

Submission  
No 22

**INQUIRY INTO CURRENT AND FUTURE PROVISION OF  
HEALTH SERVICES IN THE SOUTH-WEST SYDNEY  
GROWTH REGION**

**Organisation:** The Royal Australian and New Zealand College of Psychiatrists  
**Date Received:** 27 March 2020

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The Royal  
Australian &  
New Zealand  
College of  
Psychiatrists

Inquiry into the current and future provision of health services in the South-  
West Sydney Growth Region – March 2020

# Improving the mental health of the community

## Introduction

The NSW Branch ('Branch') of the Royal Australian and New Zealand College of Psychiatrists ('RANZCP') welcomes the opportunity to make this submission to the *Inquiry into the current and future provision of health services in the South-West Sydney (SWS) growth region*.

RANZCP is a membership organisation that trains doctors to be medical specialists in the field of psychiatry, supports and enhances clinical practice, advocates for people affected by mental illness and advises governments on mental health care.

RANZCP has almost 6000 members bi-nationally, including more than 4000 qualified psychiatrists and around 1400 members who are training to be psychiatrists. The RANZCP NSW Branch (NSW Branch) represents more than 1200 Fellows and 400 trainees.

As mental health specialists, psychiatrists are well positioned to provide constructive input into improving outcomes for people with mental health conditions.

## About our submission

In preparing our submission, the Branch consulted with psychiatrists who have extensive knowledge of and experience in planning and running mental health services in the SWS region as well as a deep understanding of mental health issues affecting people living in the area.

Our submission focuses specifically on three terms of reference, namely (c), (d) and (f/g).

## General comments

Before addressing the terms of reference chosen for our submission, we would like to make some general but important points regarding the health needs of current and future populations in the South West Sydney region, and in other parts of the state with similar health, demographic and socio-economic profiles.

The Branch submits it is critically important health services including those for people with mental health conditions, are well-planned and established long-before populations reach their limit. In our view, the mental health system has not benefitted from consistent, integrated and sophisticated service planning; it is characterised by limited demand forecasting, fragmented planning across catchment areas, poor infrastructure planning and piecemeal approaches to previous reforms.

As clinicians with extensive expertise in acute and community mental healthcare, we know all too well that poor planning of mental health services only leads to poorer health outcomes for affected individuals and communities and adverse flow-on effects to other parts of the healthcare system. The message we want to get across here is that service planning is critical to preparing for the range of variables that influence service systems, such as changing and growing demand, and demographic changes. Effective planning is needed to build the evidence base to demonstrate where funding and resources are required.

NSW does not systematically apply a planning model that links service responses to prevalence of mental health problems across defined areas. Nor do we currently link benchmarked levels of provision to expected benefits at a population level. This results in some unevenness in service capacity across the state, particularly for certain outer suburban and rural areas. It also results in many people falling through gaps between services.

This inquiry presents health planners and policymakers the rare opportunity to get things right from the start, to learn from past planning mistakes and address issues such as

prevention and early intervention, to implement best practice service delivery, to move away from crisis driven responses, and to invest in world-class healthcare infrastructure that can meet the demands to 2050 and beyond.

The recent Productivity Commission inquiry and report into mental health in Australia shone a spotlight on current and future challenges within our mental healthcare system and provides a potential roadmap for this Committee to refer to in recommending the kinds of service planning reforms needed for the region in question.

### ***Health, socio-economic and demographic characteristics of the SWS region***

Our Fellows who were consulted on the development of this submission spoke about some of the unique health and socio-economic challenges facing distinct population groups living in the SWS region.

We know the region's population is growing and projected to reach 1.4 million people by 2036 which will rival Western Sydney LHD (see Table 1). It is a region characterised by large and growing numbers of young people and families, as well as older people. It is also a region whose health and socio-economic profiles would, in our view, suggest a high degree of vulnerability and clinical risk.

According to recent health documents produced for SWS, the region is expected to see a significant growth in the older population over the next 10-15 years. The number of people over 65 years of age is expected to increase from 141,764 in 2019 to 251,980 in 2036, an increase of 110,000 people or 78% [1]. The latest data show that in 2016, more than 10,000 people in south west Sydney had dementia and around 20,000 people are expected to have this condition in 2031 [2].

The region has a high proportion of children (21.3%) and young people (13.9%) compared with the state (18.5% and 12.5%, respectively). Health planning reports project these cohorts to increase by 25% over the next 10-15 years putting the region to be one of the youngest in the entire state [3].

It is one of the most culturally and linguistically diverse populations in NSW with a high proportion of people speaking a language other than English at home [4]. It is also an area that accepts a high proportion of new arrivals and refugees [5]. In 2017, almost two thirds of humanitarian entrants and refugees arriving in NSW were living in south west Sydney and almost half of those in Fairfield. There are also areas with high ATSI population (4% Campbelltown in LGA) with their unique health needs.

The socio-economic and demographic profile of the area also has characteristics that correspond to some of the most common causes of mental health problems such high levels of unemployment, social disadvantage and poverty. The Australian Bureau of Statistics Socio-economic Indexes for Areas (SEIFA) indicate that South Western Sydney has some of the poorest communities in the State with Fairfield, Bankstown, Campbelltown and Liverpool

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<sup>1</sup> HealthStat NSW. Population by Local Health District. [Cited 13 March 2020]. Available [http://www.healthstats.nsw.gov.au/Indicator/dem\\_pop\\_lhnmap](http://www.healthstats.nsw.gov.au/Indicator/dem_pop_lhnmap)

<sup>2</sup> South West Sydney Region: Our Health in Brief. July 2019. [Cited 11 March 2020]. Available from <https://www.swsld.health.nsw.gov.au/pdfs/SWS%20Our%20Health%20in%20brief.pdf>

<sup>3</sup> South West Sydney Regional Mental Health and Suicide Prevention Plan: Scoping Paper. (February 2019). [Accessed 12 March 2020] [https://www.swsld.health.nsw.gov.au/planning/content/pdf/Scoping%20Papers/Scoping\\_Paper\\_-\\_SWS\\_Regional\\_Mental\\_Health\\_Plan\\_Feb\\_2019\\_V3.pdf](https://www.swsld.health.nsw.gov.au/planning/content/pdf/Scoping%20Papers/Scoping_Paper_-_SWS_Regional_Mental_Health_Plan_Feb_2019_V3.pdf)

<sup>4</sup> Bankstown LGA (60%), Fairfield LGA (55%) and Liverpool LGA (75%) (compared to the State average of 27.5%)

<sup>5</sup> South West Sydney Region: Our Health in Brief. July 2019. [Cited 11 March 2020]. Available from <https://www.swsld.health.nsw.gov.au/pdfs/SWS%20Our%20Health%20in%20brief.pdf>

being in the ten most disadvantaged LGAs in metropolitan Sydney, with SEIFA scores of 886, 946, 939 and 968 respectively, well below the Australian average of 1,000.

There is a significant concentration of social housing, with 26,244 social housing dwellings across the SWS region. There are an estimated 2,000 people who are homeless or living in insecure housing across and around 2,000 children living in out of home care arrangements [6].

From a mental health perspective, we know that around half the (Australian) population will experience some form of mental health condition in their lifetime [7]. In respect of the SWS region, we know residents report high or very high levels of psychological distress compared with the rest of NSW, with women reporting higher levels of distress than men [8]. We also know that Aboriginal people are twice as likely to be hospitalised for mental health disorders [9].

While self-harm and suicide rates are lower than the state average, suicide is the leading cause of death for 15 to 24-year-olds people in this region [10]. In a related sense, there has also been a large increase in the number of child and adolescent mental health presentations in south western Sydney over the last 5 years. Over 50% were for self-harm and suicidal behaviour [11]. The SWSLHD has the second largest number of children in out-of-home care comprising and children at risk of harm (see Table 6)

According to NSW Health's most recent health needs assessment report, drug and alcohol use, and schizophrenia and delusional disorders were the two most common mental health conditions requiring overnight hospitalisation. In 2015–16, drug and alcohol related hospitalisations represented 22% of all mental health hospitalisations and 11.6% of all mental health bed days in SWS [12].

In relation to justice matters, around 20% of all offenders resided in Sydney and South Western Sydney prior to custody, with Aboriginal people disproportionately represented [13].

## Terms of Reference

### **(C) The need for and feasibility of a future hospital located in the South-West Sydney Growth Region to service the growing population as part of the Aerotropolis land use plan**

With the population in SWS projected to increase by nearly 40% in the next 15 years from just over 1 million people to 1.4 million, there is no question this region will need another hospital to service the healthcare needs of this community. The data in Table 1 shows that SWS and Western Sydney LHDs combined will add another 800,000 people over the next 15 years. To put this growth into perspective, the SWS region alone is likely to add a city the size of Newcastle or Wollongong to its existing population.

<sup>6</sup> South Western Sydney Local Health District Mental Health Strategic Plan 2015 – 2024. July 2015. [Cited 11 March 2020]. [https://www.swslhd.health.nsw.gov.au/pdfs/SWSLHD\\_MentalHealth\\_StrategicPlan2015-2024.pdf](https://www.swslhd.health.nsw.gov.au/pdfs/SWSLHD_MentalHealth_StrategicPlan2015-2024.pdf)

<sup>7</sup> Australian Bureau of Statistics. National Survey of Mental Health and Wellbeing: Summary of Results. 2009. 4326.0, 2007. Canberra. [Cited 11 March 2020]. Available from <https://www.abs.gov.au/ausstats/abs@.nsf/mf/4326.0>

<sup>8</sup> Ibid

<sup>9</sup> Ibid

<sup>10</sup> Ibid

<sup>11</sup> Ibid

<sup>12</sup> Ibid

<sup>13</sup> South Western Sydney Local Health District Strategic & Healthcare Services Plan Strategic Priorities in Health Care Delivery to 2021. (November 2013). [Cited 13 March 2020]. Available from <https://www.swslhd.health.nsw.gov.au/planning/content/pdf/Strategic%20Priorities%20in%20Healthcare%20Delivery%20to%202021%20-%20Final%20Plan%20with%20Cover.pdf>

There is a long history of important services and infrastructure being built in Western Sydney long after people moved into the area. The construction of Sydney's second international airport at Badgery's Creek and the 40% rise in (projected) population in the next 15 years is likely to create significant challenges for existing health services for the surrounding Penrith and Camden corridor.

In our view, the fundamental challenge for SWS region is in crafting a healthcare system that can meet the increased demands from population growth and ageing and improves health outcomes, that is responsive, timely and appropriate, draws on best practice models of care and enhancing capacity across all aspects of healthcare provision, including infrastructure, that ensures new and innovative ways of health care prevention and treatment are provided, that services contribute to the identification of best practice; that health services work collaboratively across disciplines, with patients, carers, families, communities and service and government sectors, and ultimately achieves better health for the community.

### Recommendation 1

The NSW Branch believes there are strong grounds for a new hospital to be built to service the healthcare needs of the population in and around the SWS growth region. As noted, the population in this area is expected to increase by an additional 250,000 people in the next 15 years. The NSW Branch therefore recommends one be built in parallel with the construction of the airport along with the commissioning of community-based services in line with Recommendation 2.

### **(D) An investigation into the availability and shortfall of mental, community and allied health services in the South-West Sydney Growth Region**

When we spoke to our Fellows about the need for another hospital in SWS, they all said the region needed more health funding and more health services to cater for the high and rapid growth in population and resultant health issues. This will inevitably include a new hospital that provides a full scope of services, including ambulatory care, in and around new airport and adjacent area. A new hospital itself, while critical, will not suffice to address the health needs of the community it serves. In our view, there needs to be corresponding expansion of community-based mental healthcare services in the area that can provide continuity of care to patients leaving hospital, care to people for whom hospitalisation is not needed, active follow up for at risk groups, trauma-informed care, and a range of wrap-around services provided by the community managed sector such as supported accommodation, case-management etc.

We know the population in this region will grow significantly over the next 10-15 years and that such growth will inevitably drive demand for healthcare. According to health planning experts and Branch Fellows, this increased demand builds from an existing deficit in capacity available to meet current demands, which for inpatient care is reflected in SWSLHD's occupancy rates as the highest of any LHD, well above the benchmark of 85% and approaching 100% [14]. According to our Fellows, these capacity deficits extend to a paucity of private healthcare provision in SWSLHD, in private hospital beds, in private specialists in practice (including psychiatrists), in general practitioner availability in some regions and in private allied health services.

In more specific terms, our Fellows report the following shortfall in mental health and related healthcare services:

- Alcohol and other drug health services in SWSLHD are less developed than those in SLHD, with a small, specialised workforce. There is an increasing number of people with psychosis related to drug misuse presenting to emergency departments (such as methamphetamine – see Table 5). They are then difficult to treat.
- The birth rate in SWSLHD is high, resulting in high demand for perinatal mental health care and support (see Table 4)
- The region has a large and growing number of older people, a significant proportion of whom have dementia and long-standing mental illness issues.
- The SWSLHD is under-resourced to provide community based mental health services including trauma-informed practice when compared to existing benchmarks. Due to current levels of demand and poor staffing profiles, emergency response teams are not able to respond quickly enough to meet the needs of people having an acute episode, resulting in inappropriate utilisation of emergency departments. There is also insufficient community-based services to meet demand, particularly to prevent the need for hospitalisation.
- People in many parts of this region are required to travel great distances to access health services or face lengthy delays whether for surgery or at the emergency department.
- There are a large number of humanitarian new entrants and refugees in the region who have underlying complex trauma who require specialised interventions.

### **Recommendation 2**

Given what we know today about mental illness, the effectiveness of treatments, models of care, etc, we believe we have the rare opportunity with the planned infrastructure in SWS growth area to get the right mix of (mental) healthcare services in place in parallel with (not after) not after communities taking shape. A piecemeal approach to service delivery is likely to see many people miss out on essential care and downstream system pressures. As such, we recommend the Committee include in its report to government a recommendation advocating for funding for a broad range of integrated hospital and community-based mental health services to meet current and future health care needs of people in the SWS region, and for the development of policies to ensure collaboration between public and private mental health services.

### **(F) A comparison of the staffing allocations at health services and hospitals between the South-West Sydney Growth Region and other local health districts across metropolitan Sydney since 2011**

### **(G) An investigation into the health workforce planning needs of the South-West Sydney Growth Region to accommodate population growth to 2050**

In Table 1 we have provided a breakdown of the psychiatry workforce across NSW by Local Health Districts. What it shows is areas like SWS and Western Sydney have one of the lowest number of psychiatrists per 100,000 population in the public system, 6 per 100,000 compared 9 per 100,000 in NSW overall. As shown, more than half work as Visiting Medical Officers.

It is well-established that the geographic distribution of psychiatrists tends to be more concentrated in major population centres than in outer metropolitan areas such as SWS.

Pay, working conditions and lack of flexible work practices are some of the main reasons for this problem.

In our submission we noted that there are shortages of psychiatrists in certain sub-specialties, such as child and adolescent psychiatrists, addiction and perinatal, specialisations we would regard as essential for SWS given its demographic and socio-economic profile.

It is hard to recruit psychiatrists anywhere in the public sector currently, but this is amplified in SW Sydney. Issues are complex but include lack of flexibility in NSW Government awards and no capacity to provide incentives in hard to recruit to locations, like the growth regions.

In our submission to the Productivity Commission inquiry into mental health, we said the current mental health workforce is insufficient to meet demand and that more resources were needed for planning, recruiting and retaining the required workforce. This will involve targeted measures to fill current gaps in the workforce, as well as a broad strategy underpinning the growth of the mental health workforce generally.

### **Recommendation 3**

NSW Health, with input from our Branch, is working on a psychiatry workforce plan to support a sustainable psychiatry workforce and to meet the needs of people living with a mental illness and their families. We should like to recommend that the Committee note this work and support its implementation once completed.



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<b>Table 1 - Current and projected population, number of public sector psychiatrists per 100,000 by LHD<sup>15</sup></b>											
LHD	2019	2036	Change	% + or -	Admissions mental disorders 2017-18	# Suicide (rate per 100,000) <sup>16</sup>	# of public sector psychiatrists (headcount) as July 2019 <sup>17</sup>			Psychiatrist per population size	Per 100,000 population 2019
							Staff specialists	VMOs	Total		
<b>City/metropolitan areas</b>											
<b>Sydney</b>	686,694	895,790	209,096	30%	16,000	54 (7.7)	71	5	76	9,035	11
<b>Northern Sydney</b>	945,497	1,121,810	176,313	19%	21,103	49 (7.3)	71	17	88	10,744	9
<b>South Eastern Sydney</b>	947,829	1,124,960	177,131	19%	17,058	97 (9.8)	60	8	68	13,939	7
<b>South Western Sydney</b>	1,019,985	1,402,810	382,825	38%	13,701	84 (8.6)	29	34	63	16,190	6
<b>Western Sydney</b>	1,027,226	1,482,480	455,254	44%	17,585	56 (5.8)	59	5	64	16,050	6
<b>Total</b>	<b>4,627,231</b>	<b>6,027,850</b>	<b>1,400,619</b>	<b>30%</b>	<b>85,447</b>	<b>340</b>	<b>290</b>	<b>69</b>	<b>359</b>	<b>12,889</b>	<b>7.75</b>
<b>Regional and rural areas</b>											
<b>Far West</b>	30,060	27,780	-2,280	-8%	500	NA	0	8	8	3,758	26 <sup>18</sup>
<b>Southern NSW</b>	214,124	250,170	36,046	17%	2,330	35 (16.1)	0	20	20	10,706	9
<b>Mid North Coast</b>	223,355	251,910	28,555	13%	4,513	35 (15.1)	5	15	20	11,168	9
<b>Murrumbidgee</b>	243,309	244,740	1,431	1%	2,872	48 (21.5)	0	21	21	11,586	9
<b>Western NSW</b>	283,615	301,690	18,075	6%	3,577	38 (13.8)	4	41	45	6,303	16
<b>Northern NSW</b>	306,903	344,060	37,157	12%	3,167	49 (17.6)	8	18	26	11,804	8
<b>Central Coast</b>	348,472	415,060	66,588	19%	8,498	41 (11.9)	14	13	27	12,906	8
<b>Nepean Blue Mountains</b>	385,180	466,660	81,480	21%	8,959	50 (13.6)	17	10	27	14,266	7
<b>Illawarra Shoalhaven</b>	416,091	471,700	55,609	13%	7,139	51 (13.1)	18	18	36	11,558	9
<b>Hunter New England</b>	942,374	1,063,870	121,496	13%	18,717	154 (16.5)	46	20	66	14,278	7
<b>Total</b>	<b>3,393,483</b>	<b>3,837,640</b>	<b>444,157</b>	<b>13%</b>	<b>60,272</b>	<b>501</b>	<b>112</b>	<b>184</b>	<b>296</b>	<b>11,464</b>	<b>9.4</b>
<b>Justice</b>	NA	NA	NA	NA	NA	NA	43	19	62	NA	NA
<b>Sydney Children's Network</b>	NA	NA	NA	NA	NA	NA	15	5	20	NA	NA
<b>Grand total</b>	<b>8,022,733</b>	<b>9,867,526</b>	<b>1,844,793</b>	<b>23%</b>	<b>145,719</b>	<b>868<sup>19</sup> (10.1)</b>	<b>460</b>	<b>277</b>	<b>737</b>	<b>10885</b>	<b>9.2</b>

<sup>15</sup> NSW HealthStats Population by Local Health District [Accessed 10 March 2020] Available at [http://www.healthstats.nsw.gov.au/Indicator/dem\\_pop\\_lhnmap](http://www.healthstats.nsw.gov.au/Indicator/dem_pop_lhnmap)

<sup>16</sup> NSW Suicides 2017, HealthStats NSW, [Accessed 10 March 2020] [http://www.healthstats.nsw.gov.au/Indicator/men\\_suidth/men\\_suidth\\_lhn](http://www.healthstats.nsw.gov.au/Indicator/men_suidth/men_suidth_lhn)

<sup>17</sup> Figures provided by NSW Health, Hospitalisation by category of cause [Accessed 10 March 2020] Available at [http://www.healthstats.nsw.gov.au/Indicator/bod\\_hos\\_cat/bod\\_hos\\_cat\\_lhn\\_snap](http://www.healthstats.nsw.gov.au/Indicator/bod_hos_cat/bod_hos_cat_lhn_snap)

<sup>18</sup> Assumes a population of 100,000 people.

<sup>19</sup> 8 were not stated

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**Table 2 - Hospitalisation by mental health disorder<sup>20</sup>**

Year	South Western Sydney LHD	Rate per 100,000	Total NSW	Rate per 100,000
2009-10	7,402	2.9	99,182	4.2
2010-11	8,233	3.1	104,676	4.3
2011-12	8,798	3.2	113,869	4.5
2012-13	10,129	3.5	120,306	4.7
2013-14	9,891	3.3	127,179	4.8
2014-15	11,217	3.6	128,776	4.7
2015-16	11,887	3.6	132,469	4.7
2016-17	12,511	3.7	140,577	4.8
2017-18	13,713	3.9	148,645	5
2018-19	14,709	4	156,204	5.1

**Table 3 – Self-harm and suicide rates<sup>21</sup>**

Year	Self-harm				Suicides			
	South Western Sydney		All LHDs		South Western Sydney		All LHDs	
	15-24	All ages	15-24	All ages	Number	Rate 100,000	Number	Rate 100,000
2008	180	676	1,390	5,539	61	7.4	605	8.6
2009	204	751	1,577	5,896	67	8.2	632	8.8
2010	188	701	1,521	5,669	63	7.7	657	9.1
2011	166	631	1,707	6,096	63	7.4	627	8.5
2012	203	785	2,002	6,851	67	7.4	762	10.3
2013	186	754	2,221	7,181	64	7.4	705	9.3
2014	218	801	2,242	7,489	78	8.7	825	10.8
2015	238	794	2,372	7,828	84	9.1	833	10.8
2016	238	769	2,430	8,063	97	6.9	795	10.2
2017	168	623	2,322	7,236	84	8.6	868	10.1

<sup>20</sup> HealthStats NSW. Hospitalisation by cause. [Cited 13 March 2020]. Available from [http://www.healthstats.nsw.gov.au/Indicator/bod\\_hos\\_cat/bod\\_hos\\_cat\\_lhn\\_snap](http://www.healthstats.nsw.gov.au/Indicator/bod_hos_cat/bod_hos_cat_lhn_snap)

<sup>21</sup> NSW Suicides 2017, HealthStats NSW, [Accessed 10 March 2020] [http://www.healthstats.nsw.gov.au/Indicator/men\\_suidth/men\\_suidth\\_lhn](http://www.healthstats.nsw.gov.au/Indicator/men_suidth/men_suidth_lhn)

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**Table 4 – social, demographic and health profiles (A score of less 1000 indicates relative economic disadvantage)<sup>22</sup>**

LHD/Region	SEIFA <sup>23</sup>	Births (2015/16)	Psychological (ASR)	distress	CALD	Target group
Western Sydney	980	14,667	12.2		326,000	59
South Sydney <sup>2425</sup> Western	811	13,750	14		425,000	55
Northern Sydney	1090	10,804	NA		200,257	43
Sydney	1006	8,345	10.2		227,530	33
Central coast	980	3,816	10.1		17,996	15
Hunter-New England	950	10,690	12.6		63,000	43
South-Eastern Sydney	1041	11,318	12		464,870	45
Illawarra-Shoalhaven	954	4,534	12.0		34,000	18
<b>All-LHDs/NSW</b>	<b>976<sup>26</sup></b>	<b>97,306</b>	<b>11.1</b>		<b>1,569,660</b>	<b>389</b>

**Table 5 - Number and trends in incidents of possess/use amphetamines recorded by the NSW Police Force by Statistical Area (each period is from April to March)**

Region	2007 - 2008	2008 - 2009	2009 - 2010	2010 - 2011	2011 - 2012	2012 - 2013	2013 - 2014	2014 - 2015	2015 - 2016	2016 - 2017
<b>Total Greater Sydney</b>	1356	1327	1322	1979	2482	3214	3393	4683	5687	5614
<b>Total Regional NSW</b>	856	868	709	1030	1300	1800	1985	2897	3845	3977
<b>Prisons</b>	48	44	23	31	59	63	68	113	129	176
<b>NSW</b>	<b>2260</b>	<b>2239</b>	<b>2054</b>	<b>3040</b>	<b>3841</b>	<b>5077</b>	<b>5446</b>	<b>7693</b>	<b>9661</b>	<b>9767</b>

NSW Recorded Crime Statistics April 2007 to March 2017

<sup>22</sup> NSW Branch RANZCP 2019 Pre Budget Submission (November 2018). [Cited 13 March 2020]. Available from [https://www.ranzcp.org/files/resources/submissions/ranzcp-nsw-branch-pre-budget-submission-2019-20\\_fi.aspx](https://www.ranzcp.org/files/resources/submissions/ranzcp-nsw-branch-pre-budget-submission-2019-20_fi.aspx)

<sup>23</sup> The ABS Socio-economic Indexes for Areas (SEIFA) is a summary indicator of economic disadvantage across a defined geographical area. A score below 1000 usually an indicator of poorer health outcomes for the region

<sup>24</sup> South Western Sydney Local Health District Strategic Plan (no date). [Cited 13 March 2020] <https://www.swslhd.health.nsw.gov.au/pdfs/2018-StratPlan.pdf>

<sup>25</sup> South Western Sydney Local Health Strategic and Healthcare Services Plan: Strategic Priorities in Health Care Delivery to 2021(November 2013) [Cited 13 March 2020]. Available at [https://www.swslhd.health.nsw.gov.au/pdfs/SWSLHD\\_Strategic\\_Priorities\\_to\\_2021.pdf](https://www.swslhd.health.nsw.gov.au/pdfs/SWSLHD_Strategic_Priorities_to_2021.pdf)

<sup>26</sup> ABS SEIFA Scores by LGA (2016) [Cited 13 March 2020]. Available at [http://stat.data.abs.gov.au/Index.aspx?DataSetCode=ABS\\_SEIFA\\_LGA](http://stat.data.abs.gov.au/Index.aspx?DataSetCode=ABS_SEIFA_LGA)

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LHD	OOHC	Risk of harm
Central Coast	1451	10,333
Far West	100	1,853
Hunter New England	3327	26,505
Illawarra Shoalhaven	1213	10,559
Mid North Coast	851	10,229
Murrumbidgee	958	10,859
Nepean Blue Mountains	1938	12,075
Northern NSW	868	8,567
Northern Sydney	203	5,123
South Eastern Sydney	842	5,871
<b>South Western Sydney</b>	<b>2132</b>	<b>17,171</b>
Southern NSW	463	4,851
Sydney	246	5,559
Western NSW	1475	12,841
Western Sydney	949	12,786
<b>Total</b>	<b>17016</b>	<b>128,704</b>

<sup>27</sup> Improving the lives of young people. Family and Community Services Dashboard [Cited 17 March 2020]