

Meeting:	NHS Grampian Board
Meeting date:	11 June 2026
Item Number:	14
Title:	NHS Grampian Director of Public Health Annual Report 2025
Responsible Executive:	Professor Shantini Paranjothy. Director of Public Health
Report Author:	Professor Shantini Paranjothy. Director of Public Health Elaine McConnachie, Public Health Manager Lisa Allerton, Public Health Manager

1 Purpose and recommendations

This is presented to the Board for:

- Endorsement

Recommendation:

The Board is asked to endorse the content of the Director of Public Health Annual Report

This report relates to:

This aligns to the following NHS Scotland quality ambitions:

- Safe
- Effective
- Person Centred

This subject matter of this report is relevant to the mitigation of the following strategic risks (further information provided in the Risk section below) [delete all that are not relevant to this report]:

- Worsening health in Grampian particularly in those who experience multiple disadvantages

2 Report summary

2.1 Situation

It is usual practice for the Director of Public Health (DPH) to provide an annual report. The DPH annual report for this year is focused on Women's Health and is presented to the Board for endorsement, along with an updated overview of population health data for

2.2 Background

This year's Director of Public Health Annual Report focuses on women's health. With the second phase of the National Women's Health Plan underway, it is an opportune moment to acknowledge the substantial work already in progress and to articulate clearly where further collective action is required. Women's health is not solely a women's issue; it is a population health issue with wide-ranging implications for families, communities and society as a whole.

Through the NHS Grampian Health Equity Plan, there was a commitment to making greater use of local data to better understand where women experience poorer access to services, worse health outcomes, and less positive experiences of care. This report represents an important step in that ongoing work, and is intended to act as a catalyst for engagement and action rather than as an endpoint.

Previous [Director of Public Health's Annual Report](#) have set out the four major threats to population health. While these remain important, this report is structured around the drivers of population health set out in the [Population Health Framework](#), explored through the experiences of women.

This report sets out the current health status of women in Grampian alongside the programmes and interventions already in place to address identified needs. It highlights priority areas where prevention-led action can have the greatest impact on improving outcomes and reducing inequalities, alongside recommendations for partners across their respective roles and responsibilities.

The report has been informed by the voices and lived experiences of women, as well as contributions from health and care teams across the system in Grampian and engagement with NHS Grampian's Women's Board. This engagement will involve a pre and post survey distributed to key stakeholder groups ahead of formal presentation of the Women's Health report to understand stakeholders' baseline knowledge, priorities, and how they intend to use the report, a summary of the findings of the pre-publication survey is in Appendix 2. This represents an important first step, and wider, sustained involvement to informing priorities and shaping meaningful and lasting change.

An easy read public facing version of the report is attached in Appendix 3, and case-studies and a short-film conveying the key-messages in the report will be used to support dissemination and the use of this report as a catalyst for action to improve women's health in Grampian.

2.3 Assessment

This section provides a summary of the key messages in the report:

- Women make up just over half of Grampian's population (51%, around 301,000 women) and have a life expectancy broadly similar to the Scottish average.
- Healthy life expectancy for women has declined sharply, with women now spending an average of 17 years in poor health. Since 2011–13, healthy life expectancy has

fallen by 3.8 years for women, with the steepest decline seen in Aberdeen City, now below Scottish and UK averages.

- Health inequalities are stark: women in the most deprived areas live 6–8 years fewer than those in the least deprived areas, and premature mortality rates are 2.4–2.7 times higher in the most deprived communities.
- Women experience poorer health for longer than men, spending on average three additional years living with ill health. Over one fifth of women report a limiting long-term condition or disability.
- Mental health needs among women are substantial and increasing. One in five women are prescribed antidepressants, women are twice as likely as men to receive medication for anxiety, and CAMHS referrals for girls rose by 25% between 2015 and 2021.
- Women’s social and economic circumstances strongly shape health outcomes. Women account for over 80% of the NHS and social care workforce, are far more likely to be lone parents or unpaid carers, and are more likely to work part time or be economically inactive.
- These patterns contribute to income insecurity and higher risk of poverty, particularly in later life, reinforcing health inequalities across the life course.
- Health risk factors are socially patterned, with women in more deprived areas disproportionately affected by obesity (including in pregnancy), smoking, alcohol and substance use.
- Women face inequities in access to health and care services, including longer waits for treatment and Emergency Department stays, further analysis is underway to better understand the underlying causes of these differences.
- Some groups—such as women from ethnic minority backgrounds, those experiencing domestic abuse, or care experienced women—face additional risks in maternity outcomes.
- Preventative services are less equitably accessed, with lower uptake of screening and vaccination among women living in the most deprived communities.
- Improving women’s health in Grampian requires coordinated action across the whole system. Over the coming year, NHS Grampian will continue to work with partners to develop a local Women’s Health Plan that is responsive to national ambitions and rooted in the needs and priorities of women across Grampian.
- The report also includes areas for action for partners to consider within their own roles and responsibilities, based on the evidence, lived experience and learning set out in throughout the report.

2.3.1 Quality / Patient Care

Whilst this report does not directly impact quality or care, it does challenge the status quo with the content intended to help partners work better together in developing a local Women's Health Action Plan.

2.3.2 Workforce

Whilst this report does not directly impact workforce, it does make recommendations for working differently in developing a local Women's Health Action Plan and how we support women in our workforce.

2.3.3 Financial

There are no impacts on finance as a direct result of this report however it may be viewed as a catalyst for change through the development of the Women’s Health Action Plan which may have a potential impact in the future.

2.3.4 Risk Assessment / Management

This report provides an overview of health and wellbeing of women in Grampian, as well as broader population health outcomes. The examples of projects that have been undertaken and are ongoing contribute to the mitigation of the risk of worsening population health outcomes.

2.3.5 Equality and Diversity, including health inequalities

An impact assessment has not been completed because this report provides an overview of data describing the health and wellbeing of the population.

2.3.6 Other impacts

The report includes a section on action needed to address climate change through a women's lens.

2.3.7 Communication, involvement, engagement and consultation

The Committee has carried out its duties to involve and engage external stakeholders where appropriate:

- Standing agenda item on Women's Board Jan - April 2026
- Presentation at the Staff Equalities Network – April 2026
- Corporate Communications – April 2026
- Third Sector Interface – April 2026
- Pre and post survey with partners – Jan- March 2026
- Lived experience of women at Women's Community Appointment Day – January 2026

2.3.8 Route to the Meeting

The report has been previously considered at the following meetings as part of its development.

- Women's Board – final draft April 2026
- Public Health Monitoring and Governance Group - April 2026
- Population Health Committee – May 2026

2.4 Recommendation

The Board is asked to endorse the content of the Director of Public Health Annual Report

3 Appendix/List of appendices

The following appendix/appendices are included with this report:

- Appendix 1 – DPH Annual Report 2025
- Appendix 2 - Women's Health Pre-Publication Survey: Summary Findings
- Appendix 3 – Easy Read Version