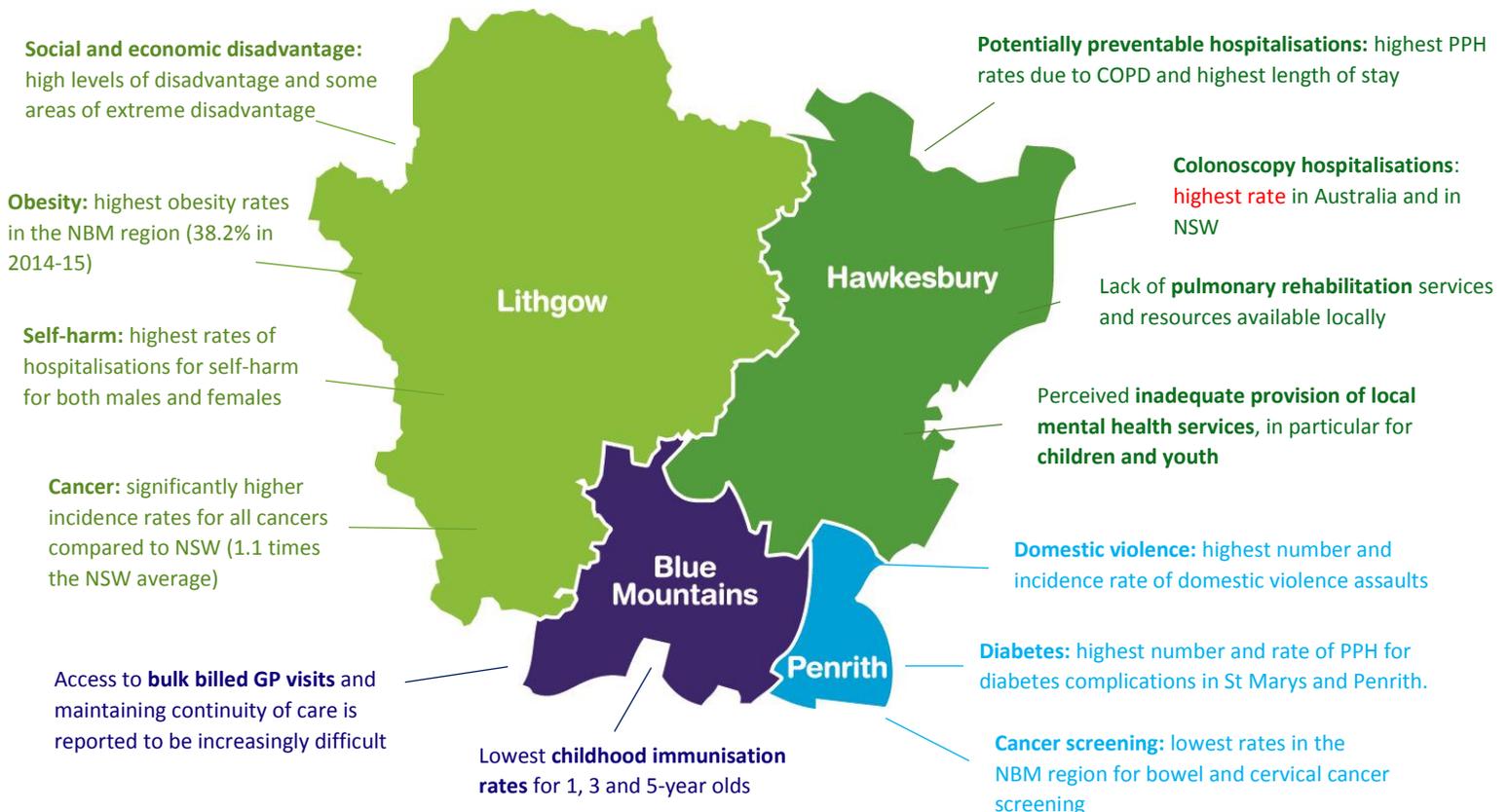


Nepean Blue Mountains 2018 Needs Assessment – Regional summary of key outcomes



General Population

Impact of geography, population, demography, social determinants and economic development on health needs:

- NBM is geographically diverse with isolation, poor access to public transport and health services in some parts of the region.
- The current population of 372,199 people is expected to increase by 25%, or 466,650 people, by 2036.
- 3.7% of residents are Aboriginal and Torres Strait Islander (greater than the NSW state average of 2.9%).
- People aged 65 years and older comprise 14.1% and this is expected to rise to 20.7% by 2036.
- 24% of the NBM population were born overseas and 11.9% spoke a language other than English at home in 2016.
- Wide disparities in levels of socio-economic advantage and disadvantage are experienced within NBM LGAs.
- Penrith LGA demonstrated the highest number (1,171) and incidence rate (581.4 per 100,000 persons) of domestic violence assaults, and a higher rate compared to the NSW state average (370 per 100,000 persons).
- The development of the new Badgerys Creek Aerotropolis over the next 10 years is expected to have a bearing on the health and service needs of the greater Western Sydney region.

Access to local health services:

- Cost is a barrier to accessing healthcare services for NBM residents. 8% of residents delayed or did not see a medical specialist, GP, get an imaging test or pathology test due to cost in the 12-months prior to 2016-17 (Australia 6.5%).
- 3.6% of NBM general practice patients don't have a usual GP or a usual place of care (Australia 2.5%).
- Local consumer feedback confirms health literacy as a gap in the NBM region.

- Major barriers reported by consumers include [poor knowledge of local health services](#), [difficulties in obtaining information](#), and [difficulties travelling for health care due to inadequate transport options](#).
- There are identified **general practice workforce shortages** in parts of every LGA in the NBM region.
- There is a [significant demand for health advice and access to a doctor](#) in the **after-hours** period, in particular by [RACF residents](#)

Cancer screening and prevention:

- A [higher](#) proportion of [non-Aboriginal women](#) smoked during pregnancy (NBM 11.0% vs. NSW 6.9%).
- [Lower than NSW state average rates](#) for participation in [breast](#), [cervical](#) and [bowel](#) cancer screening.

Chronic and preventable conditions:

- **Cancer** (all cancers combined) – the [incidence rate](#) for all cancers is steadily increasing.
- **Cardiovascular disease** (CVD) – is the [leading cause of death in females](#) and [second leading cause of death in males](#).
- **Overweight and obesity** – [64% of adults are overweight \(31.4%\) or obese \(32.6%\)](#), the [highest rate](#) among PHNs in NSW.
- **Diabetes** – [rising diabetes prevalence](#) among adults, from 7.6% in 2012 to 10.9% in 2017, at a [faster rate than NSW](#).
- **Potentially preventable hospitalisations** (PPHs) – above NSW state average rates for [COPD, kidney and urinary tract infections, acute dental conditions, and congestive heart failure](#). COPD continues to be the leading cause of PPHs.
- **Respiratory diseases** – Highest rates of hospitalisations due to [influenza and pneumonia](#) for 0-4 year olds among NSW PHNs. [Highest prevalence](#) of [asthma](#) among metropolitan PHN regions in NSW for children 2-15 years and people 16 years and over.
- **Childhood immunisation** – above average compared to national rates, however variation exists across the region.

Older persons and end of life care:

- An **ageing population** is [increasing pressure on primary care services](#), particularly the need for coordinated care.
- Residential Aged Care Facility (RACF) places (**2,420**) will need to increase to meet predicted growth in the ageing population.
- High prevalence of [chronic conditions](#) and [multi-morbidity](#) among older persons
- [Falls](#) are the leading cause of injury and hospitalisations amongst older persons in the NBM region.
- **Dementia** is the third leading cause of death in the NBM region and its prevalence is projected to increase from 1.0% in 2011 to 1.9% by 2031. Dedicated services for people with dementia are limited outside of the Penrith LGA.
- There is [increasing need](#) for [end of life care \(EoLC\)](#) and services that will allow people to die in their place of choice.

Primary Mental Health Care and Suicide Prevention

Suicide prevention:

- Death rates for intentional self-harm (suicide) remained the third highest in 2016 compared to the previous 10-year period.
- Individuals and populations most at risk include: people living with [mental illness](#), [Aboriginal and Torres Strait Islander](#) populations, persons suffering [socio-economic disadvantage](#), persons who are [unemployed](#), people who have a [personal or family history of suicide](#) behaviour, persons [separated from their partner/family](#), persons with [addiction issues](#), persons from [LGBTI populations](#), persons [living in more remote areas](#), and persons [recently discharged from hospital](#) who have made an attempt on their life.
- Higher rate of [hospitalisations due to self-harm](#) (174.1 per 100,000) compared to NSW average (149.0 per 100,000).
- Increasing rates of suicide ideation and behaviour, and self-harm among young people, particularly amongst young women.
- Interventions to address [community awareness of suicide](#), suicide risks and [opportunities to support people who are at risk](#) are perceived to be inadequate.
- Persons who have attempted, or are at increased risk of suicide, their families and friends experience [difficulties navigating referral and care pathways](#); they need [seamless access to appropriate services](#) and timely [referral to a full range of supports](#).
- Concerns remain around the [continuity and transfer of care](#) for people who have made an attempt on their life [after discharge from hospital](#); including support available for family members.

Mental health:

- Increasing rates of persons with [high or very high psychological distress](#), from 9.7% in 2013, 14.8% in 2015 and 17.2% in 2017.
- NBM rates for [mental health-related hospitalisations](#) the highest in NSW in 2016-17.
- [Aboriginal and Torres Strait Islander](#) people experience a [high proportion of psychological distress](#), an increased prevalence of [long-term mental health conditions](#) and high incidence of [hospitalisations due to mental ill health](#), however psychological and psychiatric services are accessed by a relatively low proportion of Aboriginal people.
- [CALD and LGBTI populations](#) are disproportionately represented among persons living with mental health issues.
- Significant impact of [homelessness](#) upon physical and [mental health](#) and access to suitable service provision.
- Reduced life expectancy, functional status and quality of life among people with mental health conditions is partly attributable to a [higher prevalence of co-existing chronic physical health conditions](#).
- Significant need to increase the provision of, and active participation in, [culturally safe mental health services for Aboriginal people](#).
- Identified need for [better connections for young people](#) in and out of [Home Care, Juvenile Justice, FACS, Health and NGOs](#).
- Identified need to ensure that all people with [severe, persistent](#) and complex mental illness are [connected to a regular GP](#).
- Concerns remain around [service coordination, continuity and transfer of care](#), in particular for people moving to primary care and/or community service providers [after discharge](#) from acute mental health services.
- Effective [care coordination, referral pathway coordination, case management](#) and [follow up](#) between [acute and primary](#) mental health services, and between [clinical and non-clinical](#) services remains challenging.

Psychosocial Support:

- Communities describe [poor mental health literacy](#), [poor knowledge of local psychosocial services](#) available, and a lack of education on [how to navigate](#) mental health service systems across NBMPHN.
- Groups with identified needs for targeted psychosocial programs &/or appropriate referral pathways include: [Aboriginal and Torres Strait Islander Communities](#), [CALD Communities](#) and [homeless populations](#).
- There are significant opportunities for system reform to [assist health professionals](#) and [consumers to identify appropriate psychosocial referral options](#), and identified need to create consumer-oriented pathways to accessing services.
- Identified need for [mental health awareness training](#) among local employers and volunteer organisations in the NBM region.
- Identified need for improved resourcing of and/or strategies to [improve demand management for psychosocial programs](#).
- Identified need for [basic mental health training for mainstream services](#), including Centrelink, Housing, Police, employers and community organisations.

Alcohol and Other Drugs

- [Alcohol](#) continues to be the primary drug of concern for those seeking AOD treatment.
- Increasing use and frequency of use of [crystalline methamphetamine \(ice\)](#) observed within the NBM population.
- Methamphetamines are perceived to be the drug most likely to be associated with a 'drug problem' and of most concern for the community.
- Continued high prevalence of [problem substance use](#) among [young people](#).
- Reducing harm from [misuse of prescription Codeine](#) continues to be a national priority and of concern to local service providers
- Access to [treatment for the Hepatitis C virus \(HCV\)](#) through the new direct acting antiviral (DAA) drugs listed on the PBS within outpatient settings, GP offices, drug and alcohol services and prison settings is a recent and continuing priority. Treatment coverage among NBM residents living with HCV was lower compared to most NSW LHDs to 31 December 2017, however NBM had the highest proportion of people who initiated Hepatitis C treatment and were prescribed a DAA by their GP.
- [Aboriginal people](#) often [present for AOD treatment when they are in crisis](#), believed to be due to factors including longstanding substance dependence, polydrug use, intergenerational and lived trauma.
- Continuing need to identify [former correctional centre inmates](#) as being at high risk for harm from substance use and at high risk of relapse from AOD treatment on release from detention in the region.

Identified limitations in service provision across the NBM region include:

- [Youth services for AOD do not meet needs](#). They are difficult to access and often service design is a barrier to engaging with local young people.
- There is currently no capacity for new clients to receive [community based opioid substitution therapy](#) (OST).
- There is an over-reliance on residential rehabilitation services primarily delivered outside of the NBM region.
- There are very few local AOD services that provide in-reach services into community based organisations, creating barriers to assertive follow up of individuals who have received AOD treatment and require ongoing support to achieve full recovery.
- There is a [lack of community-based rehabilitation services](#) (including day rehabilitation programs) available to men and women.
- Delivery of [Peer to Peer treatment service delivery](#) models has not been adopted within any AOD community based rehabilitation / treatment service.
- Aboriginal AOD clients with complex needs are experiencing an unsatisfactory and circular journey among multiple service providers, as well as poor outcomes.
- Identified need for [more Aboriginal people to be trained to facilitate and support access to AOD treatment](#).