes, more precise forecasting of care home needs

in Highland are being developed through the forthcoming draft Commissioning Plan (expected late November 2025), for approval end of December 2025. The Highland Health and Social Care Partnership Commissioning Plan for Adult Care will evaluate future demand and capacity for Adult Care services across all of Highland, including considerations for a changing model of care for Adult Social Care.

13.78 In Highland, care homes are increasingly being used only for people with the highest level of need (e.g. severe dementia) due to the limited number of spaces. NHS Highland report that all care homes are at capacity and have waitlists, up to 40-45 people are waiting in hospitals to enter care homes and there is a recognised deficit of up to 3,000 care-at-home hours per week. More up to date figures from NHS Highland are anticipated in late 2025 and will be updated at that time.

13.79 NHS Highland recognise the limitations of the current locality model for social care. The Commissioning Plan being developed is charting a path toward a changing model of care with more of a localised care service, working in partnership with local organisations and agencies to deliver care-at-home services and to support people to live in their homes for longer. The Commissioning Plan is expected to provide a forward estimate of Gross Floor Area (GFA) of planned care homes. This, in conjunction with projected population and household estimates, may enable the Council and HSCP to identify how Adult Social Care services could be impacted by future development and could therefore inform future Developer Contributions. At this stage however this analysis has not been undertaken and continued engagement would be required to ascertain details of these requirements.

13.80 The prevalence of residential annexes or accessible amendments to homes offers a proxy indication of unmet demand for adult care, whereby some families are taking it on themselves to prepare for or provide accommodation (with unpaid care or in-home care services) for elderly or disabled family members. Analysis of Council development management data from 2012-2025 identified 195 planning applications for residential annexes, of which 45 were specified for Elderly Parents, 15 for Other Family members and the remainder unspecified **(THC276)**. Of the 195 annexes, 38 were licensed and converted to short term lets. There were 121 planning applications approved for accessible amendments to homes from 2012-2025 (excluding Highland Council HRA funded portfolio) **(THC275)**. Addition of access ramps were the most common amendment (96 applications), and more than 10 applications were received in

the following areas: Badenoch and Strathspey, Culloden and Ardersier, Inverness Ness-side and Nairn. Between 2013-2017, 96 accessible amendment planning applications were approved. Further consideration of the impact of this as relates to housing availability is discussed in **Chapter 9: Housing**.

Burial Grounds

13.81   Section 3 of the Burial and Cremation (Scotland) Act 2016 requires each local authority to provide at least one burial ground within its area. The Highland Council has 245 burial grounds as shown on the Highland Council Burial Grounds Map. The Highland Council also operates Inverness Crematorium, located at Kilvean, Inverness. The service undertakes around 1300 cremations and 1700 burials per year **(THC214)** as detailed in Table 13:6. Annual rates of burials and cremations in Highland evidence a 43% rate of cremation in contrast with the Scottish average of 70%.

13.82   Capacity within Highland Burial Grounds is detailed separately **(THC215)**, owing to the large number of burial grounds and settlements, which shows an approximate average 57-year supply of burial ground, based on previous burial rates and annual rates of lairs sold. This is summarised in Table 13:7.

Table 13:6 Burials and Cremations in Highland

Year	Cremations	Burials	Total	% Cremation
2016	1100	1647	2747	45.55
2017	1127	1690	2817	44.21
2018	1240	1771	3011	45.00
2019	1237	1594	2831	43.70
2020	1239	1445	2684	46.16
2021	1264	1713	2977	42.46
2022	1403	1677	3080	45.55
2023	1360	1716	3076	44.21
2024	1270	1552	2822	45.00
Total	**11240**	**14805**	**26045**	**43.16**

13.83   While the 57-year burial ground supply represents an average number of years supply across all burial grounds, it is recognised that capacity at individual burial grounds varies and there are 19 identified burial grounds with a supply of less than 6 projected years until all lairs are sold **(THC215)**. The Highland

death rate as specified within Public Health Scotland Death Rates by Council Area statistics is currently 1% of the population per annum. The matter of need for burial space in Highland will be considered in the proposed HLDP.

Table 13:7 Burial Ground Capacity in Highland's Administrative Areas

Admin Area	Av. Burials per Annum	Av. # Lairs Sold per Annum	Unsold # Lairs	Projected # Years until all Lairs Sold
Alness	82	40	658	27.5
Badenoch & Strathspey	88	44	1583	51.4
Dingwall & Black Isle	195	69	3870	80.6
Drummuie	97	64	3490	103.7
Gairloch	22	12	349	53.8
Inverness	394	172	2283	67.9
Kyle	15	12	239	17.2
Lochaber	147	79	658	46.0
Nairn	106	31	434	30.4
Skye & Lochalsh	130	103	2306	43.3
Tain	48	29	561	25.9
Thurso & Wick	268	145	2270	40.2
Ullapool	15	5	581	88.2
Total	**1609**	**804**	**19282**	**57.4**

Health Harms

Air Quality

13.84   Air quality is monitored across Highland in accordance with the UK National Air Quality Strategy. Cleaner Air for Scotland 2 (CAFS2) is Scotland's second air quality strategy. CAFS2 sets out how the Scottish Government propose to further reduce air pollution to protect human health and fulfil Scotland's legal responsibilities over the period 2021 – 2026 and aims for Scotland to have the best air quality in Europe.

13.85   The Highland Council undertakes annual air quality reviews of its areas to make sure the National Air Quality Objectives will be achieved. If the objective for a pollutant is exceeded or predicted to be exceeded by the required date for compliance, the local authority must declare the affected area an Air

Quality Management Area (AQMA). The authority must then draw up and implement an action plan to reduce pollution levels in the specified area. Highland has one AQMA in Inverness City Centre, which was declared in 2014.

13.86   The priorities set out in the *Air Quality Action Plan* **(THC220)** aim to minimise air pollution emissions from road traffic, the main emission source of nitrogen dioxide. This includes Priority 3 which is to use the planning system to ensure that air quality is fully considered for new development, by reviewing planning applications for new commercial and industrial installations and early engagement with stakeholders in major pre-application discussions. IMFLDP2 includes the *City Centre Development Brief* **(THC221)** which has a stated vision to make development convenient and attractive to access city centre destinations on foot or by bike or public transport, improving air quality where required and supports the delivery of **THC220**.

13.87   Since 2016, there has been a general trend of reduction in nitrogen dioxide levels within the AQMA and air quality within the AQMA has achieved compliance with all UK and Scottish Government objectives since 2020. The Highland Council formally revoked the AQMA in Inverness on 1 June 2025 **(THC223)**. Highland Council continue to monitor the air quality in the city centre, at other locations in Inverness, and urban centres in Highland including Fort William, Nairn and Dingwall. For Highland, annual reporting is submitted to the Scottish Government, then published on the Air Quality in Scotland website and reported to Members of the relevant Area Committee, for example the City of Inverness Area Committee **(THC222)**. There will be no change to this monitoring and reporting process.

13.88   Highland Council also are cognisant of concerns expressed by doctors about poor air quality outside schools in urban areas impacting children's health, and have been conducting our own short term air quality monitoring and awareness raising at primary schools in Highland (mainly Inverness, but also Fort William and Nairn). This information is included in the Annual Progress Reports to Scottish Government. Council also take part in initiatives such as Clean Air Day to encourage a reduction in vehicle idling outside schools.

Noise

13.89   The Environmental Noise (Scotland) Regulations 2006 initiated the production of strategic noise maps for major roads, rail, airports and industry; and the development of Noise Action Plans (NAPs) to reduce noise levels when

required and preserve noise quality where it is currently good. None of Highland's urban areas have populations exceeding 100,000 people and therefore no Agglomeration Noise Action Plans or Airport Noise Action Plans are produced within Highland.

13.90   Evidence in relation to noise exposure has been considered from Scotland's Noise Map, which highlights areas where people are exposed to high levels of environmental noise. Most areas of high exposure are within proximity to strategic transport infrastructure, such as trunk roads and the rail network. A national Transportation Noise Action Plan produced by Transport Scotland covers major roads and rail, including all trunk roads and wider transport policy, and identifies three Candidate Noise Management Areas (CNMA) within Highland, all of which are in central Inverness:

- A82 Kenneth Street,
- A82 Longman Road, and
- A862 Telford Street.

13.91   Determination of a CNMA is a means of highlighting that a geographical area should be considered further in terms of a potential need for noise management. None of the three CNMA's have at the time of writing been progressed to Noise Management Area (NMA) status which is the primary consideration when formulating environmental noise management actions/policy following the actions listed in the Transportation Noise Action Plan.

Transport and Health

13.92   To avoid repetition, **Chapter 10: Transport** more fully details evidence in relation to transport, but it is acknowledged that there are considerable linkages between transport and health.

13.93   In the first instance, associated health impacts from both **Noise** and **Air Quality** aforementioned are largely derived from transport movements and emissions. Encouraging more sustainable transport choices by directing future development towards locations where sustainable transport options are available is recognised as a key planning mechanism to improve this.

13.94   How transport infrastructure is designed and used also has direct health and safety implications for road casualties which disproportionately impact vulnerable road users, including pedestrians, cyclists and road users aged over

70. At a national level those who live in areas of deprivation are more likely to be involved in traffic collisions than those in the least deprived areas. The Council's *Road Safety Plan to 2030* **(THC142)** evidences that this is not borne out in Highland with the split of collisions involving people from the 10% most and 10% least deprived areas being very similar. Regardless, achieving safer roads and travel across Highland remains a priority for the Council.

13.95   The Council's *Active Travel Strategy* **(THC141)** also emphasises the key health benefits of making active travel an easier choice, namely:

- Encourages physical fitness and a healthy lifestyle as part of daily activity.
- Benefits mental health by increased physical activity and more time outdoors.
- Improves respiratory health through less exposure to air pollution.

13.96   The Council's *Local Transport Strategy (LTS)* **(THC140)** also highlights the need for the transport system to support active lifestyles throughout people's lives to support health and independence in recognition of Highland's ageing population, who will inevitably become more dependent on alternatives to the car for everyday journeys.

13.97   The *LTS* **(THC140)** outlines that access to transport in most parts of Highland is poor, based on financial cost, time and inconvenience. Even in urban areas some neighbourhoods experience poor access. In more rural areas, a lack of alternatives can lead to 'forced' car ownership, putting low-income households at risk of increased poverty. Transport Poverty: A Public Health Issue states that transport is a building block of good health and enables us to access other important building blocks including: education and employment opportunities; affordable and good quality healthy foods; leisure and the natural environment; and social and community connections. In rural areas, distances to key services are longer and public transport options are often more restricted. This limits opportunities, particularly for those on low incomes. Travel times by public transport are consistently longer than by car.

13.98   People on low incomes, who are more reliant on public transport, are therefore more likely to have longer average journey times than those in higher income groups. Population growth rates tend to be higher in rural areas as discussed in **Chapter 9: Housing** and within Transport poverty: a public health issue. This has implications for the population share who could be transport deprived, with lack of transport choices in future. For residents who rely on public transport, such as those in remote rural areas, accessing health and social services can be costly and restricted. The infrequency of bus services may

require residents to use more expensive forms of public transport, such as taxis, or restrict their availability for in-person medical appointments to times when public transport is running.

13.99 Public Health Scotland, in their report, Why is transport important for health?, give several reasons why transport is important for health, both for individuals and as a community:

- Enable access to amenities, services and employment
- Promotes socialisation, particularly informal social contact
- Benefits physical and mental health through active everyday journeys
- Stimulates economic growth by increasing footfall

13.100 Motorised transport is associated with air pollution, noise pollution, greenhouse gas emissions, injuries, physical inactivity, stress, and community severances, all of which negatively impact health. Places that prioritise car use not only further increases these negative impacts but also health inequalities. This leads to disadvantages especially for people who do not or cannot access a car, for whatever reasons. People who walk often, including to access public transport, are improving their health through physical activity. The same applies to wheeling and cycling. These modes also improve informal social contact, opportunities to be in green or blue spaces and footfall for local businesses.

13.101 Transport poverty is defined by Public Health Scotland as "the lack of transport options that are available, reliable, affordable, accessible or safe that allow people to meet their daily needs and achieve a reasonable quality of life". Transport poverty impacts health in a number of ways:

- limit access to the building blocks of good health, such as good work, training and education;
- reduce access to health and care services;
- increase exposure to transport-related health harms, such as pollution and injury from collisions;
- reduce community engagement.

13.102 Addressing transport poverty and lack of transport choices is particularly important for Scotland at a time when life expectancy and healthy life expectancy are falling, health and social inequalities are widening, and there is an urgent need to ensure that our transition to a sustainable transport system is just. In addition, the prevalence of obesity in Highland Health Board Area is a problem, reported in the Obesity Action Scotland Factsheet (2024): 70% of the

adult population were obese or overweight (compared to nationwide figure of 29%) and for the 2022/23 school year children had 12.7% risk of developing obesity (compared to 10.5% nationwide). Obesity is a complex issue, but physical activity helps treat and prevent it, and being active for some everyday journeys is for many people a practical and affordable way of building some physical activity into daily life.

13.103 In response to **Chapter 10**, the Active and Sustainable Travel team within Council evidence **(THC330)** the demographic and geographic factors impacting transport poverty and travel choice in Highland. For example, car ownership in Highland is higher than the Scottish average, however so is household expenditure on travel. The ageing population, and issues in attracting and retaining young working people and families means that a significant minority of the population won't or can't drive simply because they are too old, too young, have a mobility impairment or cannot afford to. These people are already at a disadvantage in terms of transport independence for their everyday trips and accordingly risk isolation, reduced access to goods and services, and lack of employment and social opportunities. People living in mainland rural or island communities are also more at risk of transport poverty and car dependency due to lack of alternative transport choices. To add to that, increasing numbers of people – especially young people - choose not to drive or would like to be less car dependent for environmental reasons, for financial reasons, to support good physical and mental health, to be more active and social with friends and family, or simply for enjoyment.

Coal Mining

13.104 Mine gases are hazardous to human health. Highland has not had an extensive history of coal mining within the authority area. Coal Authority Development High Risk Areas mapping indicates that there is one identified development high risk areas within Highland, at Brora.

Pipelines and Hazardous Substances

13.105 The Council has considered evidence relating to the locations of pipelines and heavy industrial uses that could create nuisance, pollution or hazards where the Health and Safety Executive (HSE) are consulted as part of routine development management protocol. Mapping of *HSE Consultation Areas for Pipelines and Hazardous Sites* **(THC225)** illustrates the proximity of these sites in relation to each other and to surrounding development, including

settlements in relevant locations. This enables the Council to consider the associated risks and potential impacts of development within the vicinity of these sites.

13.106 Pipeline infrastructure is predominantly confined to the Inner Moray Firth Area, adjacent to the A96 Corridor and settlements such as Inverness, Nairn and Tornagrain. Pipeline infrastructure also crosses the Inner Moray Firth across the Black Isle, in proximity to North Kessock.

13.107 Hazardous sites by contrast are more widespread across Highland, but are often small in scale and area of coverage. Clusters of HSE Consultation Areas both for pipelines and hazardous sites are evident in central Inverness in an area characterised by a busy city centre environment, and a large nearby industrial estate. The Council will require to maintain accurate records of these areas in order to determine planning applications in accordance with NPF4 Policy 23.

Dounreay and Vulcan Nuclear Decommissioning

13.108 The former experimental nuclear site at Dounreay is being decommissioned due to the cancellation of the fast-breeder reactor program in 1988, leading to the closure of the site and the end of its operational life, leaving a complex legacy of contamination that must be cleaned up and dismantled to protect human health and the environment. The large-scale project involves removing radiological, chemical, and industrial hazards from numerous facilities on the site including reactors and reprocessing plants, alongside a variety of radioactive waste, storage and disposal facilities.

13.109 Councils with nuclear facilities in their areas, and nearby, have recently been required to review these plans and create additional strategic level plans for wider areas around these sites, known as Outline Planning Zones. In the case of the Dounreay and Vulcan NRTE, the Outline Planning Zone extends to 5km. Protective arrangements for people in the Outline Planning Zone would only be activated if it was determined the risk from the event extended beyond the Detailed Emergency Planning Zone (DEPZ) area for which detailed emergency plans already exist. The Outline Planning Zone, DEPZ and the role of various agencies should a radiological incident occur is detailed in the Dounreay & Vulcan NRTE Offsite Emergency Plan.

13.110 HwLDP Policy 24 alongside the Dounreay Planning Framework 2 (DPF2) is primarily for use by those preparing planning proposals for Dounreay and by

the Council to assist in making decisions on planning applications within a different planning framework boundary than the Outline Planning Zone or the DEPZ. DPF2 was prepared by the Council in partnership with Nuclear Restoration Services (NRS) Dounreay and its main principles are:

- The timely, safe and environmentally acceptable decommissioning, restoration and after-use of the Dounreay site;
- phasing through to the interim end point, setting out the developments required for decommissioning and restoration towards achieving the site end state, including new build, adaptation, demolition and remediation;
- sufficient flexibility to respond to changing constraints whilst not placing undue restrictions on the site operator;
- indication of potential new interim uses and end uses for parts of the site in support of economic development of the area; and
- developer requirements as set out in Appendix 5 of the Revised Environmental Report for the HwLDP Policy 24.

13.111 The Nuclear Decommissioning Authority (NDA) Group Draft Strategy published in July 2025 publishes a roadmap for mission delivery at NRS Dounreay and notes that the scope of work at the Dounreay site is fundamentally unchanged from the previous strategy, albeit with changes to the implementation by splitting elements into specific programmes, and the production of a new site plan. The roadmap presumes that all buildings on the site would be demolished or reused by 2078 and suitable for reuse by 2079.

Open Space, Recreation and Blue-Green Infrastructure

13.112 NPF4 Policy 21 (Play, recreation and sport) requires Local Development Plans to identify sites for sports, play and outdoor recreation for people of all ages. This should be based on an understanding of the needs and demand in the community and informed by the planning authority's Play Sufficiency Assessment and Open Space Strategy.

13.113 The Scottish Government's A More Active Scotland: Scotland's Physical Activity Delivery Plan aims to encourage and support people to be more active. It seeks to encourage inactive people to become active, sustain physical activity throughout life, improve infrastructure, promote wellbeing, and increase sports participation. The National Physical Activity for Health Framework recognises that plans and strategies across transport, education, planning and the environment have as great an impact as do those in health or sport in helping

to improve the health and wellbeing of people in Scotland through increasing levels of physical activity.

13.114 For Highland, the *Active Highland Strategy* (AHS) **(THC335)** is an evidence-based multi-agency strategic framework for physical activity, which aims to support and promote collaboration between partners, strengthening the Council's offer to communities, especially those people that will benefit most from being more active. It follows a systems-based approach to physical activity which moves away from short-term, solitary interventions and shifts thinking towards strategic cross-sectoral efforts that work in a complementary way to maximize limited resources and facilitate population levels of physical activity.

13.115 A wellbeing economy should protect the quality of our local living environment as this has a direct impact on our health and wellbeing – a key component of living well locally (Local Wellbeing Economy Monitor: Guidance). A natural environment is source of satisfaction, improves mental wellbeing, allows people to recover from the stress of everyday life and to perform physical activity. Having access to green and blue spaces is an essential part of our quality of lives.

13.116 Blue Infrastructure as defined in NPF4 comprises water environment features within the natural and built environments that provide a range of ecosystem services. Blue features include rivers, lochs, wetlands, canals, other water courses, ponds, coastal and marine areas including beaches, porous paving, sustainable urban drainage systems and raingardens.

13.117 Green Infrastructure as defined in NPF4 comprises features or spaces within the natural and built environments that provide a range of ecosystem services. Green Networks by extension comprise connected areas of green infrastructure and open space, that together form an integrated and multi-functional network. These are distinct from Nature Networks, discussed separately in **Chapter 5: Nature and Environment,** although it is recognised that enhanced Blue and Green Infrastructure can provide ecosystem features that support biodiversity.

13.118 The *Local Transport Strategy* **(THC140)** integrates consideration of blue-green infrastructure into transport in policy P1.13: Integrate blue-green infrastructure into the design of transport schemes. This includes the 'green' and 'blue' features that can provide environmental benefits and contribute to quality of life. Examples include woodlands, street trees, play spaces, allotments, community growing spaces, playing fields, road verges, swales, green walls and

living roofs, rivers, canals, streams, wetlands, sustainable drainage. Active travel routes are another example, but in the context of this policy the focus is on non-transport blue-green infrastructure to complement the transport system.

Open Space

13.119   The Council are preparing an Open Space Strategy, which includes areas of open space over 0.5ha within or adjacent to Highland's settlements. On-site assessments have commenced and are programmed for completion by the end of 2025. This will inform any enhancements or expansion of blue and green infrastructure, including any requirements for new allocations, which will take into account relevant agencies' plans or policy frameworks, such as flood risk and / or water management plans. While this work remains in development, the Council has considered alternate evidence to inform the baseline at this stage, including the Scotland's Greenspace OS MasterMap Greenspace Layer, which shows accessible and non-accessible greenspaces in settlements with a population over 500 people and includes a 500 metre buffer around the settlement.

13.120   The Third State of Scotland's Greenspace Report published in 2018 provides summary statistics of the Greenspace layer and identifies that Highland has high provision of total greenspaces, relative to other authorities in Scotland, as demonstrated in Table 13:8. Further disaggregation of these totals by Greenspace Types as provided in Table 13:9, outlines that in Highland, provision of natural greenspace types such as woodland, beaches and open semi-natural far exceeds the national equivalents, while other categories such as parks and gardens are below these. A full description of the Greenspace Types is provided within Third State of Scotland's Greenspace Report.

Table 13:8 Highland and Scotland Greenspace Summary Statistics (Source: Third State of Scotland's Greenspace Report)

	Highland	Urban Scotland
Total Greenspace (ha)	9,032	159,274
Publicly Accessible Greenspace (ha)	7,430	119,299
Greenspace as % of urban area	58	54
Publicly Accessible Greenspace as % of Urban Area	47	41

Greenspace per 1,000 people (ha)	77	36
Publicly Accessible Greenspace per 1,000 people (ha)	63	27

13.121 While community food growing and allotments is accounted for within these categories and remains informative of provision relative to Scotland, the Council's information provided for this aspect in **Food-Growing and Allotments** is considered to be more reflective of the current provision.

Table 13:9 Summary Totals for Greenspace Types in Highland and Scotland (Source: Third State of Scotland's Greenspace Report)

	Highland		Urban Scotland	
	(ha)	**(%)**	**(ha)**	**(%)**
Park Or Garden	53	1%	6,288	4%
Private Garden	1,602	18%	39,975	25%
School Grounds	133	1%	3,468	2%
Institutional Grounds	84	1%	2,283	1%
Amenity	2,558	28%	58,624	37%
Play Space	11	<1%	251	<1%
Playing Field	108	1%	2,673	2%
Golf Course	405	4%	9,006	6%
Tennis Court	1	<1%	31	<1%
Bowling Green	3	<1%	176	<1%
Other Sports Facility	36	<1%	1,738	1%
Natural (Total)	3,852	43%	30,318	19%
Beach or Foreshore	853	9%	6,723	4%
Inland Water	180	2%	3,173	2%
Open Semi-Natural	1,745	19%	12,429	8%
Woodland	1,074	12%	7,993	5%
Total Allotments Or Community Growing Spaces	5	<1%	176	<1%
Religious Grounds	15	<1%	399	<1%
Cemetery	55	1%	1,199	1%
Camping Or Caravan Park	28	<1%	279	<1%
Land Use Changing	84	1%	2,390	1%

Total	9,032	100%	159,274	100%

13.122 Scottish Household Survey Data reveals that Highland's provision of outdoor recreation areas is reflected in recreational indicators relating to blue and green spaces. As evidenced in Table 13:10, a greater share of Highland's population is closer to their nearest blue or green spaces, use them more frequently, tend to be more satisfied with those spaces and make more frequent visits to the outdoors, as compared to Scotland.

Table 13:10 Summary of Access to Blue and Green Spaces in 2023 (% population)

		Highland	Scotland
Frequency of Visits Made to the Outdoors			
	Once or more times a week	72.9%	68%
	At least once a month	9.1%	11.9%
	At least once a year	3.9%	10.2%
	Not at all	14.2%	9.8%
Walking Distance to Nearest Blue or Green Space			
	In 5 minutes	75.8%	68.2%
	6 to 10 minutes	17.4%	20.9%
	11 minute walk or more	3.8%	9.4%
	Don't know	2.9%	1.6%
Frequency of Use of Nearest Blue or Green Space			
	Every day / Several times a week	55.7%	44%
	Once a week	8.6%	12.6%
	Once a month	9.8%	13.9%
	Less often	6.8%	10.6%
	Not at all	18.8%	18.6%
	Don't know	0.3%	0.2%
Satisfaction with Nearest Green or Blue Space			
	Very satisfied/Fairly satisfied	79%	75.6%
	Neither	11.7%	9.7%
	Very dissatisfied/Fairly dissatisfied	4.7%	9.8%
	No opinion	4.6%	4.9%

13.123 As evidenced in Table 13:11, some limited disaggregation by Urban-Rural Classification reveals that a greater share of Highland's population within Class 2: Other Urban Areas and Class 6: Remote Rural Areas are closer to their nearest green and blue spaces and make more frequent visits to the outdoors, as compared to populations in these classifications across Scotland as a whole.

Table 13:11 Summary of Access to Blue and Green Spaces in 2023 by selected Urban Rural Classifications (% population)

		Highland		Scotland	
		Other Urban Areas	Remote Rural Areas	Other Urban Areas	Remote Rural Areas
Frequency of Visits Made to the Outdoors					
	Once or more times a week	71%	72%	63.2%	74%
	At least once a month	11.6%	7.2%	13.7%	9.9%
	At least once a year	4.4%	5.1%	11.6%	4.8%
	Not at all	13.1%	15.6%	11.5%	11.3%
Walking Distance to Nearest Blue or Green Space					
	In 5 minutes	80.3%	78.7%	69.7%	74.1%
	6 to 10 minutes	16.2%	11.4%	21.2%	11.4%
	11 minute walk or more	2.8%	3.7%	8.0%	9.3%
	Don't know	0.7%	6.3%	1.2%	4.3%
Frequency of Use of Nearest Blue or Green Space					
	Every day / Several times a week	48.1%	63.8%	43.1%	56.9%
	Once a week or less	30.9%	19.5%	35.9%	25.7%
	Not at all	21.0%	15.8%	20.8%	17.0%
	Don't know	0.0%	1.0%	0.2%	0.4%
Satisfaction with Nearest Green or Blue Space					
	Very satisfied/Fairly satisfied	73.5%	84.1%	74.8%	83.3%
	Neither	17.3%	4.7%	9.5%	7.2%
	Very dissatisfied/Fairly dissatisfied	5.7%	4.1%	10.3%	4.9%

	No opinion	3.6%	7.1%	5.3%	4.6%

13.124 A key priority in addressing open space provision is the recognition that access to high quality recreational areas and blue and green spaces tends to be higher in less deprived communities in Scotland. Further disaggregation of Scottish Household Survey Data indicators by Scottish Index of Multiple Deprivation quintiles is not available for Highland owing to the small number of data zones that rank within the most and least deprived. Comparing open space provision between areas of high and low deprivation is an identified action as the Open Space Strategy progresses.

13.125 While woodland and forestry are considered in **Chapter 5: Nature and Environment**, urban trees are vital for health and wellbeing, contributing towards improved air quality, provision of shade and shelter, greater biodiversity, stress reduction, increased climate resilience and helping to create attractive and vibrant places to live and work. The Tree Equity Score UK is a map-based tool which identifies communities most in need of more trees. It uses data on tree canopy cover, health, deprivation, urban heat and air quality to calculate a Tree Equity Score for every urban neighbourhood in the UK. The lower the score the greater the need for more trees. A score of 100 means tree equity has been achieved.

13.126 Highland's composite Tree Equity score is 80 (across urban areas of Fort William, Inverness and Nairn). Areas with lower tree equity include central Fort William (score 66), west Caol (score 69), eastern Nairn and Fishertown (score 69), and in Inverness, neighbourhoods of Merkinch (score 53-73), Dalneigh (score 65-76), Hilton (score 59-91), Raigmore (score 59-86), Longman (score 67) and Inverness city centre (score 44). Planting more trees in these areas could deliver significant social and environmental benefits, improving tree equity to improve health and wellbeing. The Council's forthcoming Forestry and Woodland Strategy will consider more definitive inclusion of urban trees in order to supplement NPF4 Policy 6a.

13.127 Further, there are strong links between the root causes of health inequalities and the factors that influence climate risk. Poverty, lack of power and the unequal distribution of resources and assets in the community underpin both health inequalities and vulnerability to climate impacts. Social and spatial vulnerability to impacts of climate change are also further considered in **Chapter 4: Climate Change and Energy**.

13.128 Public health principles which can help to achieve climate resilience, health and equity were presented in a briefing for local government and partners - Working together to build climate resilient, healthy and equitable places:

- Understand the building blocks of good health
- Use a Health in All Policies approach
- Deliver a blend of upstream and downstream actions
- Build relationships and exchange knowledge between stakeholders
- Agree shared outcomes and develop win-win actions
- Base action on evidence
- Empower communities
- Understand who will benefit from and who might be disadvantaged by actions and develop strategies to reduce harm
- Monitor and evaluate to inform learning

Drainage and Blue and Green Infrastructure

13.129 Understanding blue-green and natural infrastructure and how this can be optimised to support sustainable flood risk management and drainage is fundamental to creating great places that are resilient to climate change.

13.130 Water Resilient Places recommends that a suite of measures are implemented to harness the co-benefits of blue and green infrastructure, including that as part of place-making, planning authorities should establish blue-green infrastructure needs from the outset by:

- Defining natural infrastructure,
- Undertaking strategic flood risk and drainage assessments, and
- Defining a blue-green infrastructure plan.

13.131 The Council's draft *Surface Water Management Plan* **(THC241)** also informs the evidence considered as it is acknowledged that identifying and protecting networks of blue and green infrastructure play a vital role in surface water management. As detailed more fully in **Chapter 7: Flood Risk Management**, increased urbanisation, removed vegetation and reduced provision have led to significant changes in natural drainage characteristics, reducing the ability for natural infiltration and evapotranspiration, increasing the volume and rate of surface water run-off.

13.132 NPF4 Policy 22 while principally concerned with flood risk, specifies that resilience should be supported by identifying opportunities to implement improvements to the water environment through natural flood risk

management and blue and green infrastructure. The Council notes the 9 Priority Areas identified within the SWMP, and the detailed the process for 41 determined hotspots in each of the priority areas **(THC242)** which are deemed to have significant surface water issues, and where particular solutions for blue and green infrastructure may be required to support their respective objectives and priorities.

13.133 The Council has initiated mapping to identify the known natural blue and green infrastructure network within Highland, so that the spatial strategy can protect these assets and networks, albeit this is not complete and will be informed by the Forestry and Woodland Strategy, the Open Space Strategy, the Play Sufficiency Assessment, the Core Path network and Nature Network mapping.

13.134 At present Blue and Green Infrastructure Mapping in progress, encompasses the following datasets:

- OS MasterMap Greenspace Layer
- Scotland's Environment Map - Recommended riparian corridor layer
- Scotland's Environment Map - Geomorphic risk layer
- Scotland's Environment Map - Riparian vegetation planting opportunities (25m)
- Scotland's Environment Map - Scottish Wetland Inventory layer
- Scotland's Environment Map - Obstacles to fish migration
- SEPA - Water Environment Fund projects – existing and proposed
- Core Path Network
- Long Distance Trails
- Ancient Tree Inventory
- Culverts
- Riparian Woodland Dataset

13.135 This mapping is intended to illustrate the extent of the known blue and green network within 500m of Highland's settlements with populations of 500 people or more. This is due to the OS MasterMap Greenspace Layer extents which are confined to settlements of this size and scale. Once the Council's Open Space audit is completed, this mapping will likely be updated to reflect current provision of green infrastructure, and potentially including settlements that are otherwise excluded from the OS MasterMap Greenspace Layer.

13.136 The Strategic Flood Risk Assessment mapping, which relate to blue and green infrastructure, includes the SEPA Natural flood data maps v3.0 dataset. The SEPA datasets have been included in accordance with SEPA's Evidence

Gathering Planning Advice Note for Planning Authorities: LDP Evidence Gathering: Achieving sufficiency of evidence relating to flood risk and the water environment and are mapped across the whole Council area. However, for considering the full blue-green infrastructure network the 500m buffer around settlements of 500 or more people is the boundary given the availability of other data.

Food-Growing and Allotments

13.137 NPF4 notes that LDPs should create healthier places through land for community food growing and allotments. As detailed earlier in **Chapter 5: Nature and Environment**, Highland benefits from an established practice of crofting, having 10,197 registered crofts as of 2024 (Crofting Commission Annual Report and Accounts 2023/24). Crofting's small-scale food production is traditionally characterised by a mix of livestock rearing and crop cultivation. It is also common practice for crofters to grow at least some home grown produce for their own consumption. While the economic value of this produce may be small, the health benefits can be significant (The Value of Crofting). Crofts range in scale and levels of activity, and at present there are no measurable output statistics for crofting food production, however the Scottish Government recognises that optimising use of croft land can produce food more sustainably, serving local and often rural communities (Economic Condition of Crofting 2019-2022).

13.138 Allotments and food growing spaces provide valuable community spaces and improve access to healthy, locally produced food. The Council chairs an Allotment Steering Group which maintains a list of the Council's allotment sites, including numbers of plots and a waiting list for sites. As of September 2024, 115 people were awaiting an allotment plot, as shown in Table 13:12.

Table 13:12 Allotment Plot Waiting List

Site	Allotment Association	No. total plots	No. community plots	No. plots with no tenant	Waiting list	No. waiting >5 years	Area (m²)
Lybster	Latheron, Lybster & Clyth CDC/ Lybster Allotments Association	21	1	1	0	0	1316

Hawthorn Inverness	Hawthorn Allotments	69	0	0	85	0	14682
Nairn Sandown	Nairn Allotment Society	79	4	0	0	0	16456
Nairn Mill Road	Nairn Allotment Society	43	1	0	20	0	3885
Ullapool	Lochbroom & Ullapool Gardens & Growers Society	65	3	1	0	0	3377
Wick	Wick Allotments	11	1	0	0	0	2100
Milnafua Alness	Alness & District Allotment Society	24	2	0	10	0	2600
Total		**312**	**12**	**2**	**115**	**0**	

13.139 In addition, the Steering Group maintains a Register of Interest by Ward of new people who seek an allotment. A summary extract of the register as of September 2024 shows that there is a demand for a total additional 296 allotment plots across the region as outlined in Table 13:13.

Table 13:13 Steering Group Register of Interest in Allotments by Ward

Ward	20/21 Requests	21/22 Requests	22/23 Requests	23/24 Requests	Total Requests
1 North, West, and Central Sutherland	0	0	0	0	0
2 Thurso and Northwest Caithness	0	2	2	0	4
3 Wick and East Caithness	2	0	0	0	2
4 (East Sutherland and Edderton)	0	0	2	2	4
5 West Ross, Strathpeffer, and Lochalsh	0	0	2	0	2
6 Cromarty Firth	1	0	3	2	6
7 Tain and Easter Ross	4	0	1	2	7
8 Dingwall and Seaforth	2	0	5	4	11
9 Black Isle	0	2	3	6	11
10 Eilean a' Cheò	1	0	1	0	2

11 Caol and Mallaig	0	0	1	1	2
12 Aird and Loch Ness	1	0	2	3	6
13 Inverness West	5	1	12	16	34
14 Inverness Central	7	5	12	14	38
15 Inverness Ness-Side	4	3	6	9	22
16 Inverness Millburn	2	0	9	9	20
17 Culloden and Ardersier	5	1	12	17	35
18 Nairn and Cawdor	0	2	0	4	6
19 Inverness South	4	2	11	13	30
20 (Badenoch and Strathspey)	2	1	4	36	43
21 (Fort William and Ardnamurchan)	0	2	5	4	11
Total	**40**	**21**	**93**	**142**	**296**

13.140 This register is used to gather data to inform understanding of demand and to support community efforts when new allotment associations and sites are in development. The register is not a waiting list, and people are signposted to their nearest allotment site or community food growing project to make enquiries. Data gathered from the allotments register since April 2020 indicates that the level of demand is rising, with note of high levels of demand in all of the Inverness City Wards, Culloden and Ardersier, and Badenoch and Strathspey. Allotment associations with projects in a development stage exist in Inverness, Dingwall, Aviemore and Culloden/Smithton. Aviemore, Dingwall and Culloden do not currently have any allotments sites.

13.141 The Council has been and is working with a number of community groups in the establishment of community orchards, gardens and other food growing spaces across the region. These areas are not specifically recorded, but a number are located on Council-owned lands, and their development is however supported through the *Growing Our Future - A Community Food Growing Strategy for Highland* **(THC231)**. The Council currently does not record any private allotments operating across the region.

13.142 Highland Good Food Map | Highland Good Food Partnership is a map resource which shows food activity and community food provisions across Highland, including community food growing initiatives such as allotments.

Play Spaces

13.143 Scotland's Play Strategy dates from 2013 and has been written to support Local Authorities to improve play opportunities within their regions for all children under the age of 18. The Scottish Government commissioned a progress review on the Play Strategy and Action Plan in 2019 and 2021. Scotland's Play Strategy protects a child's right to play within their community and has been written in alignment with many national and international guiding documents including the Equalities Act, Disability Discrimination Act and UN Convention on the Rights of the Child (UNCRC). Scotland's Play Vision Statement and Action Plan published in 2025 outlines the steps the Scottish Government will take within that time to achieve their vision and aims.

13.144 The Council's *Playpark Strategy and Action Plan for 2023-2033* **(THC233)** outlines the Council's ambition for new and upgraded play facilities across both Council owned/managed sites and developer provided play facilities. As part of this strategy, details of Developer Contributions required for new and expanded play facilities under the existing *Developer Contributions Supplementary Guidance* **(THC159)** requirements are outlined.

13.145 The Council has a statutory duty to undertake a Play Sufficiency Assessment (PSA) to ensure there is good quality evidence on the sufficiency of both outdoor Formal Play Spaces (FPS) (such as play areas, playgrounds or play parks) and Informal Play Spaces (IPS) for children in their local neighbourhoods and in their local authority areas, recognising that opportunities for outdoor play are not restricted Formal Play Spaces (FPS).

13.146 It is widely recognised that to meaningfully enable children and young people to play outdoors more readily and to play in their communities, the planning system should promote and support provision for a variety of both formal and informal play spaces (Scotland's Play Vision Statement and Action Plan).

13.147 The Play Sufficiency Assessment Planning Guidance describes IPS as areas not formally designated as playgrounds but where children can enjoy free, unstructured play. These may include natural environments such as woodlands, open green spaces, or quiet residential streets that allow children to explore, interact, and be creative without fixed equipment or defined boundaries. The Play Sufficiency Assessment Planning Guidance recognises that IPS can be wide-ranging, varied, and challenging to accurately identify or map. As such, a requirement for mapping informal play spaces has not been prescribed in the guidance and it sets out that informal play spaces within a planning authority

area can be identified by the planning authority or by children for a PSA. Council has summarised within **Chapter 3: Summary of Engagement** how consultation with children and young people was undertaken to support the development of the *Highland Play Sufficiency Assessment Report* **(THC235)**.

13.148 Strengthening the evidence base by considering the contribution of informal play spaces and presenting the sufficiency of both formal and informal play spaces at locality level alongside for the authority as a whole, are noted as requirements within the Play Sufficiency Assessment Regulations.

13.149 In Highland, the extensive landscape provides many opportunities for informal play including outwith settlements. However, with recognition for the resources available to support the development of the *Highland Play Sufficiency Assessment Report* **(THC235)**, IPS have been identified by Council officers within settlement areas only as part of the *Open Space Audit* which identified Informal Play Spaces (IPS) as:

- areas surrounding Formal Play Spaces, where informal play often complements equipped areas and;
- areas within identified open spaces where there was potential or evidence of informal play (e.g. such as improved, relatively level or maintained surfaces for play).

13.150 The Council has set out in the *Playpark Strategy and Action Plan 2023-2033* (**THC233)** a vision to create three different types of play parks: neighbourhood, settlement and destination. While these categories have not been applied in the audit of FPS for **THC235**, the assessment recognises the range of FPS in Highland that serve different functions within a community and play spaces vary in their facilities and features. For example, in addition to the overall score for a FPS assessment of FPS quality should also consider its size, context and intended provision within the context of the wider provision of play spaces in the community. This is because for example some scores are dependent upon the range of equipment and age ranges of children and young people catered for by the play space, and not every play space within an area is intended to provide and cater for all.

13.151 An audit of FPS, which will inform the *Highland Play Sufficiency Assessment Report* **(THC235)**, was completed by Council officers across summer 2023, summer-autumn 2024 and summer 2025. All existing Formal Play Spaces (FPS) within settlement development areas were surveyed, equating to a total of 451 play spaces, of which 324 are owned by Council and 127 are owned by other

organisations. FPS comprise 33.45ha in Highland (including Cairngorms National Park). A summary of FPS provision is provided in Table 13:14.

*Table 13:14 Formal Play Space (FPS) provision summary in Highland, within settlement areas of Local Committee Area (Source: **THC235 draft**)*

Local Committee Area	FPS within settlements	FPS provision per property (m^2), within settlement areas	Total FPS (m^2), within settlement areas
Badenoch and Strathspey	26	2.7	17,422
Black Isle*	17	3.6	14,306
Caithness	55	4.7	41,960
Dingwall and Seaforth	25	2.0	14,503
Easter Ross*	45	3.6	26,932
Inverness and Area	143	3.5	129,361
Lochaber	39	4.4	32,062
Nairnshire	11	2.5	13,253
Skye and Raasay	19	2.0	5,095
Sutherland	40	8.2	29,896
Wester Ross Strathpeffer and Lochalsh	31	3.8	9,678
Total	**451**	**3.7**	**334,470**

*Black Isle and Easter Ross are reported separately here, although they are now one Local Committee

13.152 Informal Play Spaces (IPS) within settlements areas were evaluated as part of the *Open Space Audit*, totalling 294.6ha. A summary of IPS within open spaces (as defined in 13.149) is provided in Table 13:15. Cairngorms National Park and Badenoch and Strathspey Area Committee were excluded from the Open Space Audit - and therefore the IPS audit - as the National Park Authority undertake their own Open Space Audit.

*Table 13:15 Informal Play Space (IPS) provision summary in Highland, within open spaces of settlement areas of Local Committee Area (Source: **THC235**)*

Local Committee Area	IPS provision per property (m^2), within settlement areas	Total IPS (m^2), within settlement areas

Badenoch and Strathspey**	-	-
Black Isle*	28.1	94,574
Caithness	21.8	193,470
Dingwall and Seaforth	16.5	94,929
Easter Ross*	49.5	397,657
Inverness and Area	41.0	1,526,819
Lochaber	19.9	143,600
Nairnshire	41.6	222,576
Skye and Raasay	15.3	39,484
Sutherland	46.4	170,039
Wester Ross Strathpeffer and Lochalsh	24.4	62,908
Total	**32.4**	**2,946,058**

* Black Isle and Easter Ross are reported separately here, although they are now one Local Committee
** Badenoch and Strathspey are excluded from the Highland Council Open Space Audit, and so IPS were not identified for that Committee Area.

13.153 The *Highland Play Sufficiency Assessment Report* is in the process of being drafted, and on completion the report will be consulted upon and will inform the provisions for play in the preparation of HLDP, in accordance with the Play Sufficiency Assessment Regulations, and the Scottish Government's Play Sufficiency Assessment Planning Guidance.

13.154 Data from the PSA is presented in the Highland Play Sufficiency Assessment Map, an online interactive map. The 'Info' panel reports the overall total score, average category score achieved (%) by each FPS (giving all assessment categories equal weight), a bar graph summary of percentage scores for each category, and scoring summary of criteria within each category with a description of how each is scored. FPS which on average score over 75% across the categories are ranked as 'very high', 50-75% as 'high', 30-50% as 'medium' and below 30% as 'low'.

13.155 Each FPS was evaluated across six categories, below, with a maximum possible score of 56:

- Age-appropriate Play Equipment (maximum score 26)
- Open Space Options for all age groups (maximum score 5)
- Accessible play spaces (maximum score 14)

- Location of play spaces (maximum score 6)
- Usage and Maintenance (maximum score 6)
- Additional Facilities (maximum score 7)

13.156 Age-appropriate Play Equipment: The average provision of play equipment by Age Groups served (Nursery, Primary and Secondary), as shown in Table 13:16. Each equipment type (swings, slides, climbing frames, rocking, twirling and spinning, hanging, jumping and balancing) is assessed as serving either 1 – 3 or no Age Groups which informs the calculation of average provision of equipment (%) by number of Age Groups Served for the Local Committee Area, and the average number of equipment typers in FPSs.

*Table 13:16 Average provision of equipment in FPS across all 8 equipment types, by the number of Age Groups served (Source: **THC 235**)*

Local Area Committee	Total FPS	Average provision of equipment (%) serving 1-3 Age Groups in FPS			Average number of equipment types provided in FPS (max 8)
		1	2	3	Total
Badenoch and Strathspey	26	14%	24%	30%	5
Black Isle	17	13%	30%	23%	5
Caithness	55	1%	24%	23%	4
Dingwall and Seaforth	25	18%	32%	12%	5
Easter Ross	45	7%	26%	10%	3
Inverness and Area	143	11%	25%	20%	4
Lochaber	39	7%	31%	29%	5
Nairnshire	11	11%	36%	23%	6
Skye	19	5%	30%	26%	5
Sutherland	40	4%	23%	21%	4
Wester Ross Strathpeffer and Lochalsh	31	5%	36%	25%	5
Total	**451**	**8%**	**27%**	**21%**	**-**

Note: each play space is classified as being suitable for one, two or three different Age Groups, which are Nursery (N), Primary (P), and Secondary-aged (S) children

13.157 Table 13:16 illustrates that on average 27% of FPS provide equipment for two Age Groups, while 21% make provision for all three Age Groups. Local Committee Areas with highest average provision for all three Age Groups equipment are Badenoch and Strathspey (30%) and Lochaber (29%). Local

Committee Areas with low average provision of any age-appropriate equipment include Caithness (48%), Easter Ross (43%) and Sutherland (47%).

13.158 Open Space Options for all age groups: Formal Play Spaces offering open space options for children are shown for each Area Committee, in Figure 13:2. In all areas except for Inverness, 70%+of play spaces provide open space for running and chasing. Provision of quiet places, space for ball games and natural play vary widely. In general, there is a low provision of hang out places for teenagers of less than 50% of FPS in all Areas, and less than 20% in Badenoch and Strathspey, Dingwall and Seaforth, and Nairnshire.
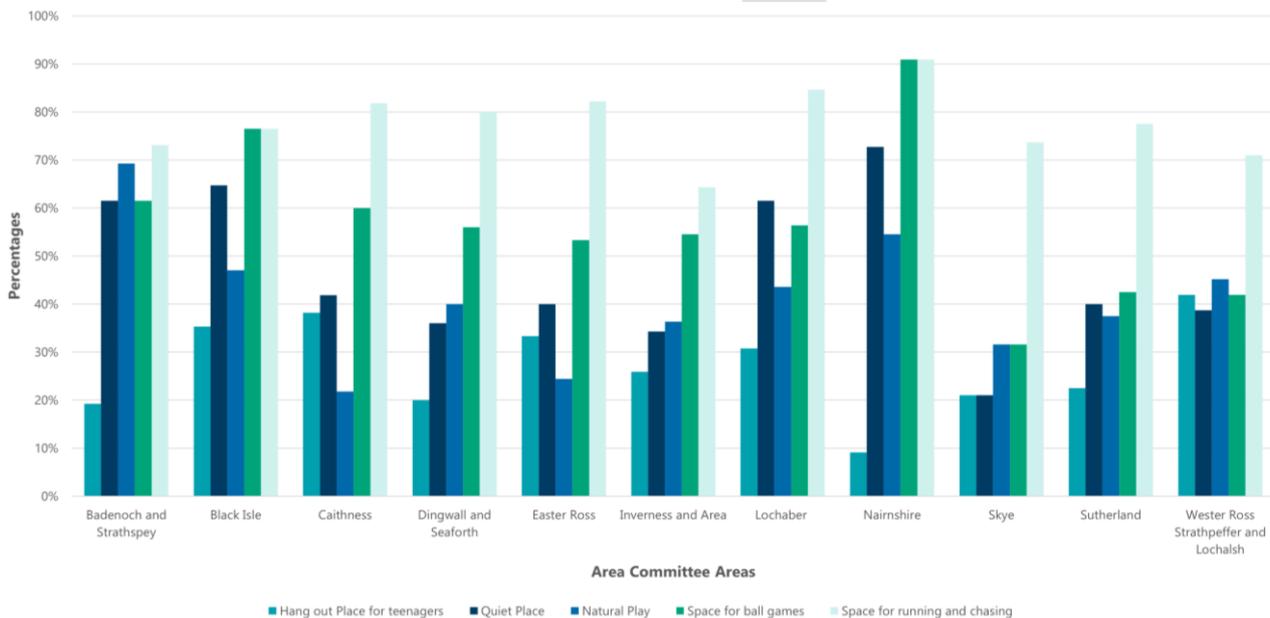
*Figure 13:2 Provision of open space options for all age groups within Formal Play Spaces, by Area Committee in Highland (Source: **THC235**)*

13.159 FPS with equipment approaching the end of their useable life were identified. The *Highland Play Sufficiency Assessment Report* **(THC235)** highlights specific Formal Play Spaces with equipment nearing the end of their usable life, which can inform identification of opportunities for area-based or location-based upgrades or replacements of Council-maintained equipment in FPS.

13.160 Accessible play spaces: Formal Play Spaces that provide accessible features to children with mobility challenges were assessed. The majority of FPS that provide wheelchair accessible features are concentrated in Inverness and Caithness (Table 13:17). A need for enhanced provision of accessible features and facilities within Highland's formal play spaces will be raised within the *Highland Play Sufficiency Assessment Report* **(THC235)**.

*Table 13:17 Provision of accessible features within Formal Play Spaces by Local Committee Area in Highland (Source: Highland Play Sufficiency Assessment **(THC235))***

Local Area Committee	Accessible Parking	Wheelchair Friendly Path	Equipment for Fully Disabled children	Equipment for Moderately Disabled children	Equipment for Less Disabled children	Fencing	Surface for visually impaired children
Badenoch and Strathspey	8%	19%	0%	8%	19%	35%	15%
Black Isle	18%	6%	0%	6%	47%	76%	18%
Caithness	27%	87%	0%	2%	35%	67%	69%
Dingwall and Seaforth	20%	4%	0%	4%	16%	44%	16%
Easter Ross	24%	29%	0%	0%	16%	33%	36%
Inverness and Area	17%	38%	1%	3%	22%	52%	38%
Lochaber	26%	59%	0%	5%	28%	72%	41%
Nairnshire	36%	64%	0%	0%	27%	27%	36%
Skye	58%	68%	0%	5%	47%	95%	58%
Sutherland	28%	58%	0%	0%	25%	80%	60%
Wester Ross Strathpeffer and Lochalsh	35%	39%	0%	13%	29%	55%	45%
Grand Total	**24%**	**44%**	**0%**	**4%**	**26%**	**57%**	**42%**

13.161 <u>Location of play spaces</u>: FPS were evaluated across five key location-based criteria: the centrality of their placement within communities, the extent of passive surveillance they receive (such as visibility from nearby homes or streets), availability and proximity to public transport options, and the presence of safe crossing points on adjacent roads. Together, these factors help assess how accessible, safe, and well-integrated each play space is within its surrounding environment. In all but one Local Committee Area, 87% or more FPS are in residential areas - the exception is Skye which has 79% of FPS in residential areas. FPS accessibility by public transport is relatively limited in Highland, ranging from 36% (Nairnshire) to 71% (Black Isle and Easter Ross). There is wide variability in provision of safe crossings at formal play spaces, between Local Area committees.

13.162 Usage and Maintenance: FPS were each evaluated based on their usage and maintenance, across four criteria: frequency of site usage, pleasantness, level of maintenance and surface condition as shown in Figure 13:3. Overall, most formal play spaces in Highland are well-used and maintained to a good standard.
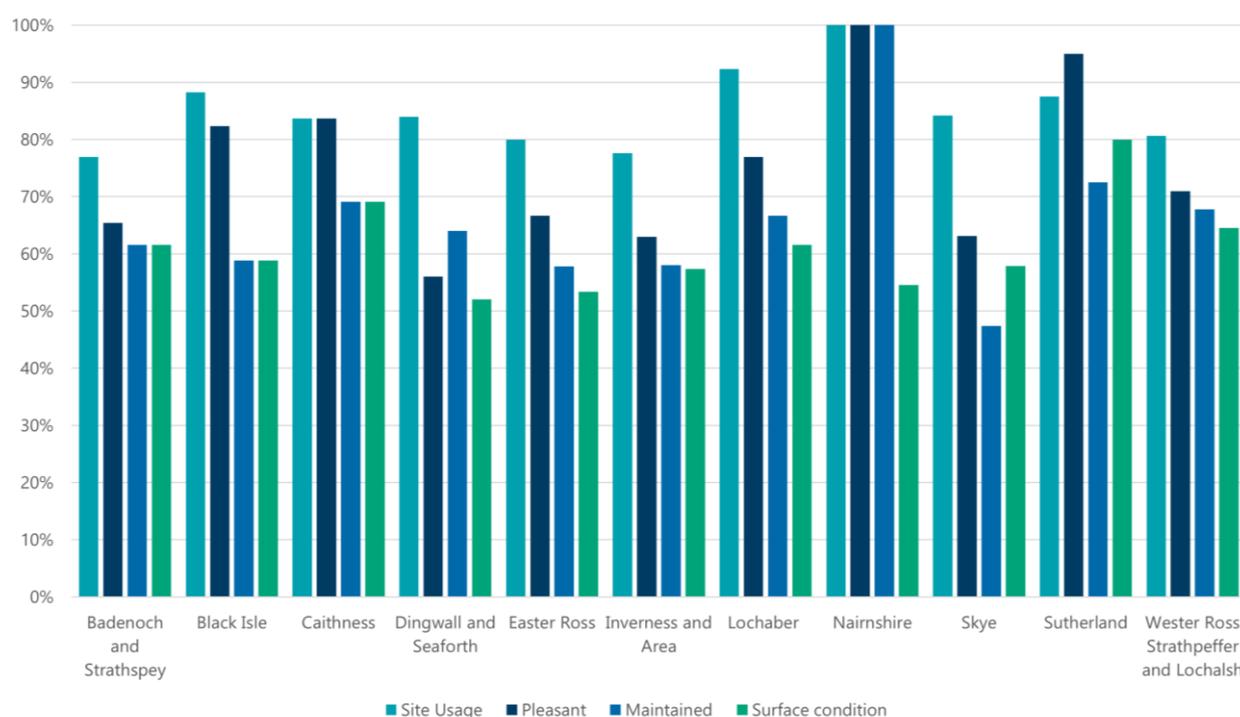

*Figure 13:3 Usage and Maintenance category summary for Formal Play Spaces, by Local Committee Area in Highland (Source: Highland Play Sufficiency Assessment **THC235**)*

13.163 Additional Facilities: Supporting infrastructure for Formal Play Spaces such as toilets, seating, picnic tables and shaded areas were audited. Provision of toilets at or near Formal Play Spaces is very low across all Local Committee Areas in Highland, ranging from 0% - 8% with the exception of Nairnshire (18%), and this trend of low provision of toilets near or within Formal Play Spaces is regardless of who maintains the play space. (Note the general provision of public toilets in Highland is also discussed in **Public Conveniences**). At least half of all play spaces provide seating across all Local Committee Areas, with percentages ranging from 51% – 84%. Provision of shade and shelter in Formal Play Spaces is just 4% in Easter Ross and Dingwall and Seaforth, 11% in Caithness and 18% in Sutherland. The highest provision of shade in Formal Play Spaces in Highland is in Badenoch and Strathspey (40%) and Lochaber (59%).

13.164 The State of Play in Scotland highlights that there are socio-demographic differences in children's opportunities for play, although children in both the most and least deprived areas experience a lack of affordable, accessible opportunities for play. As the *Highland Play Sufficiency Assessment Report* **THC235** progresses, the Council shall undertake a geospatial assessment of access to play spaces from data zones ranked within the 20% most deprived in Scotland from the Scottish Index of Multiple Deprivation Index. This can further inform assessment of future needs for play spaces in a manner that narrows health inequalities.

13.165 The Highland Play Sufficiency Assessment methodology recognises that there are opportunities for play beyond formal play spaces. The *Open Space Audit* identified a range of spaces within Settlement Areas with play potential, including IPS as well as open spaces and community spaces for recreation and relaxation and amenity areas for connection with nature. Analysis and reporting on the *Open Space Audit* is currently in progress, and will inform the preparation of HLDP when published. **Sports Facilities**, below, presents evidence on indoor and outdoor spaces which facilitate organised sports, play and recreation.

13.166 Policy 21e of NPF4 notes the opportunity of streets and public realm to be inclusive and enable children and young people to play and move around safely and independently, maximising opportunities for informal and incidental play in the neighbourhood. Designing Streets: A Policy Statement for Scotland offers best-practice guidance on how to create well-designed streets and public realm areas which create inclusive social spaces for children to play.

Sports Facilities

13.167 High Life Highland is a charity established to deliver leisure services and community learning on behalf of Highland Council, which among other aspects, includes provision of libraries and leisure centres. In 2024, 44,417 people, or 18.8% of Highland's population had a High Life Highland membership card for leisure use specifically, which represented a 4% increase from 2023 **(THC237)** and offers an indicator evidencing the reach of High Life Highland Facilities within Highland's population.

13.168 Sportscotland's *Facility Planning Model (FPM) Report for Highland* **(THC238)** provides data and maps of sports halls, swimming pools and synthetic grass pitches, outlining capacity, accessibility, and unmet demand. The FPM helps

identify facility needs and informs planning and development strategies. A National Summary Report is produced every two years, providing outputs for each local authority. Sportscotland's Facilities Database also demonstrates the locations of these facilities spatially. Sportscotland notes that the FPM is a model which predicts likely patterns of demand, it does not predict actual usage. Decisions about any changes to sports facility provision should be taken based on more detailed analysis and local engagement.

13.169 Most demand for sports facilities in Highland is expected to be met however levels of unmet demand are higher than the national average, and this is not unexpected given the geography of the area. Unmet demand is mainly due to people living too far from a facility, rather than the number or capacity of facilities.

13.170 Highland has 59 sports halls in 31 sites at schools and sports centres. Highland has the equivalent of 8 courts per 10,000 population, slightly higher than the national average of 7 courts per 10,000 population **(THC238)**. Analysis of the walking catchments to Sports Halls in Inverness reveals that areas in Culcabock, Culduthel and Milton of Leys are often outwith a 20-minute walk catchment.

13.171 Approximately 20% of the Council area population does not have access to a car and 33% of people living in Highland can walk to a 3-court hall in 20 minutes or less, relative to the national figure of around 60%. Of those living in the 10% most deprived areas, around 37% are within a 20-minute walk of a 3-court hall, compared to the national figure of 75%. Most demand for sports halls and sports facilities more widely is predicted to be met by car travel (around 83%).

13.172 Percentage of utilised capacity at sports halls in the peak period is estimated within **THC238** to be around 36% across the Council area, although there are variations suggested between the halls in terms of how busy they may be at peak times. Only one facility (Nairn Academy) is predicted to be full, but the model has included only very limited hours of public availability. Culloden Academy and Leisure Centre and Hilton Community Centre are also predicted to be busy at over 80% utilised capacity.

13.173 Highland has 26 swimming pools at 20 sites which equates to non-commercial waterspace of 19sqm per 1,000 population, compared to the national average of 14sqm of waterspace per 1,000 population. The rural nature of the area means that while some areas have access to between 1-5 pools within the 20-minute driving catchment, many areas are outwith the drive catchment of any

pool. Areas of 'reachable unmet demand' are low within Highland but are concentrated in the Inverness Area. Percentage of utilised capacity at swimming pools in the peak period is estimated within **THC238** to be around 31% across the Council area, which is below the national average of 51%.

13.174 Highland has 24 full size synthetic grass pitches (SGPs) across 22 sites, equating to 1 SGP per 10,000 population which is the same as the Scottish average. Some of the council area has access to between 1-5 SGPs within a 20-minute driving catchment but as with other sports facilities, many areas are outwith this.

13.175 Inverness at present has 7 artificial pitches, and the *Evidence Submission from High Life Highland* **(THC239)** reveals that these pitches were booked on 5,138 occasions for use by various sports and leisure clubs, schools and other organisations in 2024. The Inverness Royal Academy Sports Centre specifically received 1,701 bookings, while Canal Park received 897 in 2024. While 4 of the artificial pitches in Inverness are located within schools, many of those booking facilities are other schools, highlighting a potential capacity issue given the various range of organisations seeking suitable facilities for sport and physical activity.

Core Paths and Trails

13.176 Core paths can be paths, waterways or any other means of crossing land to facilitate, promote and manage the exercise of access rights under the Land Reform (Scotland) Act 2003, and are identified as such in access authority core paths plans. A Core Path Plan provides a basic framework of routes for the purpose of giving the public reasonable access throughout a particular area for walking, cycling, horse riding and other non-motorised activities. Records of Highland Council Core Paths are available publicly. Core paths should be accessible to the public at all times and can play a vital role in supporting recreation and connecting areas of blue and green infrastructure within settlements.

13.177 The first core paths plan for Highland was adopted by the Council in September 2011. After the completion of the first Highland Council Core Paths Plan it was decided to review the core path plans alongside the cycle of the area Local Development Plans. The first core paths plan to be completed was for Caithness and Sutherland which was published for formal consultation from

December 2017 to March 2018, submitted to Scottish Ministers in 2019, and finally approved in November 2024.

13.178 The proposed West Highlands and Islands core paths plan was opened for consultation in May 2019. The plan promoted a number of changes to the first Core Path Plan for Highland, and received a number of comments of support and objections to some of the proposed routes. The objections were considered by the relevant Local Access Forum and Council's Area Committee and most were not agreed and were therefore sent to the Scottish Government to appoint a Reporter to conduct the West Highlands And Islands Core Paths Plan Review which remains ongoing.

13.179 Owing to the resources of undertaking work of this scale across the Highlands, and ongoing resources to consider comments and objections to the other Core Paths Plans, the amended Core Paths Plan for the Inner Moray Firth area has not progressed. The adopted Core Paths within this area therefore remain as depicted in the first Core Paths Plan for Highland from 2011 and reflected in the Highland Council Core Paths Map.

13.180 In addition, there are a number of Long Distance Trails in Highland which promote multi day recreational routes, and for which the Council has direct responsibility, namely:

- The Great Glen Way (79 miles),
- The Speyside Way (84 miles), and
- The West Highland Way (96 miles)

13.181 There are other long-distance trails within the authority that the Council do not have direct responsibility for, namely:

- Affric-Kintail Way (44 miles),
- South Loch Ness Trail (37 miles),
- Dava Way (24 miles),
- John O' Groats Trail (147 miles),
- Cape Wrath Trail (c250 miles, but unofficial, unmarked route).

13.182 The importance of these routes is recognised both for their recreational and tourism value (**See Chapter 8: Economy, Business Tourism and Productive Places**), in that they facilitate rural tourism and access to nature in more sustainable ways than other predominantly car-dependent alternatives.

13.183 HwLDP **(THC002)** contains specific policies 77 Public Access and 78 Long Distance Routes, which the Council's Environment Team and Access Officer,

consider to afford more explicit policy protection for Highland's Core Paths, Long Distance Routes and Access more generally, than NPF4 Policy 20. HwLDP Policy 77 also includes the requirement for major development proposals to include an Access Plan, which is not contained within NPF4. HLDP will likely therefore consider how best to retain these stronger policy provisions to safeguard Core Paths, Long Distance Routes and access more generally.

13.184 The Council has additionally pursued two compulsory Path Orders, both in relation to different segments of the Peffery Way, Dingwall, also mentioned in **Chapter 10: Transport**. One Path Order has been confirmed by Scottish Minsters, while the other remains under consideration. A local authority, where they consider it impracticable to delineate a path by agreement under section 21 of the Act, may make an order (a 'path order') delineating it under section 22 of the Act. The local authority may make a path order only if they consider, having regard to the rights and interests of the owner of the land over which the proposed path passes and persons likely to exercise access rights on or over the land, it appropriate to do so.

Local Living

13.185 The Local Living Framework has been developed to provide a consistent structure to consider how local living is, or can be, supported in a place consistent with the Place Principle within 5 overarching categories of Movement, Space, Resources, Civic and Stewardship.

13.186 NPF4 Policy 15 requires LDPs to support Local Living within settlements, with the Council defining the Local Living concept as a method to reinforce and create communities that are attractive, safe, walkable places where people of all ages and abilities can access services, greenspace, learning and leisure within a walk of around 20 minutes (10-minutes to any destination(s) and 10-minute return journey). There are acknowledged links between these aims and wider policy ambitions to improve active travel mode share as outlined in **Chapter 10: Transport**.

13.187 In order to measure how well Highland communities already meet the ambitions of the local living concept, the Council has developed a map-based tool to plot the location of 17 different services including shops, greenspace, leisure and education across all Settlement Development Areas and Growing Settlements. The tool then calculates the actual ten-minute walking radii (800m) around each service, with each of the 17 services weighted according

to importance. These weighing's are then amalgamated to provide a numeric result for over 500,000 50metre hexagon cells across our communities. These cells are then colour coded to illustrate the findings in the Council's Local Living Interactive Map. Greater detail as to the methodology and development of the tool is provided within the *Local Living Mapping Technical Note* **(THC245)** and has considered facilities in alignment with the Local Living and 20-Minute Neighbourhood Planning Guidance. Scores for each cell range from a minimum of 0 outlining very few walkable services to a maximum of 16 outlining a high level of walkable services. Limitations and caveats for the methodology are outlined in these two reference documents.
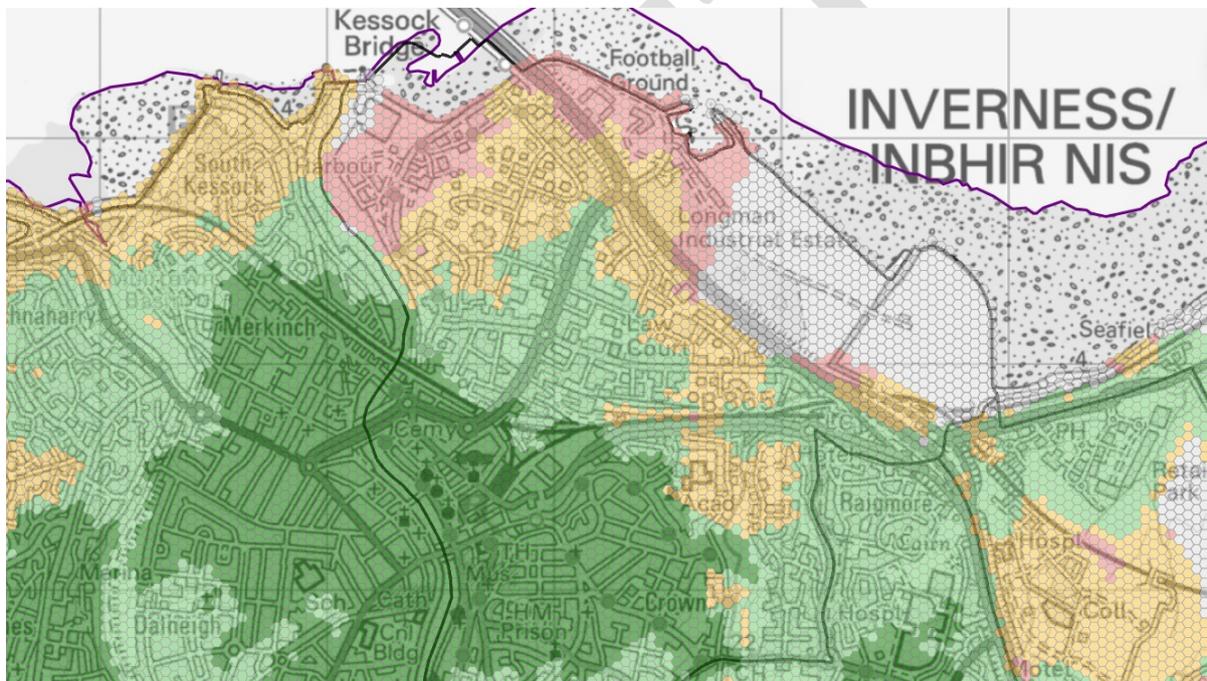

Figure 13:4 Overview of The Local Living Interactive Map

13.188 The Local Living methodology developed by Highland Council has been recognised by the Improvement Service within the How to map a 20 Minute Neighbourhood Guidance as an example of best practice in assessing access to a diverse range of facilities and services in an integrated way. To support the implementation of NPF4 Policy 15, this guidance has compiled best practices from local authorities across Scotland that have undertaken 20-minute neighbourhood analyses. The approach outlined in this guidance is based on the methodology developed by Highland Council.

13.189 Given the significant work and public consultation **(THC247)** that has been invested in this project, the accuracy of the data and the existing requirements of NPF4 to consider Local Living in the determination of current planning applications, the mapping resource is now being used where appropriate as a material consideration in the determination of planning decision applications.

13.190 For the progression of HLDP, the Local Living mapping highlights areas with greatest propensity to support local living within settlements and identifies areas with poor levels of walkable services, including for example retail provision. Most notably, areas within larger recent housing developments on the outskirts of Inverness and other town centres are evidenced within the mapping to often have very few walkable services, in that only a portion of these developments near the access to main roads are close enough to access the nearest facilities, while the interior of the development is outwith these walkable distances. This is most apparent for areas East of Nairn, to the West of Inverness at Ruighard and South of Inverness at Leys, Holm and Slackbuie.

13.191 The Council is acutely aware of the rural settings that characterise much of the Highlands and accepts that 20-minute neighbourhoods based on walking and cycling parameters are only likely to be feasible within settlements, and are not to be inappropriately deployed in contexts where they would be unfeasible or based on realistic expectations. Living Well Locally: 20 Minute Communities in the Highlands and Islands demonstrates how inclusion of public transport can make rural clusters that typically share services, more conducive to 20-minute neighbourhoods in some locations.

13.192 The briefing Working together to build climate-resilient, healthy and equitable places discusses how Local living can contribute to both public health and climate goals. For example, local living can play an important role in lowering emissions through promoting sustainable and active travel (see **Chapter 10**), as well as developing the wider resilience of our communities against the impacts of climate change (see **Chapter 4**).

13.193 In applying Local Living frameworks in practice, the Place Standard Tool, Place and Wellbeing Outcomes and Place Standard Tool Design Version **(THC207)**.

Public Conveniences

13.194 Councils in Scotland do not have a legal or statutory requirement to provide public conveniences. The Highland Council recognises the value of public conveniences used by local communities, travellers and tourists alike, and is

committed to providing the service to support health, wellbeing, viable communities, and tourism in Highland

13.195 The Communities and Place Service provides and manages 70 Public Conveniences sites and manages 4 sites via service level agreements as of November 2024 **(THC249)**. These are available in various locations as illustrated by Highland Council Open Map data of Public Conveniences. These vary in terms of age, building condition and facilities offered, where some sites offer disabled provision, baby change facilities and some sites also have enhanced facilities such as showers. Provision of public conveniences was last reviewed and redesigned by the Council in 2018, guided by a principle that there was not more than 15 minutes journey time by car between remaining sites. As a result, 12 public conveniences were closed (Wick Camps, Thurso Harbour, Talmine, Keiss, Lybster, Halkirk, Mealmarket Close, Grantown Burnfield, Elgol, Fortrose, Rosemarkie, Avoch). There have been 16 community asset transfers and leases have been supported since 2018 leading to several of the closed public conveniences being opened, enhanced and operated by communities.

13.196 To supplement the Council's owned sites, a Comfort Scheme is also operated where the Council pays local businesses and community groups to open up their facilities to non-customers. This has expanded in recent years and now encompasses 53 locations.

Water Refill Locations

13.197 The Scottish Water Top Up Tap Map has been accessed to consider provision of water refill locations within Highland, which at present are typically confined to larger towns, and there are considerable distances between some locations. At present the Council does not supplement this through any formal programme to maintain water refill locations, and no robust evidence is therefore available on the likely provision of free to access water in the authority area.

Retail and Town Centres

Overview

13.198 The Town Centre First Principle asks that government, local authorities, the wider public sector, businesses and communities recognise the role of town centres and the need to prioritise and support them. It seeks to put the health

of town centres at the heart of decision making and deliver the best local outcomes, align policies and target available resources to prioritise town centre sites, encouraging vibrancy, equality and diversity (A New Future for Scotlands Town Centres). The Town Centre Toolkit aims to put Scotland's policy approach to town centres into practice to deliver the Town Centre First Principle, the Place Principle and the Place Standard Tool. The Town Centre Action Plan Review (joint response from Scottish Government and COSLA) signals clearly that planning policies have a direct role in delivering these aims through:

- focusing on brownfield development,
- reusing vacant and derelict land and repurposing existing properties,
- locating homes closer to services and facilities, and
- supporting 20 minute neighbourhoods.

13.199 The two most recent Council's area LDPs IMFLDP2 (2024) and WestPlan (2019) both include Town Centre First policies. IMF2LDP notes the principle of the policy is to reinforce the role of town centres as the heart of our communities, and will achieve this by directing all significant footfall generating development to the main town centres of the Plan area, has been strengthened to provide more robust consideration of out of town retail, provide greater support for town centre living and increase flexibility for repurposing existing buildings. The aim is to help attract a wide range of uses which are active throughout the day and evening.

13.200 All three Area LDPs have identified city and town centres boundaries across the main settlements, these were developed to safeguard the main retail and service centres. Additionally, HwLDP, has a long-established policy (Policy 91: Retail Development) which was designed to encourage economic growth and urban realm improvements within Highland's City, towns and village.

13.201 NPF4 Policies 27 & 28 have provided an up-to-date policy direction and advises new LDPs should include the identify of a network of centres that reflect the principles of 20-minute neighbourhoods and town centre vision. There is no requirement in NPF4 for a specific retail hierarchy to be shown or protected. The identification of a retail hierarchy and adoption of a sequential approach has been refined and focused to a simple two-tier hierarchy of town centres and elsewhere, which contrasts with previously identified hierarchies of district, commercial, neighbourhood and village centres.

13.202 Highland's adopted LDP's have identified 93 Settlement Development Areas (SDAs) and a further 56 Growing Settlements.

13.203 Town Centre Health Checks are prepared by Local Authorities to monitor the strength and vitality of town centres across Scotland. Indicators such as accessibility, community, property, activities and the physical environment are recommended assessment measures; all of which contribute towards the health of a town centre.

13.204 Highland's 2022 Town Centre Health Checks comprised audits of Inverness City Centre, three Inverness Retail Parks and 14 other Town Centres selected for Health Checks on the basis of either having populations greater than 3,000, or for their importance in a local context. The methodology undertaken and reports produced for these is available within the Town Centre Health Checks Storymap. More recent Town Centre Health Checks for 2024 were undertaken and work is ongoing to finalise the analysis and prepare similar reports and dashboards to disseminate results in a similar manner to those undertaken in 2022.

13.205 The Council has considered information from the ONS High Streets in Great Britain statistics dating from 2020, which provide estimates of high street employment, land use and resident population at local authority level. While this evidence predates the Covid-19 pandemic, it reflects the most recently available baseline on these attributes. An analysis of high street addresses by land use category reveals that a large proportion of addresses in Highland Town Centres are classed as residential as evidenced in Table 13:18.

Table 13:18 Addresses on High Streets by Land Use Category (Office of National Statistics)

Land Use	Highland	Scotland
Retail	39.7%	32.5%
Offices	12.2%	10.5%
Community	2.4%	2.0%
Leisure	0.4%	0.4%
Residential	45.3%	54.5%

13.206 Employment on Highland's high streets has broadly stayed consistent with employment trends in other locations between 2015-2018 as evidenced in Table 13:19.

Table 13:19 Counts of Employment by Broad Industrial Group in Highland (Office of National Statistics)

Broad Industrial Group	Location	2015	2016	2017	2018
Accommodation & Food Services					
	High Street	2,320	1,890	2,090	2,110
	Other	11,700	10,990	11,470	11,520
Health, Education & Public Admin					
	High Street	2,080	1,920	1,770	1,890
	Other	33,570	33,910	31,200	32,910
Other Industries					
	High Street	1,310	1,470	1,480	1,420
	Other	28,000	29,620	29,710	29,960
Other Service Industries					
	High Street	3,210	3,370	3,260	3,070
	Other	18,950	20,810	19,130	20,500
Retail					
	High Street	3,050	3,150	3,120	3,000
	Other	8,500	8,730	8,880	8,550

13.207 NPF4 Policy 27 states that LDPs should support a proportion of the LHLR being met within city and town centres. Town Centre Action Plan Review outlines that delivering more town centre housing aligns with Housing to 2040 **(THC120)** as discussed in **Chapter 9: Housing**. ONS High Streets in Great Britain statistics demonstrate that in 2020, 3.2% of Highland's population resided in high street locations, which is considerably lower than Scotland's equivalent rate of 8.5%.

13.208 The breakdown of residential age categories reveals that those living in high street locations in Highland are slightly more likely to be aged 16-64, and less likely to be aged under 16. Town and City Centre living has a greater uptake in authorities with higher student populations. Highland's residential population on or around High Streets is not evidenced to be correlated with student status, as only 1.7% of Highland's residential population on or around high

streets are students, in contrast with 6.3% for Scotland. There have been some successful city and town centre living projects over recent years including:

- Union Street, Inverness: 53 units,
- Castle Street, Inverness: 7 units,
- Glashan Court, Church Street, Inverness: 10 units, and
- Castle Square, Nairn: 12 units.

13.209 Increasing provision of accommodation options within proximity to high streets and town centres is recognised as supporting student populations, sustainable travel modes, and the nighttime economy.

Retail Provision in Highland

13.210 Highland, like much of Scotland has seen a significant change in retailing in recent years, initially led by out of centre retail growth, and in more recent times the growth of online retailing. Getting the Right Change – A retail strategy for Scotland serves as Scotland's national retail strategy, and acknowledges transformation within the retail sector nationally, driven by changes in customer behaviour, the impact of the Covid-19 pandemic, leaving the EU single market, global supply pressures, rising inflation and increasing costs.

13.211 In Highland, this has coincided with a rise in vacancy rates evidenced by the Town Centre Health Checks Dashboard from 8.1% in 2018 to 18.4% in 2022. In the *2024-2025 Town Centre Health Check* **(THC###)** vacancy rates in Highland were 12.2% on average. Significant variation in 2024-25 vacancy rates is evidenced, with vacancy rates reaching 23.9% in Wick, 23.7% in Alness and 23.4% in Invergordon, by contrast the equivalent vacancy rate for Portree is just 0.8% and Beauly 4.9%. From 2018 to 2024, the most notable changes in vacancy rates are 15.6% increase in Alness, 20.5% decrease in Brora and 6.9% decrease in Beauly.

13.212 A number of town centres have been looking to revitalise themselves through diversification, retail space reduction, urban realm improvements and collaborative working through initiatives such as Business Improvement Districts, which are established in Fort William, Dornoch, Inverness and Nairn. Getting the Right Change – A Retail Strategy for Scotland asserts that the way in which we planned our towns, cities and neighbourhoods of the past has impacted on retail trends, and therefore the way we plan for cities and towns of the future will contribute to a successful and sustained recovery of the retail

sector. The roles of placemaking and community wealth building are recognised in this effort, in tandem with a transition towards anchor institutions (as discussed in **Chapter 8: Business, Industry, Tourism and Productive Places**) as a way of attracting footfall, where traditionally, larger retail stores would have fulfilled this role.

13.213 The *Inverness Strategy* **(THC265)** demonstrates that large floor area retail spaces are less in-demand and are creating vacancies across the city centre, where an over-reliance on retail has left it vulnerable to changes (such as internet shopping). Retail will remain a core function of the city centre, but it will become increasingly independent, compact and diverse, adding to a unique experience rather than replicating other city centres dominated by national and international brands. Diversification of uses is required to increase footfall, and this will be achieved by creating more places to live, work and spend leisure time and this needs to offer a genuine alternative to out-of-town retail parks. This will require more green and civic space, including connecting to the River Ness, as well as growing the cultural and tourism offer.

13.214 An additional Inverness City Centre Retail Audit Dashboard further details the results from an on-site assessment of the Retail Sector in Inverness City Centre. Inverness City Centre's Retail Sector consists of the area surrounding the High Street, including Market Brae and the Eastgate Shopping Centre.

13.215 In addition to the Retail Audit of the Inverness Retail Sector, retail data capture was carried out for the city's main 3 retail parks; namely, Inverness Shopping and Business Park, Inshes Retail Park and Telford Retail Park and is available in the Inverness Retail Parks Dashboard. This data highlights any changes since 2018, use classifications, physical condition, independent/ national retail mix, leisure facilities and vacancy rates. The results of both dashboards for the retail sector within the City Centre and Retail Parks is summarised in Table 13:20.

Table 13:20 Summary of Inverness Retail Provision (2022)

	City Centre Retail Sector	Retail Parks		
		Inverness Shopping Park	Inshes Retail Park	Telford Street Retail Park
Number of units	229	36	15	19
Change since 2018 base	+12	+8	0	0

Changed occupant or use since 2018 base	92 (40.2%)	+15 (41.7%)	4 (26.6%)	5 (26.3%)
Use Classifications				
Comparison Retail	86	14	5	7
Leisure Services	46	7	5	4
Other Non-Retail Uses	14	5	2	2
Accommodation	5	4	0	0
Retail Services	35	2	0	0
Convenience Retail	4	2	3	4
Vacant	35	2 (-1 since base)	0 (-1 since base)	2 (+1 since base)
Financial, Business and Property	6	0	0	0
National / Local Split				
National Retailers	73 (77.7%)	15 (100%)	9 (100%)	11 (100%)
Independent and Local Retailers	21 (22.3%)	0 (0%)	0 (0%)	0 (0%)

13.216 Inverness City Centre also includes the Eastgate Centre, which is centrally located and is adapting to wider retailing trends affecting the City and Scotland more widely. Dating from 1983 and then extended in 2003, the Eastgate Centre has more recently faced a loss of anchor stores within the premises and has introduced non-retail outlets to adapt to shopping habits such as banking branches, education businesses and an NHS Vaccination Centre.

13.217 NPF4 Policy 28 requires LDPs to consider where they may be a need for further retail provision. This may be where a retail study identifies deficiencies in retail provision in terms of quality and quantity in an area, or when allocating sites for housing or the creation of new communities, in terms of the need for neighbourhood shopping, and supporting local living. The Council has not undertaken a retail study but considers the Local Living Interactive Map to be informative in highlighting levels of walkable retail provision within Settlement Development Areas and Growing Settlements.

Clustering of Non-Retail Uses

13.218 NPF4 Policy 27 requires LDPs to be informed by evidence on where clustering of non-retail uses may be adversely impacting on the wellbeing of communities. Non-retail uses in this context refer to hot food takeaway outlets, betting shops and pay day loan shops. In a Highland context, these uses are found to cluster in town centres, alongside retail and service uses.

Hot Food Takeaways

13.219 The Town and Country Planning (Use Classes) (Scotland) Order 1997 (UCO) notes that establishments selling hot food for consumption off the premises are not included in Class 3 and are instead classed as sui generis. This is because hot food take-away shops raise different environmental issues, such as litter, noise, longer opening hours and extra traffic and pedestrian activity, from those raised by other Class 3 uses (Research Project: To Explore the Relationship Between the Food Environment and the Planning System).

13.220 Evidence more recently also suggests that greater exposure to over-concentrations of hot food takeaways has negative health outcomes for communities (Evidence Brief - Are takeaways adding pounds? - MRC Epidemiology Unit). Local Development Planning Guidance asserts that it may be useful for the Evidence Report to assess the nature of the food environment in the area, including the diversity and availability of food through retail and how it is or is not contributing towards healthy diet and weight in the area. The proportion of Primary 1 children recorded as being a healthy weight is the best point of measurement for this indicator in Scotland owing to the high degree of coverage. In Highland 73.5% of Primary 1 children were recorded as being a healthy weight in 2021, which is lower than the Scottish national equivalent figure of 74.7%. Further evidence of child healthy weight disaggregated at Highland's intermediate zone level was accessed via the Public Health Observatory Dashboard and is shown in **THC254**.

13.221 Areas which lack easy access to fresh nutritious foods are sometimes known as food deserts. The Diet and Weight: Out of Home Action Plan asserts that planning policies should address the impact on the Out of Home (OOH) food environment on public health including the ability to enforce access to healthier food and take account of the location and density of food outlets in local areas. Local Levers for Diet and Healthy Weight identifies that planning policies to restrict further hot food takeaways is one lever that can contribute towards wider measures to support healthier diet and weight in an area. These

policies are most commonly enforced within specific areas in proximity to schools or other locations for children and families (Managing takeaways near schools: a toolkit for local authorities).

13.222 The Food Environment Assessment Tool (FEAT) identifies provision of supermarkets and hot food takeaways, highlighting areas that have higher density of hot food takeaway outlets. Density of takeaway food outlets at home, at work, and along commuting routes increases population exposure, with exposure being associated with increased takeaway consumption, a greater Body Mass Index (BMI) and likelihood of obesity (Evidence Brief - Are takeaways adding pounds? - MRC Epidemiology Unit).

13.223 The Council's Local Living Interactive Map identifies that provision of food retail outlets such as supermarkets and convenience stores are often concentrated, leaving several largely residential areas underserved. This is apparent in areas East of Inverness such as Westhill, Balloch, Woodside of Culloden, and South of Inverness in Leys, Slackbuie and Ness Castle. Food retail in the South of Inverness is evidenced to be particularly concentrated in larger supermarkets which serve large areas geographically, but require car access to serve demand.

13.224 Outwith Inverness, many other areas with lower access to food retail through provision of supermarkets and convenience stores include North of Dingwall, Garve, Alness (Milnafua and Obsdale), East of Invergordon, East and West of Nairn, Tore, West of Tain, Northeast of Dornoch, Southwest of Golspie (Drummuie), Wick (Broadhaven), Northwest of Thurso, Ullapool (Morefield and Braes), Gairloch (Smithstown and Lonemore), Northeast of Mallaig, and Fort William (West Corpach, Tomonie, Camaghael, Lochyside, and Auchintore), Dalwhinnie, and Aviemore (Dalfaber and Milton).

13.225 Proximity of hot food takeaways specifically to both primary and secondary schools has been calculated and considered within the Councils interactive mapping showing the locations within a 400m return journey threshold based on the road and path network. As many Highland towns are small, schools and retail outlets are clustered within or near town centres. This results in many hot food takeaways being within 400m of schools, but within designated town centre locations, where these uses would have traditionally been preferred. Hot food takeaway units tend to be located in towns with secondary schools. Many villages with only primary schools have no takeaway units at all. Towns on average each have one or two takeaway units, although some have considerably more. Towns with significant clusters of hot food takeaways

around schools include Dingwall (8), and Alness (6), while Wick has a cluster of hot food takeaways immediately beyond the 400m threshold.

13.226 The LDP will require to consider how such matters are addressed and implemented, through allocations or policies so that healthier food environments can be supported in manners that are conducive to Local Living.

Betting Offices and Pay Day Loan Shops

13.227 The over-provision and clustering of betting offices and pay day loan shops was a concern for the Scottish Government **(THC258)** and led to changes in permitted development rights in 2017, taking them out of Class 2 (Financial, Professional and Other Services) of the Use Classes Order (UCO) and therefore making them sui generis uses. Changes of use of premises to a betting office or a pay day loan shop now require planning permission.

13.228 A pay day loan shop describes a premises from which high-cost short-term credit is provided to visiting members of the public. The changes to the UCO were accompanied by a definition of pay day loan shops as premises which provide 'high-cost-short-term credit' which has the meaning given in the edition of the Financial Conduct Authority's Handbook which came into effect on 1st April 2014. As of April 2025, there are no known records of authorised, operational Pay Day Loan Shops within the Highland Council area.

13.229 Evidence of the clustering of betting shops has been considered from the *Highland Licensing Board Gambling Policy Statement* **(THC259)**. Gambling Commission statistics for the industry indicate that numbers of average number of premises (for betting shops only) is one betting shop per 10,000 people at UK level. With 13 betting shops in Highland, this equates to an approximate distribution of one betting shop for every 18,300 people, but considerable clustering is evident as per Table 13:21 in Inverness Central with one betting shop for every 3,000 people. This ward contains some of Highland's most deprived data zones in Merkinch, Muirtown and Dalneigh as evidenced by SIMD. Over-provision relative to national averages are also evident in Nairn and Fort William.

Table 13:21 Betting Shop provision in Highland Wards (2022)

Ward	Population	Premises Licenses	Type

1 North, West, and Central Sutherland	5,791	0	
2 Thurso and Northwest Caithness	12,301	1	Betting Office
3 Wick and East Caithness	12,909	2	Betting Office x 1 Other x 1
4 East Sutherland and Edderton	7,696	2	Betting Office x 1 Other x 1
5 West Ross, Strathpeffer, and Lochalsh	12,196	0	
6 Cromarty Firth	12,747	1	Betting Office
7 Tain and Easter Ross	8,784	0	Betting Office
8 Dingwall and Seaforth	13,029	1	Betting Office
9 Black Isle	10,517	0	
10 Eilean a' Cheò	10,686	0	
11 Caol and Mallaig	8,872	0	
12 Aird and Loch Ness	12,093	0	
13 Inverness West	10,175	0	
14 Inverness Central	12,171	6	Betting Office x 4 Other x 2
15 Inverness Ness-Side	11,114	1	Betting Office
16 Inverness Millburn	9,543	1	Other
17 Culloden and Ardersier	11,543	0	
18 Nairn and Cawdor	12,585	3	Betting Office x 2 Other x 1
19 Inverness South	16,656	0	
20 (Badenoch and Strathspey)	12,782	1	Betting Office x 1 Other x 1
21 (Fort William and Ardnamurchan)	11,216	2	Betting Office
Total	**238,060**	**21**	**Betting Office x 13 Other x 8**

13.230 This clustering of betting shops as of data from 2023 is easily visualised using the SPECTRUM Consortium open access CreshMap, which focusses on the commercial determinants of health inequalities and enables the visualisation of unhealthy commodities in Scotland at various geographic scales including data

zones. Input from the Council's Licensing Team who maintain the Register of Gambling Licenses evidences a decline in the number of betting offices operating within Highland over time.

13.231 HLDP can take a view regarding whether any intervention is required to mitigate proliferation and clustering of betting shops in the interest of promoting health and wellbeing in areas of known deprivation.

Alcohol, Tobacco and Vaping

13.232 Tobacco and alcohol consumption are two of the most important preventable causes of ill-health and premature death. In Scotland, one in every five deaths are attributable to tobacco use, and one in twenty are attributable to alcohol (A cross-sectional analysis of the relationship between tobacco and alcohol outlet density and neighbourhood deprivation). Unlike other venues such as Hot Food Takeaways and Betting Offices which have specific planning use classes, no such use class exists for tobacco retailers or off-sales alcohol retailers, which are both absorbed within Class 1 (Shops) uses. Alcohol provision is regulated by licensing and tobacco retailers are regulated by the Council's Trading Standards team.

13.233 In 2024, Scottish Government published evidence on the known health harms of vaping (Health harms of vaping – evidence briefing). The systematic review and meta-analyses found agreement that vaping products cause nicotine addiction, cause health harms in non-smokers (to which they would otherwise not be exposed) and vaping is less harmful than smoking when smokers completely switch to e-cigarettes. Although evidence on the long-term harms of vaping and on the effects of vaping on young people is still emergent, a precautionary approach has been adopted by the Scottish Government for policy, with the main objective being to protect public health and prevent nicotine addiction and other known potential health harms deriving from the use of vaping products, especially in children, young people and non-smokers.

13.234 On sales alcohol retailers in planning terms comprise Class 3 (Food and Drink) use classes, alongside public houses. Public Houses are classes as a sui generis use class within the Town and Country Planning (Use Classes) (Scotland) Order 1997 (UCO), and therefore require planning permission. Instances where further public houses would be refused typically have occurred where the use was considered incompatible with neighbouring (often residential) uses where noise levels were a material consideration. There has been to date no policy

approach taken in Highland to restrict further public houses on the basis of reducing exposure to alcohol-related harms.

13.235 As public health indicators reveal higher prevalence of alcohol-related harms in Highland relative to Scotland **(THC204)**, the NHS Submission on Overprovision **(THC261)** evidences an association between the number of licensed premises in an area and alcohol-related health problems. Neighbourhoods with higher availability of alcohol outlets in Scotland have higher alcohol-related deaths and hospitalisations and are significantly more likely to be deprived.

13.236 There are 1,268 alcohol licensed premises in Highland **(THC262)**. The majority (598) operate as combined on-sales and off-sales premises often representing a diverse range of business types such as delis, farm shops, craft breweries, distilleries among others. There are 346 on-sales licences in Highland where alcohol is consumed on the premises while 322 are off-sales premises only.

13.237 This represents a total off-sales provision of 920 premises for the authority, equating to 16.5 premises per 10,000 population, far in excess of Scotland's equivalent crude rate of 11.6 **(THC204)**. Highland's total crude rate of alcohol licenses (on-sales and off-sales combined) is 63.9 per 10,000 population, again far in excess of Scotland's equivalent crude rate of 37.2.

13.238 GIS analysis undertaken to calculate the number of alcohol licensed locations within a fifteen-minute walk from the population of each data zone in Highland provides a measure of consumer access and potential exposure to communities. This has been overlayed with SIMD data **(THC261)**. For all licensed premises, many of the data zones with high levels of provision are within the environs of Inverness City Centre. In this context, the all-licensing category includes diverse businesses servicing hospitality and entertainment for residents and visitors. However, the access to off-sales premises identifies considerably higher exposure to and opportunity for purchasing alcohol in some of Highland's most deprived neighbourhoods such as Muirtown and Merkinch. Given the known association between deprivation and alcohol health-related harms, it should be a concern that a number of the communities in Highland with the highest availability of alcohol retailing outlets are among the most deprived neighbourhoods.

13.239 Scotland aims to be tobacco-free by 2034, meaning a smoking prevalence of 5% or less (Tobacco and Vaping Framework). This goal is part of a larger plan to create a tobacco-free generation. The plan includes strategies to prevent

youth from starting smoking, support those who want to quit, and restrict tobacco access.

13.240 There are 469 registered retailers in Highland on the Register of Tobacco and Nicotine Vapour Product (NVP) Retailers **(THC264)** of which 116 are registered to provide tobacco products only, while 63 provide NVPs only, and 290 are registered retailers of both. The Council maintains an interactive map of Registered Highland Tobacco Retailers demonstrating this visually.

13.241 Council's Trading Standards team regulate NVP retailers. From 1 June 2025, the sale and supply of single-use vapes has been banned in the UK.

13.242 The requirement for retailers that sell tobacco and NVPs to register with the Register of Tobacco and Nicotine Vapour Product Retailers became mandatory in April 2017. Analysis of **THC264** indicates that new premises have continued to register in recent years, and this has increase has been notable for retailers supplying NVPs. Provision has increased mostly in Inverness which now has 115 retailers in total supplying both tobacco and NVPs. Other settlements with larger numbers of registered retailers include Fort William (28), Thurso (27), Wick (22), Nairn (17), Dingwall (16), Lairg (14), and Alness (12). The density of tobacco provision is visualised at datazone level using CreshMap which evidences an association with the numbers of registered retailers and areas of deprivation in Highland.

13.243 Proximity of Tobacco and NVP registered retailers specifically to both primary and secondary schools has been calculated and considered within the Councils interactive mapping showing the locations within a 400m return journey threshold based on the road and path network. As many Highland towns are small, schools and retail outlets are evidenced to generally be clustered within or near town centres. This results in many registered retailers being within 400m of schools, but within designated town centre locations. Areas with a significant cluster of registered tobacco and NVP retailers in proximity to schools include Thurso (24), and Wick (15), Dingwall (13), Nairn (13), Merkinch (12), Alness (11), and Central Inverness, where over 30 are located. Fort William is an example of where clusters of tobacco and NVP retailers in the town centre are less proximate to school environments, owing to the location of the schools further from the town centre area.

13.244 The planning authority can continue cross-departmental engagement to consider the role that HLDP could have in reducing exposure to health-harming commodities using planning policy and regulations.

Drive-through facilities

13.245   NPF4 Policy 27 identifies that LDPs should also consider, and if appropriate, identify any areas where drive-through facilities may be acceptable where they would not negatively impact on the principles of local living or sustainable travel. The locations of existing drive-through locations in Highland are shown in Table 13:22. Many of these are located within settlements in proximity to residential areas. These developments have all progressed without an explicit policy support within any preceding LDPs and have been considered on a case-by-case basis.

13.246   The Council notes that HLDP will be required to identify areas where further drive-through facilities can be supported, where these would not negatively impact on the principles of local living, sustainable travel or health outcomes. This means that a plan-led framework for suitable drive-through locations will need to be considered in HLDP, which may involve a policy position specifying the locations where these would be appropriate.

Table 13:22 Drive-through facilities in Highland

Drive-Through Facility	Location
Burger King	Inverness Retail and Business Park, Inverness
McDonalds	Inshes Retail Park, Inverness
Costa Coffee	Inshes Retail Park Inverness
KFC	Millburn Road, Inverness
Starbucks	Asda, Slackbuie, Inverness
McDonald's	Nairn Retail Park, Nairn
McDonald's	Fort William
Costa Coffee	Fort William
KFC	Fort William (Temporarily closed)

Summary of Stakeholder Engagement

13.247   A full breakdown of all stakeholder engagement undertaken to support the Evidence Report is provided within the **Chapter 3**. A summary of the key stakeholder engagement activities undertaken for the evidence presented within this chapter are detailed below.

Placemaking

13.248 From 17 June to 16 August 2024, the Council ran a Highland Place Standard Tool consultation to inform the area-based Place Standard scores detailed in **Chapter 2: Area Profiles and Key Area of Change**. High Life Highland additionally undertook specific Place Standard Engagement using bespoke materials for Children **(THC271)** and Young People **(THC272)** as stated in **Chapter 3: Statement of Engagement.** The full breakdown of consultation feedback received within this is detailed in Highland Local Development Plan - Evidence Consultation – Area Profiles. A summary of the key issues raised included:

- Accessibility issues for wheelchair users in public spaces, with calls for wider pavements, more drop curbs and improved path conditions,
- Concerns raised about road safety for cyclists, including potholes, poor road surfaces and traffic speeds,
- Maintenance of village greens, scenic areas, play areas, green spaces,
- Some areas have inadequate outdoor seating, buildings in need of repair, overgrown public spaces and blocked drains,
- Frequent local markets, events and volunteer led local maintenance and upkeep encourage social interaction and a sense of belonging,
- Demand for more diverse recreational options for teenagers, such as a skate park or pump track,
- Housing is generally regarded as short in supply and unaffordable, particularly for young people.
- Local bus services are highly appreciated, but concerns raised over reliability and frequency.

Local Living

13.249 From 17 June to 16 August 2024 the Council ran a consultation on the Local Living Interactive Map and the methodology utilised in its creation. The consultation generated 27 responses with a total of 46 comments and were received from a range of parties, including individuals, community councils and community development organisations. A summary of the responses received, including the Council's consideration is shown in Local Living in Highland Consultation Report **(THC247)** but matters raised included:

- Suggestions for other services to include such as Youth Centres, Adult Social Care services, Council Service Points, cycle hire and car club locations, access to wider natural environment features, dentists, employment opportunities and emergency service stations. The Council has provided responses and reasons as to why some of these suggestions were included or discounted from the Local Living Mapping.
- Methodology does not reflect qualitative aspects such as capacity and availability (opening hours) of services.
- Methodology does not consider an integration public transport system and should include bus service routes where they are not proving to be commercially viable.
- Services should be scored and weighted differently owing to likely frequency of use such as banking facilities which were subsequently increased, and GP Surgeries which were subsequently reduced. Other weighting and scoring suggestions included recycling points, food shops, pubs, libraries, hospitals, employment opportunities, woodland, Adult Social Care, allotments and religious meeting spaces. These were maintained as per the reasons set out in **(THC247)**.
- The expected distance to local services is inevitably greater in rural areas and it may be appropriate to consider a 20-minute cycle time, or drive time in more rural areas.
- Site-specific facilities are missing, are mothballed, or have changed use.
- Wider economic development measures needed to support local living.

Play and Recreation

13.250 The Council's *Playpark Strategy and Action Plan* **(THC233)** was underpinned by a literature review which evidenced the health and social benefits of playing in playparks alongside consultations and surveys with children, disability groups, NHSH and the third sector. The Council's primary engagement activity for this work included the Let's Talk about Play Parks survey which was designed for all age groups to be able to complete, as they were able to and received 1,151 responses, half of which were from primary school aged children. The full approach undertaken for this exercise and the findings from the engagement is detailed within **THC233** Appendix 1. Key themes identified by young people in relation to playparks included:

- Access to a variety of play options for children of all ages and abilities,
- Local playparks within easy reach of home,

- Functional and well-maintained play equipment,
- Open spaces for running and active play,
- Opportunities for collaborative play through equipment designed for group interaction,
- Opportunities for nature-based play and holistic play are highly sought after.

HLDP Evidence Consultation

13.251 Earlier iterations of the evidence presented within this chapter were included in a wider public engagement HLDP Evidence Consultation which ran from 31 January to 2 May 2025. A summary of feedback received is as follows:

- McDonald's Restaurants Ltd: Sought clarity on the approach the Council will take in assessing the need for new drive-through development across the area. Suggests Council adopt criteria-based policy for drive-through developments in the HLDP, with input from leading drive-through operators. **Council Response:** Noted for consideration. A plan-led approach to drive-through development policy is proposed.
- Crown and City Centre Community Council: Notes an evidence gap around the impacts of Short Term Lets (STL) on community cohesion and local services. The local living analysis does not reflect the decline in family households within Crown and City centre despite its implications for sustainable community life, local services and school viability. No dedicated community centre in Crown, unlike other areas. This limits opportunities for community development, youth services and inclusive activities. An opportunity to refurbish Fraser Park Pavilion to provide better facilities for cricket, football and other outdoor sports. The adjacent unused land by the bowling club could be converted into a much-needed all- weather/multi-sport pitch. City-wide challenges with infrastructure capacity/condition include Inverness Leisure and Raigmore Hospital. Notes limitations to local living in the neighbourhood, including traffic pressure, lack of safe cycling infrastructure and impact of short term lets. Notes how protecting spaces for independent businesses, community organisations and affordable housing contributes to local living too. Raises the role of Play Streets, and seeks a policy framework to support Play Streets in the region to align with national aspirations for child-friendly cities, active travel and community empowerment. Notes the role of public realm improvements and placemaking in supporting retail activity and retail revitalisation. Suggests

regeneration strategy for area around Inverness Castle, for example. **Council Response:** Noted for consideration and evidence for STL considered in **Chapter 9: Housing and Chapter 8: Economy, Business, Tourism and Productive Places**.

- Independent: Note the challenges for new, alternative and diverse businesses to establish in town centres (instead of charity shops, which rely on volunteers) due to high commercial rents. Need a strategy for helping businesses to grow. **Council Response:** Noted.
- Independent: Highlights the role of food production and local produce for achieving 20-minute neighbourhoods and resilience, and seeks consideration of local farmland for food production rather than housing. **Council Response:** Noted.
- Nairn River Community Council: Note the amount of vacant and derelict properties/land in the town centre, and the intention for the community Council to lead town centre regeneration so that communities can shape and influence their own areas, and provide much needed affordable housing, diversity of shops/restaurants and increase footfall. Concern about the allocation of land for development within the greenbelt, impacting on food growing. Suggests the role of improved allotment management in reducing the waitlists. Requests THC to designate Nairn an Air Quality Management Area, especially adjacent to the primary school and health impacts on children and adults from exhaust fumes. Provision of public toilets should be considered in Evidence including in relation to Tourism. **Council Response:** Noted.
- NatureScot: Seeks stronger link between Policy 14 and the Place Principle with the development of new homes. The focus should be on quality places, spaces and environments. Suggests clarification on and mention of the implication for the proposed plan that Open Space Audits and Greenspace Audits will help to plan for the protection and enhancement of blue and green networks, help to form nature networks and active travel options. Consider as Evidence Designing Streets: A Policy Statement for Scotland. More evidence required to demonstrate the importance of having access to nature improve health and wellbeing and where having access to multi-functioning active travel options can help, for example. Requests clear implications for the proposed plan in terms of design, wellbeing and placemaking. For example, the proposed plan could create nature rich places that are accessible for all, through enhanced blue and green infrastructure, creation of nature networks and so on. **Council Response:**

Noted, appropriate reference to Designing Streets: A Policy Statement for Scotland included in Evidence. Council agree that nature-rich places, nature networks and enhanced blue-green infrastructure have benefits for health and wellbeing.

- Independent: Seeks stronger recognition and evidence of the link between infrastructure, including health services, and housing development. **Council Response:** Noted, and considered in **Chapter 11: Infrastructure**.

- Independent: Need for integration of climate change mitigation and planning into infrastructure planning decisions, including development contributions. Carbon impact assessments should be part of this. Suggests each proposed infrastructure project, particularly large-scale energy projects, should be assessed not only for technical necessity but also for its lifecycle emissions and contribution to (or deviation from) net zero goals. Update the LDP and Developer Contributions Protocol to embed climate action, environmental justice, and cumulative impact assessment as guiding principles. **Council Response:** Noted, and considered in **Chapter 4: Climate Change and Energy**.

- Independent: Public Health Scotland should input to Evidence Report to evidence links between development and health outcomes. **Council Response:** Noted.

- Homes for Scotland: Seeks robust engagement with HfS around the refinement of emerging Placemaking Audit. Notes that applying the 20-minute neighbourhood and Local Living concept in Highland will require flexibility in application to different geographies. Asks for any reference to an 800m walking catchment to be avoided, and that it should not be a definitive threshold. HfS supports the use of a 20-minute cycle time to help assess local living in rural communities. Recognises the pressure that health services are under, however disagrees with the principle of developer contributions from the homebuilding industry for the provision of healthcare unless justified. HfS view is that as NHS is funded by central government, burden should not be placed upon development industry or Council. Notes one of the key issues with healthcare provision is the lack of practitioners rather than physical facilities (see https://www.bbc.co.uk/news/uk-scotland-63955169 and https://www.heraldscotland.com/news/24784549.gp-numbers-scotland-fall-second-year-row/). HFS are also aware of previous developer contributions towards health facilities being returned to the developer due to being unspent or unjustified. Appeals POA-110-2015 and POA-110-2017 are

examples of this. Requests a more detailed analysis of local health care provision, noting that there is no methodology to determine the capacity for the number of patients registered at a GP practice and that GP practices determine how many clinicians are required to manage delivery of General Medical Services based on the number of registered patients. Consider as evidence:

- o Measuring Use of Health Services by Equality Group (2017), NHS National Services Scotland.
- o NHS Scottish Public Health Observatory, to assist in profiling the local communities within the Council area. https://www.scotpho.org.uk/
- o General Practice Workforce Survey (2024), Public Health Scotland.

Council Response: Noted for consideration, PHO and GP Workforce Survey data included in updated Evidence as **THC204** and further considered in **Chapter 11: Infrastructure**.

- Independent: Need to consult all local leisure, culture and recreation providers as part of a needs assessment for recreation facilities. **Council Response:** Noted, for consideration in Chapter 13 and 11.
- GrowGreen Scotland: Allotment waiting lists are not a realistic measure of real demand for fresh, local and affordable food and shouldn't be used by the Council to inform allocation (or safeguarding) of land for food production. A review of the allotment waiting list creates a false picture of both demand and the potential for significant citizen engagement in local food growing. Recognises the Highland Council Food Growing Strategy and the work of the Highland Good Food Partnership, but suggests more is required. Suggests Greenspace Audit should include consideration of space for community food growing. **Council Response:** Noted for consideration. Open Space Audit (OSA) has been undertaken following this consultation period and is included in the Evidence report. The OSA includes food allotments as a category.
- Ardgour Community Council: Notes the limitation of using allotment demand as evidence as this 'demand' is from requests linked to the existence of an allotment, so if no allotment exists in an area no-one will as for one. **Council Response:** Noted for consideration.
- Independent: Use of the allotment-related evidence is insufficient and misleading, as it just reflects the current position of people in Council's 'register of interest'. Suggests Council should provide a proper waiting list. States that the evidence fails to address what measures the Council could additionally take to address the growing demand for allotments (which, on

the basis of the limited data shown, more than doubled in one year) - it simply states the Council's current policy and practise. Seeks correction and clarification within the Evidence report that allotment sites are not all 'Council allotment sites', some are run by community associations and not the Council (even though Council has provided the land for these sites). **Council Response:** Noted for consideration.

- British Land: Notes the need up to date household survey of shopping and leisure patterns to provide objective information on how the existing centres and retail/leisure destinations function in terms of catchment areas, market shares and modes of transport. **Council Response:** Noted for consideration. The Council recognises that evidence regarding retail capacity, demand and consumer expenditure could be strengthened to inform HLDP, but at present is not in a position to commit to commissioning further consultancy work of this nature.

- Lochardil and Drummond Community Council: Request THC to develop a strategy for mapping and protecting all greenspaces in Inverness. Notes that Raigmore is at capacity and no more GP facilities are proposed around Lochardil which will impact on quality of health care. Anecdotal evidence on the impact of Short Term Lets on residential neighbourhoods without appropriate planning controls (beyond licensing, which is just about the quality of the housing). **Council Response:** Noted for consideration. An Open Space Audit has been completed, which is included as Evidence.

- Independent: Anecdotal evidence that the provision of ranger services during the tourist season in Lochaber has initiated a big reduction in antisocial behaviour, such as littering and unsafe parking. **Council Response:** Noted for consideration.

- FW2040 Board: Consideration of the FW2040 Masterplan, to deliver a shared Vision for the future of Fort Wiliam. The FW2040 Board ask that the Fort William Town Centre Masterplan (Jan 2024) plus the related Community Feedback (Aug 2024), Design Team Response (Feb 2025) and Transport Plan for Fort William (commissioned June 2025) are given due regard within the HLDP. **Council Response:** Noted for consideration.

Stakeholders and Key Agencies

13.252 All meetings and engagement exercises with stakeholders and key agencies are detailed within the *Log of Engagement* **(THC001)**. Drafts of the evidence

presented in this chapter were circulated to key agencies and other stakeholders on 15 May 2025, which included:

- SEPA
- Scottish Water
- NatureScot
- Historic Environment Scotland
- Highlands and Islands Enterprise
- HITRANS
- NHS Highland
- Crofting Commission
- Transport Scotland
- Sportscotland
- Wider Council Services: Amenities Team, Flood Risk Management, Bereavement Services, Licensing, Environmental Health, Active & Sustainable Travel, Integrated Services (Adult), Gypsy Traveller Community Health Worker.

13.253 A summary of feedback received is as follows:

- Sportscotland: Limitations of data in Highland FPM report raised and reiterated available resources for evidence gathering. **Council Response:** Caveat about FPM report limitations added to evidence report. Additional evidence resources noted, including that updated FPM will be published in 2026. (refer **THC###**)
- SEPA: Blue green infrastructure section is in accordance with the SEPA evidence sufficiency PAN with all of the suggested evidence sources included, recognising that the mapping to include SEPA sources is in progress at the time of reviewing. **Council Response:** SEPA mapping has been included in Strategic Flood Risk Assessment mapping, mapped across full Council area. (refer **THC###**)
- NHS Highland: Recognised the interdependencies between chapters in the HLDP, as relates to health, and topics related to other chapters like digital connectivity, culture/heritage, private water supplies and early years provision. Highlight challenges of delivering plans and services in remote and rural areas which are numerous in Highland. Recommendations for future policy, including application of HIAs, health service capacity assessments and colocation of services (refer **THC###** and **THC###**). Provided the updated Independent Sector Care Home overview and

Collaborative Support Update May 2025, and additional data on unpaid adult carers **(THC###)**. **Council Response:** New and updated data included in Evidence Report. Noted interdependencies for consideration in other chapters.

- NatureScot: Satisfied with the approach set out in chapter and that the evidence is sufficient on matter relevant to NatureScot (see **THC###**). **Council Response:** Noted.

- Highland Council, Active and Sustainable Travel: Comments provided on **Chapter 10** in relation to links with transport and health, and transport poverty and references provided **(THC330)** to include in Chapter 13. Detail on the Tree Equity Score UK shared, highlighting urban areas of Highland included. Noted the Active Highland Strategy and its relevance to the Evidence Report, as the local strategy linked to A More Active Scotland: Scotland's Physical Activity Delivery Plan, and the relevant policies of **THC140** regarding transport and open space, recreation and blue-green infrastructure. **Council Response:** Evidence added to Chapter 13 on transport and health, fuel poverty, tree equity scores and links between **THC140** and open space, recreation and blue-green infrastructure.

- Defence Infrastructure Organisation, Ministry of Defence: Any references to DSRL to be updated to NRS Dounreay to reflect that DSRL have merged with Magnox Group to form Nuclear Restoration Services (NRS). Remove word Naval before NRTE as acronym 'N' is for Naval. Correct DEPZ acronym typo. **Council Response:** Amendments made accordingly.

- Highland Council, Environmental Health: The Air Quality Management Area in Inverness was formally revoked on 1 June 2025, update to paragraph required. Air quality monitoring in the city centre and at other locations in Inverness and urban centres in Highland including Fort William, Nairn and Dingwall continues, and will remain unchanged. There have been recent concerns expressed by doctors over poor air quality outside schools in urban areas impacting children's health, and so Environmental Health have been conducting short term air quality monitoring and awareness raising at primary schools in Highland (mainly Inverness, but also Fort William and Nairn) and participating in initiatives such as Clean Air Day to encourage a reduction in vehicle idling outside schools. **Council Response:** AQMA evidence updated, and other air quality work added to Chapter.

- Public Health Scotland **(THC###)**: Suggest references to Scotland's Population Health Framework, Working together to adapt to climate change and deliver health benefits for all, *Place Standard Tool Design Version*

(THC207), earlier and clearer referencing of the Place and Wellbeing Outcomes. Suggestion that developer contributions could be directed towards community-focused development. Include World Health Organisation definition of health, health as a human right and national and local context on health. Define health inequalities, and refer to wider determinants of health with the 'building blocks' metaphor used in Scotland's Population Health Framework. Note the limitations of SIMD for individuals, and compounding challenges for rural communities. Suggest reference to Health Impact Assessment Support Unit, Health and Social Care Service Renewal Framework. For local living, suggest additional narrative on quality and financially affordable local living, and risks of clustering unhealthy services and how drive-through food places may undermine local living. Suggestions on community engagement, adopting National Standards for Community Engagement. Wide range of suggested implications for the Proposed Plan. **Council response:** Noted, and additional references and details except for the following points. Council developer contributions policy already includes policy for the provision for community facilities, and these are considered within **Chapter 11**. **Chapter 3: Statement of Engagement** has included statements on how LPPs will be integrated into wider plan-preparation and decision making, and the role that non-statutory community-led plans can have. **Chapter 3** also outlines the approach to engagement. Local living and 20 minute neighbourhoods guidance and **THC245** outline the methodology for the Local Living tool, including caveats and limitations of the tool such as evaluation of quality, affordability or operating hours of services. The Local Living tool purpose and intent is not to evaluate health risks but rather access and proximity to services, and note the clustering of unhealthy services is considered in **Clustering of Non-Retail Uses**.

Summary of Local Place Plan Priorities

13.254 Ardgour Local Place Plan **(THC010)** has identified the following priorities relating to Design, Wellbeing, Local Living and Placemaking:

- Need for local facilities and services because of unreliable Corran ferry connection;
- Needs for new/improved community hub village halls at Ardgour and Treslaig;
- All weather pitch and better play facilities behind Ardgour primary school;

- A new community shop and café and possible community purchase of Ardgour Inn;
- More community food growing and sale opportunities at Clovullin and Achaphubuil;
- Better care for older people at home and at dedicated Strontian centre;
- Better local childcare facilities and services to allow younger families to stay and work;
- Local defibrillators, community first responders and more GP services;
- Better more reliable transport connections to higher order services – e.g. Corran and Camasnagaul ferry links, community filling station, community transport scheme;
- Safer active travel links within and between settlements for locals and visitors;
- Local heritage centre in Ardgour, local area website and promotion of Gaelic language;
- More affordable housing for those with a local connection or who are economically active – and financial disincentive for second and holiday homes;
- Innovative rural housing – e.g. woodland crofts, cohousing, reuse of empty properties
- Improve digital connectivity and energy efficiency of existing housing stock.

13.255 Black Isle Local Place Plan **(THC011)** has identified the following priorities relating to Design, Wellbeing, Local Living and Placemaking:

- Support 20 minute cycle communities for main villages and more community facilities, affordable housing and improved infrastructure for those communities;
- Particular need for Black Isle based swimming pool, all weather sports pitches, play space, disabled people facilities, improved public toilets, improved digital connectivity, increased police presence, network of community hubs, mobility hubs and community transport schemes;
- More local food growing and community based energy opportunities;
- Improve local active travel networks for locals and visitors;
- A new Black Isle heritage and cultural centre;
- A more permissive policy for affordable housing development within or close to main villages;
- Improve energy efficiency of worst existing building stock;

- Tighter policy and financial controls on holiday and second homes – stronger preference for housing to be allocated to those with a local and/or employment connection.

13.256 Broadford and Strath Local Place Plan **(THC012)** has identified the following priorities relating to Design, Wellbeing, Local Living and Placemaking:

- New mixed community use (and some housing) proposals at Broadford School land, Old hospital, land north of village hall, Elgol School and Elgol Village Hall;
- Woodland related employment proposals north of Broadford Industrial Estate;
- Protect and enhance existing main village greenspaces and other heritage sites;
- Enhance safety, quality and extent of active travel network within and between settlements notably at Broadford;
- Community Transport Hub at Broadford to enhance the connectivity of its facilities to the wider area;
- More sensitive siting and design other housing for those with a local or employment connection;
- Improved digital connectivity to improve online access to facilities for those at Elgol and Torrin;
- Improve energy efficiency and physical condition of housing stock;
- Further commercial and housing development as close as possible to western core of Broadford – e.g. at Campbell's Farm.

13.257 Dores and Essich Local Place Plan **(THC013)** has identified the following priorities relating to Design, Wellbeing, Local Living and Placemaking:

- Speed limit suggestions (including speed control measures like speed humps or islands);
- Concerns of lack/poor state of car parking;
- Provision of new as well as improvement of toilet facilities;
- Improvement and enhancement of public spaces including play parks, football field, paths and cycle routes, and woodland walk;
- Concerns about capacity of cemetery;
- Protecting the beach area by taking several measures like policing, Ranger post, Fire prevention signs, restricting wild camping, water quality signs by SEPA, and general maintenance;
- Upgrading Community hall;
- Future development of Dores Inn;

13.258 Duror and Kentallen Local Place Plan **(THC014)** has identified the following priorities relating to Design, Wellbeing, Local Living and Placemaking:

- Improvements to active travel network and links to national cycle route;
- Develop community transport scheme and improve (frequency and diurnal spread) bus service particularly for health facility access, onward long distance travel connections and teenagers wanting to travel for entertainment/employment;
- Better traffic speed, parking, littering, wildfire and other crime enforcement to increase safety and amenity;
- Better use of school and community centre for more community based services – e.g. nursery, public toilets, library, bank, permanent café, shop selling local produce, evening classes, heritage centre etc;
- Better digital connectivity at small workspaces to attract new sole trader rural businesses;
- Retain local people of all ages via more sheltered housing and affordable houses for those with a local and/or employment link
- Protect, better interpret and improve access to local natural and built heritage.

13.259 Fort Augustus and Glenmoriston Local Place Plan (**THC022**) has identified the following priorities relating to Design, Wellbeing, Local Living and Placemaking:

- An ambition for local living: affordable homes, local facilities and services
- A focus on young people, by having a range of facilities, activities and opportunities, covering jobs, learning, recreation and play.
- Upgrade public toilets in key settlements, including maintenance budgets, play areas, tennis court, and create outdoor shelter for young people.
- Acquire Fort Augustus Memorial Hall for community space and offer community resilience facilities in halls.
- Open up campus outdoor recreation facilities outwith school hours.
- Provide space and facilities for small businesses and homeworkers to support them to create viable businesses or work remotely from home.
- Investigate community transport to help resolve these public transport issues, particularly the lack of local transport.
- Improvements to rural path network close to villages and the Great Glen Way, including signage and bins, and create local path network in Convent Wood.

13.260 Gairloch Local Place Plan (**THC015)** has identified the following priorities relating to Design, Wellbeing, Local Living and Placemaking:

- Support mixed development integrating housing and business development
- Improve sports facilities and access to changing rooms and facilities
- Create parks that offer safe and diverse play options for children
- Improve health care support and provision
- Increase opening hours for key public facilities
- Offer wide range of activities and entertainment in the area
- Encourage improved maintenance of existing car parks
- Invest in career opportunities in the local area
- Offer wider support to local businesses and sole traders

13.261 Garve and District Local Place Plan **(THC016)** has identified the following priorities relating to Design, Wellbeing, Local Living and Placemaking:

- Preserve and maintain burial grounds at Garve and Achanalt,
- Promote existing path network while considering opportunities for new or enhanced paths, specifically to the War Memorial, Contin and Gorstan,
- Easier access to and provision of NHS services, including dentists,
- Recognise or enhance informal open spaces and play areas,
- Retail and community use opportunities welcomed as part of the development of the former Garve Hotel site,
- Retain post office service as a vital facility,
- Identifying new opportunities for community development and preserve existing community spaces such as the Garve War Memorial, Garve Football Area, Silver Bridge Public Toilets, Garve Playpark and Wyvis Natural Playpark, among others.

13.262 Kinlochleven Local Place Plan **(THC017)** has identified the following priorities relating to Design, Wellbeing, Local Living and Placemaking:

- Redevelopment of former aluminium works as key placemaking opportunity;
- Revitalise Island Park via new/improved playpark and footpath network;
- Reinvigorate village by reopening local businesses – e.g. Ice Factor Business Park, Post Office, Aluminium Story etc – to recreate jobs for young local people;
- Reboot school and community "campus" – e.g. community composting, new/improved play parks;

- Support other community development projects – e.g. affordable housing, local energy production, youth spaces, public art, year-round events programme, community food growing and café etc;
- Better management of visitor pressures and natural environment.

13.263 Lochalsh Local Place Plan **(THC018)** has identified the following priorities relating to Design, Wellbeing, Local Living and Placemaking:

- Improve active travel network within and between settlements;
- More affordable homes to help retain local people and support local employment;
- Improve reliability of transport connections to higher order centres – e.g. Stromeferry bypass, community transport schemes, transport interchanges for onward journey connections;
- Retain and enhance the local facilities that do exist and reinstate those that no longer exist (e.g. dentists, Dornie village shop);
- Improve digital connectivity to improve online access to services and facilities and to support online rural jobs;
- Better manage second/holiday home and other visitor demand (e.g. parking) and its adverse impacts;
- Redevelop brownfield sites to improve amenity – e.g. Marconi Yard at South Strome;
- Better and easier community access to school facilities;
- Public art in key prominent locations;
- Better sewage treatment facilities to improve local amenity and support new development.

13.264 Nairnshire Local Place Plan (**THC023**) has identified the following priorities relating to Design, Wellbeing, Local Living and Placemaking:

- Apply traffic calming measures, improved public spaces, and enhanced streetscaping to help transform King Street into a welcoming and dynamic area.
- Create a mix of retail, dining, entertainment, and residential options that draw people in and encourage them to spend time in the area, with a Town Centre First approach. Supporting and encouraging small and sole trader businesses to locate in the town centre, including in co-working spaces. Changes of use should be supported where it will support the aims of a regenerated and vibrant town centre.
- Develop attractive, accessible public spaces where people can gather, relax, and participate in community activities. Enhance parks, squares, and

pedestrian zones to create a welcoming environment that encourages foot traffic and social interaction.

- Ensure that the infrastructure to provide for highspeed broadband and mobile data connectivity across Nairn and Nairnshire is robust and available to all.
- Support the audit and consolidation of the public use of community buildings to support the viability of key community assets.
- Consideration of wider outcomes from any development, including an integrated approach to Health and Care, Education and Training, Health and Wellbeing.
- The A96 bypass has implications for Nairn, that with new access and movement options open, there are great placemaking opportunities. For example, de-trunking of Academy Street, King Street and St Ninian Road creating opportunities for public spaces and other uses in these corridors.
- Preserve Common Good land as greenspace for leisure, climate mitigation and adaptation, and access to natural environments.
- Safeguard woodland (planted or naturally regenerating) spaces for appropriate uses.
- Develop a pump track to replace the BMX track at Riverside.

13.265 Stratherrick and Foyers Local Place Plan **(THC019)** has identified the following priorities relating to Design, Wellbeing, Local Living and Placemaking:

- Maintain and create play parks and greenspaces in each village (Errogie, Foyers, Gorthleck, Inverfarigaig, Torness and Whitebridge),
- Improve local path networks including local short walks in each village and key tourist routes (e.g. Falls of Foyers, South Loch Ness Trail, and Trail of the Seven Lochs),
- Create sports and recreational facilities in Foyers: Riverside Field and Foyers Bay,
- Create and maintain local community hubs including The Hub in Foyers, Foyers Medical Centre, Foyers Shop, Camerons Tearoom, Boleskine House, Stratherrick Village Hall (Gorthleck), Whitebridge Hotel, Wildside Centre (Whitebridge), Errogie Kirk, Torness field sports club and Inverfarigaig forest school,
- Retain Foyers Post Office and shop.

13.266 Torridon and Kinlochewe Local Place Plan **(THC020)** has identified the following priorities relating to Design, Wellbeing, Local Living and Placemaking:

- Stronger and specific support for further development at Kinlochewe;
- Service and facility improvements in the closest higher order settlements such as Gairloch and improved lower carbon transport connections to those settlements;
- More local recycling and waste management facilities and collection;
- Better local digital connectivity to reduce the need for travel;
- Conversion of existing surplus buildings to affordable housing and other community uses – e.g. 2 primary schools;
- New/improved play areas at Torridon and Kinlochewe;
- Safer active travel routes within and between settlements for locals and visitors.

Summary of Implications for the Proposed Plan

Placemaking

13.267 HLDP should be place-based and prepared in alignment with the Place Principle, Area Place Plans and community-led Local Place Plans.

13.268 HLDP's spatial strategy will be derived from the Six Qualities of Successful Places and informed by results of the Place Standard Tool.

13.269 HLDP will require to provide a policy framework that provides clear expectations of design, quality and place, which includes identifying where more detailed design guidance is expected. The Council is committed to bringing placemaking into the development plan and proposes to review, revise and further develop the Placemaking Audit as part of the HLDP. As such, following refinement, further engagement with the development industry will be undertaken.

13.270 HLDP will be informed by the Scottish government Designing Streets toolkit guidance and templates for streetscape development and placemaking, and aiding the design of masterplans for development briefs.

13.271 As part of its response to the Highland Housing Challenge, the Council shall consider proposals for Masterplan Consent Areas (MCAs) to take forward place-based approaches and allow the Council to take a leadership role in the planning of high-quality places. The Council intends to progress 3 MCAs and will continue dialogue with Scottish Government officials and other potential *early adopter* councils. The Council seeks to be proactive in working collaboratively with stakeholders to identify feasible locations for MCAs. As

part of this, the Council will evaluate whether these would present a feasible and deliverable solution in particular areas.

Health and Wellbeing

13.272 HLDP will be informed by evidence in relation to health inequalities and the spatial strategy should seek to tackle health inequalities particularly in places which are experiencing the most disadvantage, in line with NPF4.

13.273 HLDP will have regard to the Highland Outcome Improvement Plan's three strategic priorities and vision to tackle inequalities, and will require to consider how the spatial strategy can contribute to these.

13.274 HLDP will be informed by a range of impact assessments, including the EQIA, PSED, FSDA, ICIA, SEA and HRA and will consider whether a Health Inequalities Impact Assessment would also be proportionate and feasible to encompass aspects of these other assessments. HLDP shall also consider how to develop a policy framework for Health Impact Assessments within development management and will require to engage and consult widely with stakeholders on this aspect.

13.275 HLDP will require to consider how bespoke housing solutions can support NHSH and the Council's developing locality model to increase future adult health and social care provision at home, owing to the fragility of the care home sector in Highland. Ongoing engagement with Council officers liaising with NHSH on this work will be required as part of this. The impacts of factors related to Highland's housing challenge and their implications for the staffing and subsequent operations of care homes are noted. As discussed in **Chapter 9: Housing**, HLDP will require to consider developing a policy framework that responds to the needs of Highland's key workers.

13.276 As discussed in **Chapter 11: Infrastructure**, the Council has an established mechanism in place for securing developer contributions, but this has not previously included contributions towards primary care settings or health and social care settings. As part of preparing HLDP, the Council will require to work with NHSH to consider whether a policy framework for these would support and respond to the pressures faced by NHSH, and seeks to collaborate in doing so, learning from other authorities which have established developer contributions policies towards healthcare facilities. The Council notes that building capacity has been directly attributed to GP Practice list closures in two locations in the East of Inverness and that rising numbers of registered patients

has been observed in other locations which witnessed housing developments, such as Dornoch and Drumnadrochit. The Council considers that continued engagement with NHSH will be required to consider the role of developer contributions further.

13.277 Most evidence reviewed relating to pressures within NHSH signals that pressures for Care Homes are primarily caused by financial viability of small care homes alongside staffing and recruitment challenges, rather than capacity limits within existing buildings. These staffing challenges are exacerbated by a lower pool to recruit from in Highland and context-specific challenges of a highly seasonal economy in some areas. As developer contributions are principally concerned with funding required expansions of services, there is uncertainty as to whether this model would respond to the needs and priorities of NHSH in the short to medium term.

13.278 Future need for care homes in Highland is not yet fully understood. The Proposed Plan will have consideration for the future HHSCP Commissioning Plan – Adult Care which will provide Evidence on future needs.

13.279 The matter of need for burial space in Highland will be considered in the proposed HLDP and shall be informed by evidence where burial capacity is known to be constrained.

13.280 HLDP will take due consideration of the risk factors associated with suicide and have regard to any further detail provided within a forthcoming Locations of Concern Action Plan developed by the Suicide Prevention Steering Group. The Planning Service will not publish known locations of suicide risk, but notes that the drivers of sites being locations of concern are complex and often involve isolated natural and built features that are typical features across many parts of Highland. The Council notes the higher prevalence of suicide in Highland relative to elsewhere in Scotland and will continue to liaise with health partners and Emergency Services on this matter throughout the production of HLDP.

13.281 The current HwLDP contains an adopted planning policy on air quality, although this was produced before NPF4. As part of developing the HLDP, the Council will review this policy and will collaborate with SEPA and colleagues in Environmental Health on this matter.

13.282 HLDP will note the identification of three CNMAs within the Transportation Noise Action Plan and will consider any implications of these should Transport Scotland provides further updates, or should they progress to designated NMAs.

13.283 HLDP will be informed by the locations of hazardous sites and major hazard pipelines as identified in the Evidence Report, and will require to maintain an accurate record of these, in consultation with the HSE, to ensure that risks and impacts of these sites in relation to each other and to adjacent development are appropriately considered.

13.284 HLDP shall be cognisant of the Outline Planning Zone and DEPZ for the Dounreay and Vulcan NRTE sites, alongside any updates to the NDA Group Draft Strategy if timeously available. The operational requirements ongoing as part of decommissioning works at the site are multi-faceted, and in the absence of any tailored NPF4 policy specifically concerned with energy/zero waste applications of this complexity, HLDP will likely require to set out a tailored approach to guide appropriate development on or in proximity to the site, in collaboration with NRS.

13.285 HLDP will be cognisant of the Population Health Framework and seek alignment to ensure the plan contributes to Scotland's long-term vision for improved population health.

13.286 HLDP will have consideration for the integration of climate resilience and health co-benefits, ensuring that planning decisions actively support climate-resilient, healthy and equitable places om alignment with the Working together to build climate-resilient, healthy and equitable places: A briefing for local government and partners.

Open Space, Recreation and Blue and Green Infrastructure

13.287 HLDP will be informed by an updated Open Space Strategy based on audits of current open space provision, to fulfil the requirements under the Planning (Scotland) Act 2019. The policy provision for open space within HLDP will therefore replace current the Council's Supplementary Guidance on Open Space in New Residential Development which was adopted in 2013 and has the remit at present for open space, play sufficiency and sport and recreation facilities.

13.288 HLDP will be informed by the Highland Play Sufficiency Assessment Report and the Highland Play Strategy, which will additionally inform the policy framework for developer contributions for new and upgraded play facilities across both Council owned/managed sites and developer provided play facilities. Regard will be given to a need for increased provision in areas with poorer sufficiency at present, in addition to provision for disabled children and older children, as

evidenced from the Play Sufficiency Assessment Data. HLDP will require to update the *Supplementary Guidance on Open Space* to strengthen play space design guidance for the sufficiency and quality of new play spaces.

13.289 HLDP will have regard to Sportscotland's FPM so that provision for play and sports facilities is safeguarded and enhanced in accordance with NPF4 Policy 21. The Council understands that an updated FPM National Report will be produced in 2025 and the findings of this will be considered accordingly. Any proposed loss of such facilities for play, recreation and is likely to conflict with the prevailing NPF4 policies and impact on provision, access and demand.

13.290 HLDP will have regard to areas of deprivation in Highland when considering increased provision of and access to open spaces, play spaces, sports facilities and blue and green infrastructure, in the interest of reducing health inequalities.

13.291 HLDP will require to progress a policy framework for safeguarding blue and green infrastructure assets and networks within and in proximity to towns and urban areas, ensuring that opportunities for linkages are not fragmented. This will involve a review and expansion of the scope of the existing HwLDP Green Networks Policy, to more fully encompass the water environment and the possibility for ecosystem, recreational and drainage co-benefits. The Council's Open Space Strategy once complete will also be a crucial tool in developing policy framework for protecting blue and green infrastructure, and will inform whether specific enhancements are required to increase access to recreational spaces in areas of deprivation.

13.292 The Proposed Plan will have consideration for the opportunity to create nature rich places that support wellbeing which are accessible for all, through the integration of spaces with compatible or overlapping functions such as enhanced blue and green infrastructure, creation of nature networks and so on.

13.293 The Council notes the 9 Priority Areas with known surface water issues as identified in the SWMP **(THC241)**. The Council will continue collaboration internally with colleagues in Flood Risk Management, and with SEPA and Scottish Water to consider whether a specific policy framework for blue and green infrastructure provision in these locations is required within HLDP to support the objectives and priorities for each Priority Area identified within the SWMP.

13.294 HLDP will be informed by adopted Core Paths within the Core Paths Plans, Long Distance Routes, and other active travel routes which are subject to ongoing compulsory Path Order consideration.

13.295 HLDP will consider how best to retain strong policy provisions within HwLDP Policies 77 and 78 to safeguard Core Paths, Long Distance Routes and access more generally, including the requirement for major development proposals to include an Access Plan.

Local Living

13.296 HLDP will be informed by the Local Living and 20-minute Neighbourhood Planning Guidance. It is proposed to use the Local Living Interactive Map tool to identify appropriate sites for allocation within the HLDP. This will also be utilised to identify the scale of retail provision within an area in accordance with NPF4 Policy 28 and can additionally be used to consider small scale infrastructure improvements to existing communities to make them more attractive, safe and walkable places.

13.297 In compliance with the Town and Country Planning (Scotland) Act 1997, as amended, the Council will consider the existing locations of publicly available Water Refill locations provided by Scottish Water under their 'Top Up Tap' programme and will develop a statement of the planning authority's proposed policies and proposals on the expansion of these.

13.298 In addition, also in compliance with the above Act, the Council will review its public conveniences provision, along with its privately run Comfort Scheme and will include a statement of the planning authority's proposed policies and proposals on the location of and access to these.

Retail and Town Centres

13.299 While Town Centre First policies have been established within Highland's previous adopted HwLDP and Area LDPs, HLDP will require to progress town centre living in a way that embeds the concept of local living and where appropriate, 20-minute neighbourhoods as a principal component of spatial planning and decision making.

13.300 While directing retail, commercial and other footfall generating uses towards town centres and other designated commercial centres within a defined retail hierarchy has previously been supported by previous Scottish Planning Policy,

this has not prevented support for local convenience shopping outwith these designated centres. The Council's local living mapping evidences the consolidation of retail units within these former designated centres which are predominantly car-dependent retail parks, which has resulted in several areas of Inverness suburbs being poorly served by convenience retail that supports walkable access to daily needs.

13.301 The Council anticipates that HLDP will require to approach convenience retail, and specifically food retail provision, in a more plan-led manner in order to address spatial deficiencies and support local living and where appropriate, 20-minute neighbourhoods.

13.302 NPF4 requires Local Development Plans to consider where they may be a need for additional retail space, with NPF4 suggesting this can be done by a retail study which identifies deficiencies in retail provision in terms of quality and quantity in an area. The suggestion that a retail study may have better informed the production of IMFLDP2 was raised within the IMFLDP2 Examination Report **(THC269)**. The Council will utilise the most up to date Town Centre Health Check as a starting point for reviewing the supply and demand of retail provision and the boundaries for the city and town centre approach within HLDP, but considers that this is an area that would benefit from a stronger evidence base. Given the ambitious housing provisions that the Council wishes to support through the LHLR, the need to support sufficient retail provision in ways that are conducive to Local Living is recognised.

13.303 The Council considers that there is significant uncertainty within the retail sector and estimates for consumer spend and the dominance of internet-based shopping available to the Council at present are already outdated, not specific to Highland and remain static, of a fixed point in time, and are therefore of limited value when forecasting potential demand until the end of the HLDP period (2038). Evidence from planning applications incidentally evidences a fall in demand for retail provision and greater trends towards retail spaces being repurposed for other uses. The Council recognises that baseline information in relation to expenditure per head/household, existing and committed stock and estimates of turnover would likely involve commissioning further consultancy work. At present, the Council cannot necessarily commit to undertaking this at this time but has identified that doing so is a priority where resources provide.

13.304 HLDP will consider matters relating to the clustering of non-retail uses within town centres and informed by the evidence presented, will take a view as to

whether it is appropriate to propose policies to control the concentration of betting offices and pay day loan shops.

13.305 HLDP will also consider how it may control the concentration of Hot Food Takeaways within town centres and within proximity to schools. This should occur in tandem with a review of how planning policies can support healthier food environments within Highland, using the Local Living Interactive Map as a first step to identify areas that are underserved by affordable, healthy food.

13.306 Increasing availability of alcohol and tobacco within or within short distances of deprived areas may contribute to health inequalities. The Council will collaborate with colleagues in Licensing and consider if it is appropriate to propose a policy to control the concentration of premises which are granted licences to sell alcohol and tobacco.

13.307 The Council intends to identify further developable, brownfield sites and review existing planning policy to ensure a positive planning regime exists to support town centre living and the allocation of a portion of the LHLR within designated city and town centres. The majority of successful town centre living housing projects have been delivered by the Council and as part of the Plan's preparation, work, the Council will also review and consider how best to bring back into use existing vacant spaces above commercial units across all localities.

Statements of Agreement / Dispute

Agreement on Evidence

13.308 Agencies who responded and agreed with the evidence and content presented included:

- NHS Highland
- Sportscotland
- SEPA
- NatureScot

Disputes with Stakeholders

13.309 Disputes that remain unresolved at the time of submission to Gate Check include...

13.310 While not explicitly raised as disputes, concerns raised by ...

Information Gaps

13.311 The Council's Local Living mapping work to date only applies to settlements identified in the existing Local Development Plans and not the region's more rural locales. Given advice from the Scottish Government which encourages its use across the whole of a region, the Council is giving consideration as to how the project could be used outwith settlements and as part of the HLDP, and shall continue to identify how this could be achieved.

13.312 The Council acknowledges that an Open Space Audit has only recently commenced and will take considerable time to complete owing to the scale of Highland's area. The Council considers that this audit once complete will enable the Council to strengthen the evidence base in relation to NPF4 Policies 20 and 21 and develop a policy framework that delivers better outcomes for blue and green infrastructure, and play, recreation and sport. The Council will use outputs from the Open Space Audit continuously as it progresses, owing to the likely considerable timescale that it may take.

13.313 The Council again recognises that evidence regarding retail capacity, demand and consumer expenditure could be strengthened to inform HLDP, but at present is not in a position to commit to commissioning further consultancy work of this nature.

13.314 It is considered that Highland Council's Area Place Plans would be informative evidence sources of relevance to this section of the evidence report, yet it is acknowledged that these remain in production at the time of writing. Place Plans once approved will be considered in the production of the LDP if timeously available.

13.315 It is considered that community-led Local Place Plans would be informative evidence sources of relevance to this section of the Evidence Report, and several are understood to remain in production at the time of writing. To date, 14 communities in Highland have formally registered Local Place Plans. Any Local Place Plans registered will be considered in the production of the LDP if timeously available.