

# SWSLHD: Key Health Challenges

Prepared by SWSLHD Planning Unit, March 2020

## POPULATION GROWTH

Our population is rapidly growing, with a projected population of up to 1,317,503 million people living in our District by 2031.

## GROWTH IN A NUMBER OF OLDER PEOPLE

We are facing a further increase in the ageing population. People with complex health needs, functional decline and co-morbidities are living longer and require multiple hospital admissions and prolonged hospital stays.

## CHRONIC CONDITIONS AND HOSPITALISATIONS

There is a growing burden of complex chronic conditions e.g. diabetes and its impact on the demand for health and support services.

## BURDEN OF BEHAVIOURAL RISK FACTORS

A strong need to focus on reducing behavioural risk factors leading to the poorer health outcomes through the prevention, early intervention and care coordination in the community through the investments in population health, community based and integrated care services.

## MENTAL HEALTH

There is an increasing number of people with, or at risk of developing mental illness. The experience of mental illness ranges across a wide spectrum of disease and across population groups.

## BIRTHS AND MATERNAL CARE

Increasing number of babies born in our hospitals every year and projected into the future. More focus on antenatal, postnatal and birthing care is required, especially supporting vulnerable families in order to provide a good start to life for these children.

## DIVERSITY OF OUR COMMUNITIES

We have one of the largest urban Aboriginal population and culturally and linguistically diverse (CALD) and refugee populations in NSW which require targeted culturally appropriate approaches in addressing health literacy and access to services.

## SOCIAL DETERMINANTS OF HEALTH

Our communities are socioeconomically diverse with large disparities between our most and least disadvantaged people and places. Socioeconomic disadvantage is associated with poor health outcomes and an increasing demand on health services.

## ACCESS

Access is seen as the opportunity to identify healthcare needs, to seek healthcare services, to reach, to obtain or use health care services, and to actually have a need for services fulfilled. Access differs among our culturally and socioeconomically diverse communities.

## DETAILED INFORMATION

| FOCUS AREA  |  |
|---|--|
| Population growth and demographic trends to 2031 and beyond | <p><b>Challenge</b></p> <ul style="list-style-type: none"> <li>❖ Demand for health care will continue and will grow into the future compounded by a rapid growth and ageing of the population</li> <li>❖ Ability to meet increasing demand for inpatient care, ambulatory care and care in the community as well as demand for population health services</li> </ul>   |
|   | <p><b>Scale of Challenge/ Indicator</b></p> <p><b>NSW Population growth 2016-2031 (24%)</b></p> <ul style="list-style-type: none"> <li>• SWSLHD will experience population growth of (37%) from 962,877 to 1,317,503 million people, an increase of 355,095 people. The largest population growth will be in: <ul style="list-style-type: none"> <li>• Camden LGA population is estimated to increase by 227,500 people, an increase of (124%)</li> <li>• Liverpool LGA population is estimated to increase by 116,461 people, an increase of (55%)</li> <li>• An increase in number of children by 66,866 children, an increase of (32.4%)</li> </ul> </li> </ul> <p><b>NSW Births (2017) 95,552 births to 94,170 mothers</b></p> <ul style="list-style-type: none"> <li>• About (14.4 %) of NSW mothers giving birth were residents of SWSLHD</li> </ul> |
|   | <p><b>Challenge</b></p> <ul style="list-style-type: none"> <li>❖ Increase in long term non communicable diseases such as cancer, diabetes, cardiovascular disease, respiratory diseases such as Chronic Obstructive Pulmonary Disease (COPD), arthritis and dementia, frailty and mental health issues</li> <li>❖ Complexity of multi-morbidity and polypharmacy can potentially result in increased emergency presentations and hospital admissions, longer lengths of stay and increased demand for community and home based services</li> </ul>   |
|   | <p><b>Scale of Challenge/ Indicator</b></p> <p><b>NSW Life expectancy at birth (2017): (81.5) years for males and (85.7) for females</b></p> <ul style="list-style-type: none"> <li>• SWSLHD Life expectancy at birth was (81.1) years for males and (85.3) years for females: <ul style="list-style-type: none"> <li>- The lowest life expectancy was in Campbelltown LGA (80.5 for males and 85.3 for females, respectively)</li> <li>- The highest in Fairfield (81.6 for males and 86.5 for females, respectively)</li> </ul> </li> </ul> <p><b>An increase in number of people aged 65+ (2016-2031)</b></p> <ul style="list-style-type: none"> <li>• SWSLHD: (80%) increase in the number of people aged over 65, an additional 98,245 people</li> </ul>  |
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## FOCUS AREA

- Geographically, the most significant increase will be in the Macarthur region: Camden (182%), Campbelltown (86%) and Wollondilly (91%) LGAs; followed by Liverpool LGA (114%)

**Estimated prevalence of COPD** in Australia – according to the Burden of Obstructive Lung Disease (BOLD) study based on the lung function is (7.5%) in people over 45 years of age

- SWSLHD= 26,413 people over 45 years of age living with COPD

**NSW COPD hospitalisation rates for people over 65 years of age (2017-18) (1434.5 per 100,000 population)**

- SWLHD: (1432.4 per 100,000 population)

**The highest diabetes prevalence in SWSLHD** (between 10% and 25%) in people 50 – 79 years

- **Prevalence of cardiovascular disease (CVD)** in SWSLHD: (16%) or 151,025 people affected

**NSW Heart failure hospitalisation rates (2016-2018) for males (232.2 per 100,000 population) and for females (147.4 per 100,000 population)**

- SWSLHD: the second highest hospitalisations rate for the heart failure in metropolitan Sydney for both males and females compared to NSW (254.7 per 100,000 population and 175.8 per 100,000 population, respectively)
- Higher rates in Canterbury-Bankstown, Campbelltown, Fairfield and Liverpool LGAs than for NSW

**Incidence of Dementia**

- It is estimated that about 12,517 people in SWSLHD had dementia in 2016
- Large increase in dementia diagnosis is expected due to ageing as the majority (68%) of new cases present in people aged between 75 to 89 and over a quarter will be people aged 80-84

**NSW Dementia hospitalisations as a principal diagnosis and as a comorbidity for people over 65, (2016-18) (1649.1 per 100,000 hospitalisations)**

- SWSLHD: (1877.0 per 100,000 hospitalisations)
- Higher rates in Canterbury- Bankstown and Campbelltown LGAs than for NSW

**NSW Five - year prevalence rate all cancers (2015): (1,730 per 100,000 population)**

- SWSLHD: 13,467 people living with cancer (1,413 per 100,000 population)

**Cancer Incidence (2010-2014)**

- SWSLHD: Cancer incidence higher than NSW for cancers of the lung, thyroid, liver and stomach and similar to NSW for all other cancers

**NSW Highest top cancer incidence ranked by LGA of residence (2018)**

- **Lung cancer:** 1. Campbelltown and 4. Liverpool
- **Breast cancer:** 3. Fairfield and 4. Liverpool
- **Bowel cancer:** 3. Camden
- **Melanoma:** 3. Wollondilly

## FOCUS AREA

### High diabetes prevalence (and on the rise)

#### Challenge

- ❖ Diabetes is a leading cause of blindness, chronic kidney disease and dialysis, lower limb amputations, heart disease, stroke, complications in pregnancy and poor pregnancy outcomes
- ❖ Rates of gestational diabetes are rising rapidly

#### Scale of Challenge/ Indicator

**In NSW 424,280 people are living with diabetes or (5.3%) of the population registered with the National Diabetes Service Scheme (2019)**

- 66,740 people living in SWSLHD who were known to have diabetes or (6.9%) of the population

SWSLHD Reported rates of gestational diabetes in 2019: (20.2%)

- Bankstown - Lidcombe Hospital (22.6%)
- Campbelltown Hospital (20.1%)
- Liverpool Hospital (20.5%)
- Fairfield Hospital (19.4%)
- Bowral Hospital (12.8%)

**NSW Hospitalisation rates for diabetes as a principal diagnosis (2018) for males (171.2 per 100,000 population) and females (129.7 per 100,000 population)**

- SWSLHD: hospitalisation rates higher for both males and females compared with NSW (190.1 and 159.2 per 100,000 population, respectively), the highest in metropolitan Sydney

Prevalence of diabetes related retinopathy in SWSLHD: (1.7%) or about 16,750 people have been affected in 2018

**NSW Diabetes - related total lower limb amputations –an average of (1372 per year) or (14.9 per 100,000 population) (2015-2018)**

- SWSLHD: an average of (169 per year) or (16.7 per 100,000 population)

**NSW Diabetes related deaths (2017) (28.4 per 100,000 population)**

- SWSLHD: (34.0 per 100,000 population)
  - Higher rates of diabetes related deaths in Campbelltown and Fairfield LGAs

**The prevalence of all types of diabetes among Aboriginal and Torres Strait Islander peoples is reported to be 3.5 times higher compared to non-Aboriginal population**

### Increasing renal disease

#### Challenge

Higher rates of kidney disease and renal dialysis. Diabetes and high blood pressure are two of the most common causes of chronic kidney disease (CKD). When CKD coexists with a different principal diagnosis but affects patient care during hospitalisation, it is recorded as an additional diagnosis. Excluding regular dialysis, CKD is more often coded as an additional diagnosis.

#### Scale of Challenge/ Indicator

**Approximately (10%) of Australians aged 18 years and over have indicators of chronic kidney disease (CKD)**

## FOCUS AREA

- SWSLHD: 68,000 people potentially have some indicators of CKD

### **NSW Dialysis Hospitalisations 2017/18 (13.2% of all hospitalisations for persons and 16.9% of all hospitalisations for males)**

- SWSLHD: 33,541 dialysis hospitalisations or (16%) of all hospitalisations and (19.7%) of all hospitalisations for males

## Lifestyle factors

### Challenge

Higher smoking rates, overweight/obesity and lower rates of physical activity and poor diet have been linked to poorer health status and chronic disease prevalence such as diabetes, cardiovascular disease and malignant neoplasms

### Scale of Challenge/ Indicator

#### **NSW Smoking rate - (14.8%) of adult population self - reported as current smokers**

- SWSLHD: (21.4%)

#### **NSW Smoking rate – (10.3%) of adult population self - reported smoking daily**

- SWSLHD: (16.2%)

#### **NSW Overweight/Obesity rate (54.2%)**

- SWSLHD: (58.8%)

#### **NSW Overweight/Obesity rate in children (20.6%)**

- SWSLHD: (27.5%) - the second highest childhood overweight and obesity rate in NSW

#### **NSW Obesity rate (21.4%)**

- SWSLHD: (25.5%) of adult population self-reported to be obese

#### **NSW Insufficient Physical activity rate (39.8%)**

- SWSLHD: (48.5%) of adult population self-reported insufficient physical activity

#### **NSW Recommended daily consumption of vegetables (6.6%)**

- SWSLHD: (6.1%) of adult population self-reported recommended daily consumption of vegetables

#### **NSW Recommended daily consumption of fruit (46.4%)**

- SWSLHD: (45.8%) of adult population self-reported recommended daily consumption of fruit

#### **NSW Alcohol consumption at levels posing long-term risk to health (31.5%)**

- SWSLHD: (24.7%) of adult population self-reported alcohol consumption at levels posing long-term risk to health

#### **NSW Rate of Potentially Preventable Hospitalisations (PPH) in (2017-2018) was (2192.0 per 100,000 population)**

- SWSLHD: higher rates for PPH (2443.1 per 100,000 population) compared to NSW
- Higher PPH rates across five LGAs except for Wollondilly and Wingecarribee LGAs

## FOCUS AREA

- SWSLHD: PPH for the Pneumonia and Influenza (vaccine preventable) is the second highest reported condition

### Cancer screening participation

**NSW Annual Bowel cancer screening participation rate 2018 (50-74 years old) (39.5%)**

- SWSLHD: (36.4%) - lowest in Liverpool and Campbelltown LGAs

**NSW Biennial breast cancer screening participation rate 2018 (50-74 years old) (52.8%)**

- SWSLHD: (47.3%) - lowest in Liverpool and Canterbury-Bankstown LGAs

## Mental Health

### Challenge

Mental health problems are also associated with higher rates of health risk factors, poorer physical health, and higher rates of deaths from many causes including suicide.

Mental health is one of the leading causes of non-fatal burden of disease and injury in Australia

### Scale of Challenge/ Indicator

**NSW High or very high psychological distress self- reported by adults in 2017 (15.1%)**

- SWSLHD: (16%)

**About 166,000 people in SWSLHD could be impacted by mental illness of some level of severity**

**NSW Intentional self-harm hospitalisation rate for 15-24 years old in 2017-18 females (343.2 per 100, 000 population) and males (128.8 per 100, 000 population)**

- SWSLHD: (females 176.3 and males 70.8 per 100, 000 population). Higher rate for males in Campbelltown LGA

**NSW Suicide rate in 2017 (10.8 per 100,000 population)**

- SWSLHD: (8.6 per 100,000 population)-highest for males in the Southern Highlands and Wollondilly (18.6 and 15 deaths per 100,000 population)

## Maternal Health

### Challenge

Antenatal care (or prenatal care) should commence as early as possible in pregnancy to ensure the best outcomes for the mother and the baby.

Aboriginal mothers and babies, those from socioeconomically disadvantaged areas, and some overseas-born mothers and their babies continue to experience worse outcomes than other NSW mothers and their babies.

From a conception to the first year of school, a child's cognitive, physical, social and emotional development is in a stage of rapid growth more than any other time in life. Australian Early Development Census (AEDC) measures five important areas of the early childhood development:

- physical health and wellbeing
- social competence

## FOCUS AREA

- emotional maturity
- language and cognitive skills (school-based)
- communication skills and general knowledge

### Scale of Challenge/ Indicator

- **13,354 mothers – SWSLHD residents** who gave a birth in 2017:
  - (2.2%) were reported to be Aboriginal or Torres Strait Islander compared to (4.4%) for NSW
  - (57%) were born in English speaking countries compared to (68%) for NSW

### NSW Smoking in pregnancy 2018 (8.1%)

- SWSLHD: (8.4%) - highest in Campbelltown and Wingecarribee LGAs

### NSW First Antenatal visit before 14 weeks of gestation (73.6%)

- SWSLHD: (71.6%)

### NSW First Antenatal visit before 14 weeks of gestation for Aboriginal mothers (73.6%)

- SWSLHD: (76.9%)

### NSW First Antenatal visit before 20 weeks of gestation (92%)

- SWSLHD: (88.8%)

### NSW First Antenatal visit before 20 weeks of gestation for Aboriginal mothers (86.9%)

- SWSLHD: (89.7%)

**Australian Early Development Census (AEDC) data 2018** show higher levels of developmental vulnerability on two or more domains in five year old children from Fairfield (15.1%), Campbelltown (13.6%), Bankstown (11.1%) and Liverpool (10.8%) compared to NSW (9.6%)

Wollondilly and Camden LGAs show lower levels of developmental vulnerability on two or more domains compared to NSW (5.2% and 6.8%, respectively)

## Diversity and Equity

### Challenge

Access to health services is affected by affordability, physical accessibility and acceptability of services. Aboriginal population, people from culturally and linguistically diverse (CALD) and refugee backgrounds, people from low socioeconomic background, people with mental illness, people living in regional area and people with disability are among groups which experiencing barriers in accessing health care

### Scale of Challenge/ Indicator

#### Socioeconomically disadvantaged

- SWSLHD: Lower than average (1000) socioeconomic status of residents indicated by Socioeconomic Indexes for Areas (SEIFA) scores: Fairfield (856), Campbelltown (948), Canterbury-Bankstown (961) and Liverpool (972)

## FOCUS AREA

- Fairfield LGA is the most disadvantaged LGA in Sydney metropolitan region and the 4th most disadvantaged in NSW

### NSW Proportion of Aboriginal population 2016 (2.9%)

- SWSLHD: 20,181 (2.1%) of the population is identifying as Aboriginal
- SWSLHD: Pacific communities (19,346) people and (33%) of NSW Pacific Communities population

### NSW Overseas born (29.7%) and non-English speaking population (26.9%) in 2016

- SWSLHD: (43%) of population were born overseas, predominantly in Vietnam (14.6%), Iraq (8.6%), Lebanon (5.9%) and India (3.8%)
- 45% of population speak a language other than English at home
- Approximately 10% of non-English speaking population reported speaking English 'not well or not at all' and 20% among people over 65 years of age
- More than 2,500 refugees and humanitarian entrants settle every year, predominantly in Fairfield and Liverpool LGAs

## Access

### Challenge

Proportion of SWS residents accessing private services may have an impact on health service delivery in SWSLHD

Access to health care is affected by a number of disparities (e.g. Aboriginality, ethnicity, socioeconomic status, age, sex, disability status, sexual orientation, gender identity, and residential location)

Barriers to access to health care include distance from specialist units, fewer health care providers, geographic isolation, poor transport and time away from home for investigations and treatment

### Scale of Challenge/ Indicator

#### NSW Private health insurance rate (51.5%)

- SWSLHD: (44.6%)
- Four LGAs: Fairfield (25.6%), Campbelltown, Canterbury-Bankstown (36.3%) and Liverpool (38.5%) have lower rates of private health insurance compared with NSW (51.5%)

#### The national average for bulk billed GP attendances (85.7%)

- SWSPHN: (96.3%)

#### Proportion of Australian population experienced cost barriers to see specialist, GP, imaging or pathology (7.6%)

- SWSPHN: 7.1% (3.4-10.8%)

#### Proportion of Australian population experienced cost barriers to prescribed medication (7.3%)

- SWSPHN: (8.9%)

#### Proportion of Australian population experience cost barriers to seeing dentist or hygienist (18.4%)

- SWSPHN: (18.5%) (12.7-24.2%)

## FOCUS AREA

**Proportion of patients 45+ in Australia who rated the quality of care received from their usual GP or place of care in the preceding last 12 months as excellent or very good (84.1%)**

- SWSPHN: (78.7%)

**Proportion of patients 45+ in Australia who have been involved in a decision about their health care (89.1%)**

- SWSPHN: (81.1%)
- Some towns of Wingecarribee and Wollondilly LGAs are in Remoteness Category 2 and 3 of the Modified Monash Model (MMM)

**NSW A GP - to - population ratio (1: 911 people)**

- SWSPHN: (1: 917 people)
- SWS regional variation from (1 GP: 669 people) in Camden to (1 GP: 1,846 people) in Wollondilly LGA.

### **Data sourced from the most recently available data from the following sources:**

Department of Planning and Environment 2019 New South Wales State and Local Health District Population Projections

ABS 2016 Census of Population and Housing

(SAPHaRI), Centre for Epidemiology and Evidence, NSW Ministry of Health

Combined Admitted Patient Epidemiology Data and ABS population estimates (SAPHaRI). Centre for Epidemiology and Evidence, NSW Ministry of Health

CaSPA Portal - FlowInfo v18 - Health Systems Planning and Investment Branch, NSW Ministry of Health

NBMLHD 2018-2019 Year in Review

[National Diabetes Services Scheme](#) (NDSS) data

Centre for Epidemiology and Evidence. New South Wales Mothers and Babies 2018. Sydney: NSW Ministry of Health, 2019

NSW Cancer Registry data

Public Health Information Development Unit – Social Health Atlas of Australia, Data by Local Government Area 2018

Reporting for Better Cancer Outcomes Performance Report 2019 South Western Sydney Local Health District

Australian Early Childhood Development Census <https://www.aedc.gov.au/data/data-explorer>