

South Western Sydney Local Health District: Health Snapshot

Prepared by SWSLHD Planning Unit, December 2023

POPULATION GROWTH

The population of South Western Sydney Local Health District (SWSLHD) is rapidly growing, with a projected population of up to 1,293,520 million by 2036.

GROWTH IN NUMBER OF OLDER PEOPLE

SWSLHD is 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 associated with chronic complex conditions e.g. diabetes, cancer, heart disease with the resultant impact on the demand for hospital, health and support services including multiple hospitalisations, presentations to Emergency Departments and increasing use of Non-Government and other support services.

BURDEN OF BEHAVIOURAL RISK FACTORS

There is a strong need to focus on reducing behavioural risk factors that lead to poorer health outcomes through education, an increase in health literacy, health promotion and prevention, early diagnosis and intervention, and care coordination in the community through 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 diseases and across multiple 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 to provide a good start to life for these children.

DIVERSITY OF OUR COMMUNITIES

SWSLHD 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

SWSLHD 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

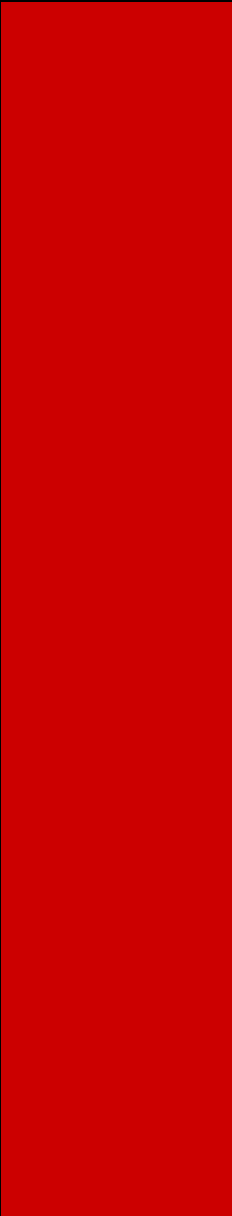
Access is seen as the opportunity to identify healthcare needs, to seek healthcare services, to reach, to obtain or use health care services and to have a need for services fulfilled. Access differs among culturally and socioeconomically diverse communities.

SOCIAL DETERMINANTS OF HEALTH

Health care delivery: Major shifts in healthcare delivery include more care provided in community and home-based settings, a focus on complex care in hospitals, and better integration across the network of District services, primary care providers and other health and community partners.

Detailed information

Focus Area	Challenge	Scale of Challenge / Indicator
<p>Population growth and demographic trends to 2031</p>	<p>Demand for health care will continue and will grow into the future compounded by a rapid population growth and ageing of the population.</p> <p>Ability to meet increasing demand for inpatient care, ambulatory care, and care in the community as well as demand for population health services.</p>	<p>NSW Population growth 2021-2036 (23%)</p> <ul style="list-style-type: none"> - SWSLHD’s population is expected to grow from around 1.05 million in 2021 to around 1.29 million by 2036, an increase of around 244,000 people or around 23%. The largest proportional population growth will be in: <ul style="list-style-type: none"> o Camden LGA population is expected to increase by around 60,000 people (56%) o Wollondilly LGA population is expected to increase by around 22,000 people (41%) <p>NSW Births (2021): 99,316 babies born in NSW and 14,887 in SWSLHD</p> <ul style="list-style-type: none"> - About 15% of NSW mothers giving birth were residents of SWSLHD <p>Total fertility rate in 2020, 1.5 children per woman</p> <ul style="list-style-type: none"> - SWSLHD: 1.8 children per woman
<p>Population ageing</p>	<p>Increase in long term non communicable diseases such as cancer, cardiovascular disease, respiratory diseases (COPD), arthritis and dementia, frailty and mental health issues.</p> <p>Complexity of multi-morbidity and polypharmacy can potentially result in increased emergency presentations and hospital admissions, longer lengths of stay and increased</p>	<p>NSW Life expectancy at birth (2020): 84.5 years (82.4 for males and 86.6 for females)</p> <ul style="list-style-type: none"> - SWSLHD Life expectancy at birth: 84.2 years (82.3 for males and 86.1 for females) <ul style="list-style-type: none"> - The lowest life expectancy at birth: 83.1 years for Campbelltown LGA (81.3 for males and 85.3 for females) - The highest life expectancy at birth: 85.8 years for Canterbury-Bankstown LGA (83.4 for males and 88.2 for females) <p>NSW Life expectancy at 65 years of age (2020): 87.7 years (86.2 for males and 89.0 for females)</p> <ul style="list-style-type: none"> - SWSLHD Life expectancy at 65: 87.3 years (86.0 years for males and 88.5 years for females) <ul style="list-style-type: none"> - The lowest life expectancy at 65: 86.5 years for Campbelltown LGA (85.3 for males and 87.9 for females) - The highest life expectancy at 65: 88.7 years for Canterbury-Bankstown LGA (86.9 for males and 90.3 for females). <p>An increase in number of people aged 65+ (2021-2036)</p>

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	<p>demand for community and home based services.</p>	<ul style="list-style-type: none"> - SWSLHD: 67% increase in the number of people 65+, an additional 99,000 people <ul style="list-style-type: none"> - Geographically, the most significant increases will be in Camden (141%), Liverpool (86%) and Wollondilly (82%) LGAs <p>NSW COPD hospitalisation rates for people over 65 years of age (2018/19, pre-COVID-19) 17,440 hospitalisations (1354 per 100,000 population)</p> <ul style="list-style-type: none"> - In 2018/19, SWSLHD had 1,904 hospitalisations (1459 per 100,000 population, 7.8% higher than NSW) <p>- NSW COPD hospitalisation rates by selected LGAs, all ages (2017/18 – 2018/19, pre-COVID-19)</p> <ul style="list-style-type: none"> - Higher hospitalisation rates than for NSW (230 per 100,000 population) in Campbelltown (306 per 100,000 population, 33% higher than NSW) and Liverpool (259 per 100,000 population, 12.6% higher than NSW) <p>Diabetes prevalence in NSW in 2019 was 11.3% of people aged 16 years and over</p> <ul style="list-style-type: none"> - Diabetes prevalence in SWSLHD 14.5% of people aged 16 years and over. <p>NSW Heart failure hospitalisation rates (2018/19) 179 per 100,000 population (216 for males and 147 for females)</p> <ul style="list-style-type: none"> - SWSLHD had the highest hospitalisation rate for heart failure in metropolitan Sydney for persons, males and females (212, 249 and 178 per 100,000 population, respectively). <p>Incidence of Dementia</p> <ul style="list-style-type: none"> - With an ageing and growing population, it is predicted the number of Australians with dementia will more than double between 2022 and 2058 to around 849,000. - SWSLHD: approximately 13,100 people estimated to be living with dementia in 2021 <p>Dementia hospitalisations as a principal diagnosis and as a comorbidity for people 65 years and over, 2018/19 – NSW (1,618 per 100,000 population)</p> <ul style="list-style-type: none"> - SWSLHD: 2,008 per 100, 000 population (24% higher than NSW). <p>49,055 new cancer cases and 15,459 cancer deaths in NSW in 2021.</p> <ul style="list-style-type: none"> - SWSLHD: 5,134 new cancer cases and 1,668 cancer deaths in 2021. <p>Cancer Incidence (2017-2021)</p>

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		<ul style="list-style-type: none"> - SWSLHD age-standardised rate 6% lower than NSW (standardised ratio of 0.94 = SWSLHD rate ÷ NSW rate). - Northern LGAs (Fairfield, Canterbury-Bankstown and Liverpool) all have standardised incidence rates lower than NSW (standardised ratios of 0.82, 0.91 and 0.92, respectively). Camden and Wollondilly LGAs have standardised incidence rates higher than NSW (standardised ratios of 1.08 and 1.11, respectively). The standardised incident rates for Campbelltown and Wingecarribee LGAs are similar to NSW (standardised ratios of 1.03 and 1.02, respectively). - Age-standardised cancer incidence for the top five cancers (prostate, breast, lung, colon and melanoma): SWSLHD higher than NSW for lung cancer (standardised ratio of 1.08); lower than NSW for prostate (0.89), breast (0.94) and melanoma (0.61); and similar to NSW for colon (0.97). <p>Cancer mortality (2017-2021)</p> <ul style="list-style-type: none"> - SWSLHD age-standardised rate was similar to NSW (standardised ratio of 1.01).
<p>High diabetes prevalence (and on rise)</p>	<p>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.</p> <p>Rates of gestational diabetes are rising rapidly.</p>	<p>480,070 people were registered with the National Diabetes Service Scheme (NDSS) in NSW in 2023 (5.6% of the population)</p> <ul style="list-style-type: none"> - 77,570 were residents of SWSLHD (6.9%) of the population <p>NSW Hospitalisation rates for diabetes as a principal diagnosis in 2018/19: 164 per 100,000 population (188 for males and 144 for females)</p> <p>SWSLHD: 198 hospitalisation per 100,000 population (226 for males and 173 for females), the highest in metropolitan Sydney.</p> <p>Diabetes - leg amputations (2017/18 – 2018/19) NSW 1,525 amputations per year (16 per 100,000 population)</p> <ul style="list-style-type: none"> - SWSLHD: an average of 213 leg amputations per year (20 per 100,000 population) <p>NSW Diabetes related deaths (2019): 2,945 deaths (28 per 100,000 population)</p> <ul style="list-style-type: none"> - SWSLHD: 369 deaths (35 per 100,000 population) <p>The prevalence of all types of diabetes among Aboriginal and Torres Strait Islander people is reported to be 3.5 times higher compared to non-Aboriginal population.</p>

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Increasing renal disease	Higher rates of kidney disease and renal dialysis, particularly for	<p>Approximately (11%) of Australians aged 18 years and over had biomedical signs of chronic kidney disease (CKD) in 2011/12</p> <p>NSW Dialysis Hospitalisations 2020/21: 439,004 hospitalisations (4,499 per 100,000 population)</p> <ul style="list-style-type: none"> - SWSLHD: 65,346 dialysis hospitalisations (5,828 per 100,000 population) or (17.7%) of all hospitalisations
Lifestyle Factors	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.	<p>NSW Smoking rate (2022) - current adult smokers (11.4%)</p> <ul style="list-style-type: none"> - SWSLHD: (13.2%) of adult population self-reported as current smokers <p>NSW Daily Smoking (2022) adult rate (8.2%)</p> <ul style="list-style-type: none"> - SWSLHD: (10.0%) <p>NSW (2022) Overweight/Obesity rate (58%)</p> <ul style="list-style-type: none"> - SWSLHD: (63%) of adult population self-reported as overweight or obese - SWSLHD fourth highest childhood overweight and obesity rate in the state (26%, compared to 22% for NSW in 2019-2022) <p>NSW (2022) Obesity rate (24%)</p> <ul style="list-style-type: none"> - SWSLHD: (28%) of adult population self-reported to be obese. <p>NSW (2022) Insufficient Physical activity rate (39%)</p> <ul style="list-style-type: none"> - SWSLHD: (48%) of adult population self-reported insufficient physical activity <p>NSW (2022) Recommended daily consumption of Vegetables (4.4%)</p> <ul style="list-style-type: none"> - SWSLHD: (2.9%) of adult population self-reported recommended daily consumption of vegetables <p>NSW (2022) Recommended daily consumption of Fruit (38%)</p> <ul style="list-style-type: none"> - SWSLHD: (32%) of adult population self-reported recommended daily consumption of fruit <p>NSW (2022) Alcohol consumption at levels posing long-term risk to health (32%)</p> <ul style="list-style-type: none"> - SWSLHD: (23%) of adult population self-reported alcohol consumption at levels posing long-term risk to health

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		<p>NSW Potentially Preventable Hospitalisations (PPH) (2021/22) (1,719 per 100,000 population)</p> <ul style="list-style-type: none"> - SWSLHD: similar rate for PPH (1,738 per 100,000 population), compared to NSW. - SWSLHD: highest rate in state for vaccine-preventable conditions (237, compared to 134 per 100,000 population for NSW). - SWSLHD: Cellulitis, UTIs and dental are the top PPH conditions in SWSLHD. <p>Cancer screening participation</p> <p>NSW Annual Bowel cancer screening participation rate 2020-2021 (50-74 years old) (39.5%)</p> <ul style="list-style-type: none"> - SWSPHN: 36.7% -lowest in Liverpool and Campbelltown <p>NSW Biennial breast cancer screening participation rate 2019-2020 (50-74 years old) (50%)</p> <ul style="list-style-type: none"> - SWSPHN: 45% (4th lowest in Australia) - lowest in Liverpool and Bankstown - SWSPHN: pre-COVID-19 pandemic 2nd lowest participation in Australia (48%, compared to 55% for Australia in 2018-2019)
Mental Health	<p>Mental 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 ill health is one of the leading causes of non-fatal burden of disease and injury in Australia.</p>	<p>NSW high or very high psychological distress in adults in 2021 (16.9%)</p> <ul style="list-style-type: none"> - SWSLHD (18.5%) <p>NSW Intentional self-harm hospitalisation rate for 15-24 years old in 2021-22, 238 per 100,000 (371 for females and 115 for males)</p> <ul style="list-style-type: none"> - SWSLHD: 104 per 100,000 population (155 for females and 55 for males). <p>NSW Intentional self-harm hospitalisation rate for Aboriginal people (293 per 100,000 population) compared with non-Aboriginal people (75 per 100,000)</p> <p>NSW Suicide rate in 2021: 10.5 per 100,000 population (15.5 of males and 5.7 for females)</p> <ul style="list-style-type: none"> - SWSLHD: 6.1 per 100,000 population
Maternal Health	<p>Antenatal care (or prenatal care) should commence as early as possible in pregnancy to ensure the best outcomes for the mother and the baby.</p>	<p>NSW Births (2021): 99,316 babies born in NSW to 98, 006 mothers</p> <ul style="list-style-type: none"> - About 15% of NSW mothers giving birth were residents of SWSLHD - SWSLHD: 14,877 babies born in 2021 <p>In 2021, 69.8% of women who gave birth in NSW were born in English speaking countries.</p> <ul style="list-style-type: none"> - SWSLHD: (56.7%) of women who gave birth were born in English speaking countries

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	<p>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 babies.</p>	<p>In NSW (5.1%) of mothers were reported to be Aboriginal or Torres Strait Islander</p> <ul style="list-style-type: none"> - SWSLHD: (2.8%) of mothers were reported to be Aboriginal or Torres Strait Islander <p>NSW Smoking in pregnancy 2021 Aboriginal mothers (39.5%) and non-Aboriginal mothers (6.3%)</p> <ul style="list-style-type: none"> - SWSLHD: Aboriginal mothers (34.5%) <p>NSW First Antenatal visit before 14 weeks of gestation in 2021 (80.1%)</p> <ul style="list-style-type: none"> - SWSLHD (67.4%) <p>NSW First Antenatal visit before 20 weeks of gestation in 2021 - (92.9%)</p> <ul style="list-style-type: none"> - SWSLHD (86.2%) <p>NSW First Antenatal visit before 14 weeks of gestation for Aboriginal mothers in 2021- (78.9%)</p> <ul style="list-style-type: none"> - SWSLHD (73.5%) <p>NSW First Antenatal visit before 20 weeks of gestation for Aboriginal mothers in 2021- (89.1%)</p> <ul style="list-style-type: none"> - SWSLHD (88.8%) <p>6.4% of babies in NSW were low birth weight in 2021 (less than 2,500 grams)</p> <ul style="list-style-type: none"> - SWSLHD (6.9%) <p>In 2021, the perinatal mortality rate in NSW (8.4) per 1,000 births</p> <ul style="list-style-type: none"> - SWSLHD (8.0) per 1,000 births
<p>Diversity and Equity</p>	<p>Access to health services is affected by affordability, physical accessibility, and acceptability of services. Aboriginal population, people from CALD and refugee backgrounds, people from low socioeconomic background, people with mental illness,</p>	<p>Socioeconomically disadvantaged</p> <p>SWSLHD: Lower than average (1000) socioeconomic status of residents indicated by Socioeconomic Indexes for Areas (SEIFA) scores: Fairfield (814), Campbelltown (948), Canterbury-Bankstown (917) and Liverpool (931)</p> <ul style="list-style-type: none"> - Fairfield LGA is the most disadvantaged LGA in the Sydney metropolitan region and the 4th most disadvantaged in NSW <p>In 2021, approximately 4.2% of the total population in NSW identified as Aboriginal</p>

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	<p>people living in regional area and people with disability are among groups which experiencing barriers in accessing health care.</p>	<ul style="list-style-type: none"> - SWSLHD: About 21,727 (2%) of the population identified as Aboriginal and/or Torres Strait Islander. - Large Pacific communities in SWSLHD (19,346) people and (33%) of NSW Pacific communities' population. <p>NSW Overseas born (29.3%) and (23%) in non-English speaking countries</p> <ul style="list-style-type: none"> - In 2021, SWSLHD: (39%) of population were born overseas, predominantly in Vietnam (6%), Iraq (4%), Lebanon (2%) and India (2%). <ul style="list-style-type: none"> - 46% of population reported speaking 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% of people over 65 years of age. - More than 2,500 refugees and humanitarian entrants settle in SWSLHD every year, predominantly in Fairfield and Liverpool LGAs.
<p>Access</p>	<p>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).</p> <p>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</p>	<p>NSW Private health insurance rate (51.5%)</p> <ul style="list-style-type: none"> - Four LGAs: Fairfield (25.6%), Campbelltown, Canterbury-Bankstown (36.3%) and Liverpool (38.5%) have lower rates of private health insurance <p>The national average for bulk billed GP attendances (85.7%)</p> <ul style="list-style-type: none"> - SWSPHN: (96.3%) <p>Proportion of Australian population experienced cost barriers to see specialist, GP, imaging or pathology (7.6%)</p> <ul style="list-style-type: none"> - SWSPHN: 7.1% <p>Proportion of Australian population experienced cost barriers to prescribed medication (7.3%)</p> <ul style="list-style-type: none"> - SWSPHN: (8.9%) <p>Proportion of Australian population experience cost barriers to seeing dentist or hygienist (18.4%)</p> <ul style="list-style-type: none"> - SWSPHN: (18.5%)

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		<p>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%) - SWSPHN: (78.7%)</p> <p>Proportion of patients 45+in Australia who have been involved in a decision about their health care (89%) - SWSPHN: (81%)</p> <p>NSW GP - to - population ratio (1: 911 people) - SWSPHN: (1: 917 people). Significant regional variation from [1 GP: 669 people] in Camden to [1 GP: 1846 people] in Wollondilly LGA.</p>

DISCLAIMER

- This dashboard has been updated with the most up to date data available at 20/12/23.

Data sources: the most available data from the following sources:

1. Australian Bureau of Statistics (ABS) 2022, *Australia's Population by Country of Birth*, ABS, Canberra.
2. ABS 2021, *Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA)*, ABS, Canberra.
3. Australian Institute of Health and Welfare (AIHW) 2023, *Cancer Screening Programs: quarterly data*, AIHW, Canberra.
4. AIHW 2015, *Cardiovascular disease, diabetes and chronic kidney disease—Australian facts: Aboriginal and Torres Strait Islander people 2015*, AIHW, Canberra.
5. AIHW 2023, *Chronic kidney disease: Australian facts*, AIHW, Canberra.
6. AIHW 2023, *Dementia in Australia*, AIHW, Canberra.
7. Centre for Epidemiology and Evidence, 2023, *New South Wales Mothers and Babies 2021*, Sydney, Australia.
8. Cancer Institute NSW, *Detailed statistics: Cancer incidence and mortality*, accessed 7 December 2023, <https://www.cancer.nsw.gov.au/research-and-data/cancer-data-and-statistics/data-available-now/cancer-statistics-nsw/cancer-incidence-mortality-survival/detailed-cancer-incidence-mortality>.
9. Department of Planning and Environment 2022 New South Wales and Local Health District Population Projections.
10. Diabetes Australia, National Diabetes Services Scheme Diabetes Map, accessed 7 December 2023, <https://map.ndss.com.au/#/>.
11. HealthStats NSW 2021, HealthStats, accessed 7 December 2023, <https://www.healthstats.nsw.gov.au/#/home>.
12. South Western Sydney Primary Health Network, South Western Sydney Local Health District 2019, *South West Sydney: Our Health in 2019 An in-depth study of the health of the population now and into the future*, Liverpool, NSW.