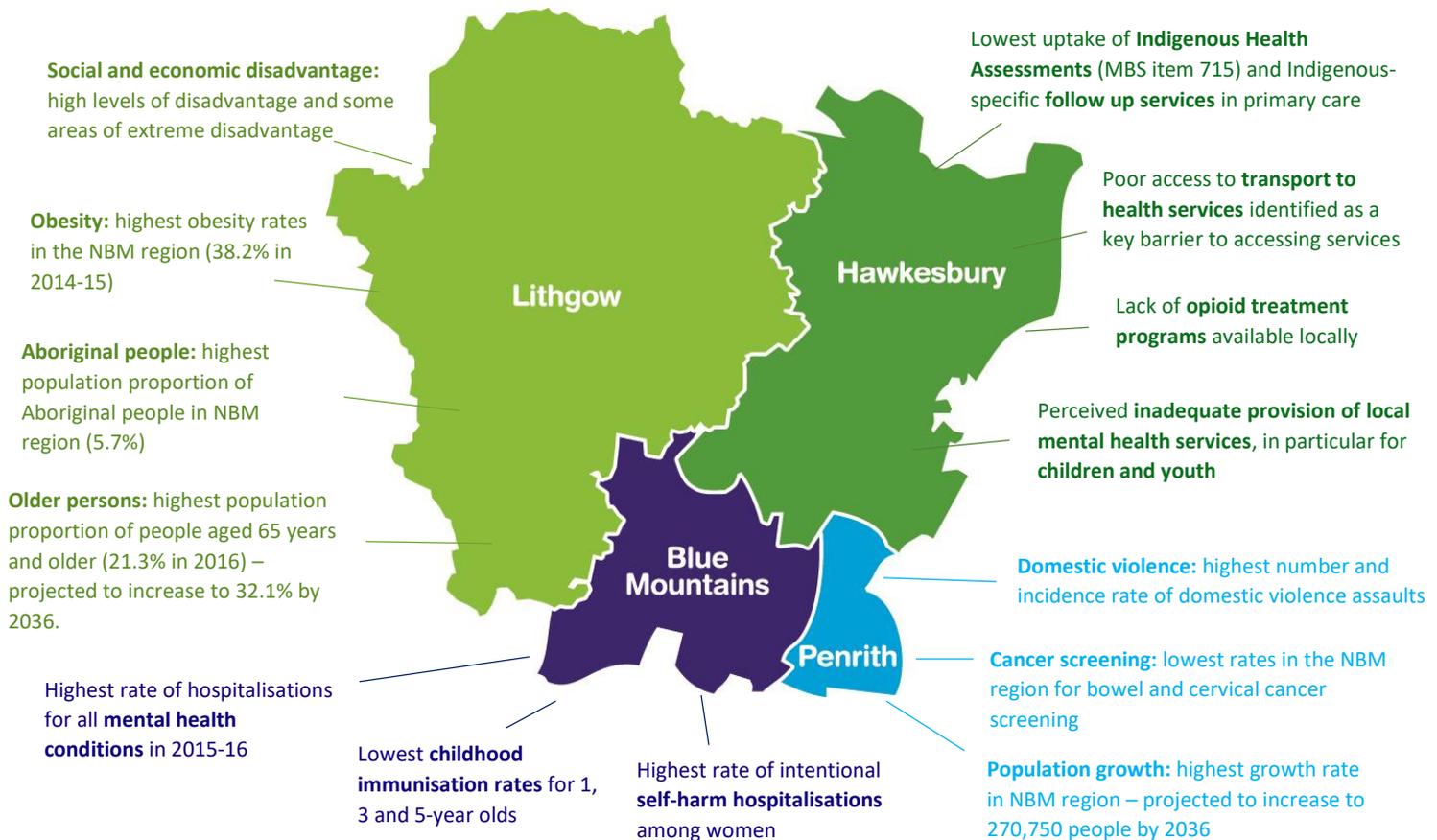


## Nepean Blue Mountains 2019 Needs Assessment – summary of key outcomes



### 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 377,189 people is expected to **increase by 24%**, 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.
- Approximately 219 humanitarian refugees settled in the NBM region (almost 9/10 in Penrith LGA) from January 2016 - March 2019.
- Wide disparities in levels of socio-economic advantage and disadvantage are experienced within NBM LGAs.
- Penrith LGA experienced the highest number (1,171) and incidence rate (581.4 per 100,000 persons) of **domestic violence assaults**, at 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, in particular those living in locations with the greatest socio-economic disadvantage. Region-wide, 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%). Within NBM in 2017-18, the lowest proportion of residents who accessed out of hospital specialist, psychiatry, or Allied healthcare services tended to be those residing in Lithgow-Mudgee, St Marys and Penrith SA3 smaller areas.

- 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 is a significant demand for health advice and access to a doctor in the after-hours period, in particular by RACF residents.

#### Health workforce:

- Introduction of the Commonwealth's new Distribution Priority Areas (DPA) scheme is expected to significantly impact GP recruitment efforts, particularly in the Blue Mountains LGA, most of Penrith and most of Hawkesbury LGAs, which were previously classified as being a District of Workforce Shortage.

#### Cancer screening and prevention:

- Lower than NSW state average rates are reported for participation in breast (NBM 49.0% vs. NSW 52.8%) and bowel cancer (NBM 38.8% vs. NSW 39.5%).

#### Chronic and preventable conditions:

- **Cancer** (all cancers combined) – the incidence rate for all cancers is steadily increasing.
- **Cardiovascular disease** (CVD) – the leading cause of death in females and second leading cause of death in males.
- **Overweight and obesity** – 61.6% of adults are overweight (32.3%) or obese (29.3%), the third highest rate among PHNs in NSW (NSW, 54.2% overweight or obese).
- **Diabetes** – rising 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: 1) *Chronic conditions*: COPD, Congestive heart failure and Asthma; 2) *Acute conditions*: dental conditions, urinary tract infections (including pyelonephritis) and cellulitis; 3) *Vaccine-preventable conditions*: pneumonia and influenza. Highest PPH rates in the NBM region in are now for acute dental conditions, followed by COPD and urinary tract infections.
- **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 state rates for all children and Aboriginal and Torres Strait Islander children at 1 and 5 years, however coverage for all children 24-<27 months is lower than the average for NSW PHN regions, and is the lowest in NSW for Aboriginal children 24-<27 months.
- **Antimicrobial medicines** – high rates of prescribing all antimicrobial medicines, amoxicillin and amoxicillin-clavulanate are reported for most NBM smaller area SA3 locations compared to NSW state averages.

#### 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 are limited to around 2,550 will need to increase to meet predicted growth in the ageing population.
- High prevalence of chronic conditions and multi-morbidity among older persons.
- Social isolation and loneliness are increasing problems for older people, with impacts including poorer physical health, mental health and use of health services.
- **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 Penrith LGA.

- More than half (53.2%) of people using residential aged care services in NBM have a [diagnosis of dementia](#).
- The most rapid increases in high care needs among Australians living in permanent residential care are for [complex health care procedures and activities](#).
- Interim findings from the **Commonwealth's Royal Commission into Aged Care** Quality and Safety highlights confronting issues relating to home and residential care for older people, including: 1) Accessing a home care package in a timely way; 2) Navigating the aged care system; 3) Quality and safety issues.
- **16 Influenza outbreaks** (15 Influenza A and 1 Influenza B) were reported for [NBM residential aged care facilities](#) in 2019 up to 11/12/19, with 218 residents reporting to have symptoms, 32 requiring hospitalisation and 8 deaths in residents linked to these outbreaks.
- There is [increasing need](#) for [end of life care \(EoLC\)](#) and services that allow people to die in their place of choice.

### Primary Mental Health Care and Suicide Prevention

#### *Suicide prevention:*

- Higher rate of [deaths due to suicide](#) (13.6 per 100,000) in 2017 compared to NSW average (10.8 per 100,000).
- Individuals and populations most at risk include: males, people living with [mental illness](#), [Aboriginal and Torres Strait Islander](#) populations, persons with [socio-economic disadvantage](#), persons who are [unemployed](#), persons with a [personal history of self-harm](#), persons aged 65 years and older with [limitation of activities](#), people with two or more physical [chronic health conditions](#), 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.
- High rates of suicide ideation and behaviour, and self-harm among young people, particularly young women.
- 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. Almost 1 in 4 (24.2%) [young people](#) 15-19 years in Australia report experiencing [psychological distress](#) – persistently increasing over the past seven years.
- NBM rates for [mental health-related hospitalisations](#) the second highest in NSW in 2017-18.
- [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](#).
- [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](#).
- Relatively [high rates of antipsychotic medicines dispensing](#) are reported for almost all NBM smaller areas compared to NSW state rates, across all age-groups.
- 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 for people with severe mental illness:*

- 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.
- The National Psychosocial Support (NPS) service model is significantly impacted by limited funding. Current service capacity is limited to 46 participants for the NBM region, with 19 persons on a waiting list to access NPS.
- Continuity of Support (CoS) participants and support workers report the need for [more individualised support](#). Need for flexible funding for ad hoc support for stabilizing a client during periods of exacerbation is identified.
- Provision of appropriate supports for people requiring psychosocial assistance, in particular for persons initially assessed to be [ineligible to access the NDIS](#) is an ongoing concern. This includes lack of services to assist NDIS re-testing.

**Alcohol and Other Drugs**

- [Alcohol](#) continues to be the primary drug of concern for those seeking AOD treatment.
- Amphetamines are reported as the second highest reason for seeking treatment / primary drug of concern after for those seeking AOD treatment.
- NBM hospitalisations related to methamphetamine have persistently increased between 2012-13 and 2016-17.
- Continued high prevalence of [problem substance use](#) among [young people](#).
- [Pharmaceuticals](#) were the second most frequently misused illicit drugs in 2016, with 28% using daily or weekly. Pain-killers/analgesics and opioids (3.6%) were the class of pharmaceuticals most commonly misused.
- 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 continuing priority. Despite the third highest proportion of residents with HCV who had their treatment initiated by their GP (78%) vs. specialist (21%), treatment coverage among NBM residents with HCV (27.0%) was [relatively low](#) compared to NSW state rates (29.0%) for the period July 2018 – 31 December 2018.
- [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](#). Recently commissioned services together with NBMLHD Drug and Alcohol expansion of existing youth services, continues to reveal substantial unmet need.
- Unmet needs of men are identified in the Lithgow LGA, where social disadvantage is high, in particular access to limited publicly funded rehabilitation services.
- [Integration and service planning](#) amongst services across sectors, including enhanced service models for early intervention, rehabilitation and aftercare access for people at risk and dependent on substances is an area in need of further strengthening.
- [Culturally safe services](#) for [Aboriginal people](#) continues to be a high priority. Significant steps towards improved services for Aboriginal people have been made with commissioning of programs and new service initiatives, however unmet need remains high.
- Supporting general practice to increase **primary care involvement** in AOD treatment remains a priority.