

Western Sydney Joint Regional Needs Assessment

Pre-reading pack – All needs summaries

Introducing the 2025-28 Joint Regional Needs Assessment

The vision of the NSW PHN-NSW Health Joint Statement for NSW healthcare systems is to work collaboratively as one health system to deliver equitable and person-centred healthcare.

The Joint Statement is a collaboration agreement between NSW Health, PHNs and the Primary Care Division of DHDA to address three key priority areas:



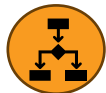
Priority Area 1

Focusing on Care in the Community.



Priority Area 2

Establishing Regional Planning Processes & Governance.



Priority Area 3

Data & Outcome.

*2025-28 Joint Regional Needs Assessment (JRNA)
sits within Priority Area 2.*

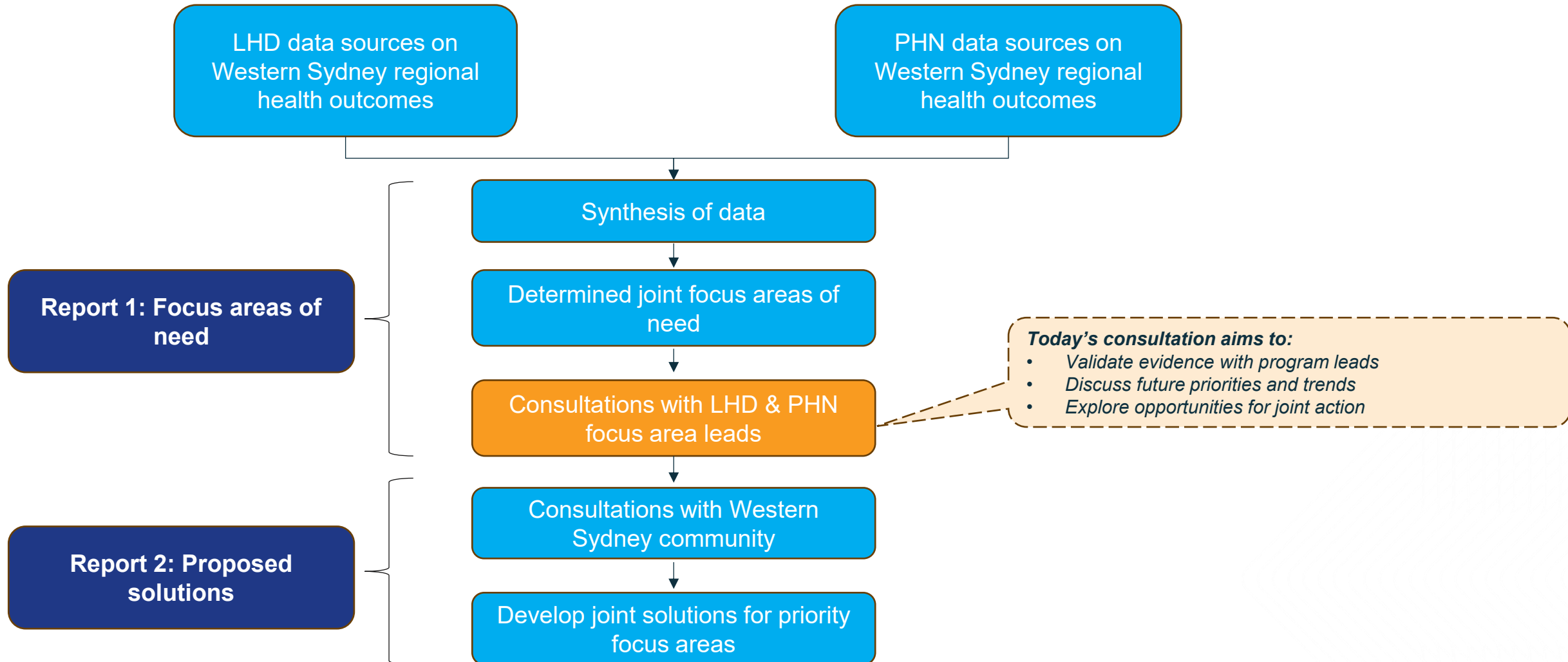
Joint Regional Needs Assessment Aims

The Western Sydney JRNA involves a collaboration between the Western Sydney LHD and Western Sydney PHN to:

- Identify and prioritise focus areas of need in the region that can be addressed through joint action.
- Develop collaborative solutions for focus areas of need.

Methodology

Steps taken in the development of the Joint Regional Needs Assessment (JRNA).



Chronic Condition – Cardiovascular Diseases

This focus area is addressed by both the WSPHN and WSLHD

Key questions	Western Sydney	NSW (comparison to Western Sydney)
What is the size of the need?	In 2021, the prevalence rate of cardiovascular disease in Western Sydney was 355.0 per 10,000 people (including heart disease and stroke).	In 2021, cardiovascular disease prevalence was higher in NSW at 478.7 per 10,000 people (including heart disease and stroke).
What is the most pressing concern within this area of need?	- In 2022–23, the cardiovascular disease (CVD) hospitalisation rate in the region was 1,649.1 per 100,000 people with Coronary heart disease (CHD) and cerebrovascular disease accounting for most CVD-related hospitalisations (486.3 and 280.0). - In 2022, the CVD mortality rate was 116.9. Among CVD deaths, coronary heart disease was the leading cause of mortality, with a rate of 49.4. Meanwhile, the death rate for cerebrovascular disease was 25.2.	- In 2022-23, cardiovascular disease (CVD) hospitalisations were higher in NSW at 1,756.1 per 100,000 people. A higher rate of CHD hospitalisations was also recorded in NSW at 491.0. However, cerebrovascular disease hospitalisations were lower at 259.2. - In 2022, NSW recorded higher rates of CVD and Cerebrovascular disease deaths (125.6 and 27.9), but slightly lower rates of Coronary heart disease deaths (48.7).
Western Sydney focus only		
What, if any, groups in the region are disproportionately affected?	- Between 2013-2014 and 2022-23, males consistently recorded higher CVD hospitalisation rates than females in the region. In 2022–23, the CVD hospitalisation rate for males was substantially higher than that for females (2,096.6 vs 1,235.4 per 100,000 people). Males in Western Sydney also recorded higher hospitalisation rates than females for CHD (740.9 vs 248.2) and cerebrovascular disease (335.2 vs 227.9). - In 2022, mortality rates were higher among males than females per 100,000 people due to CVD (136.3 vs 97.8), CHD (66.6 vs. 34.0) and cerebrovascular disease (26.5 vs. 23.5).	
Which LGA/s in the region is most affected?	- In 2022–23, Blacktown recorded the highest cardiovascular disease (CVD) hospitalisation rate in the region, at 1,799.1 per 100,000 people, closely followed by The Hills Shire at 1,781.9. Blacktown also had the highest hospitalisation rate for coronary heart disease (CHD) at 550.8, exceeding the NSW rate of 491.0. Meanwhile, The Hills Shire recorded the highest hospitalisation rate for cerebrovascular disease at 325.0, compared with 259.2 across NSW. - In 2022, Blacktown recorded the highest CVD mortality rate in the region, at 137.5. It also had the highest CHD mortality rate, at 64.3, exceeding both the regional (49.4) and NSW (48.7) rates.	

Source:

WSPHN Needs Assessment 2025-28

WSLHD Epidemiological Profile October 2025 – Data extracted from Social Health Atlas

Chronic Condition - Diabetes

This focus area is addressed by both the WSPHN and WSLHD

Key questions	Western Sydney	NSW (comparison to Western Sydney)
What is the size of the need?	In 2021, the prevalence rate of diabetes in Western Sydney was 516.8 per 10,000 people (excluding gestational diabetes)	In 2021, the prevalence rate of diabetes was lower in NSW than in Western Sydney, at 478.7 per 10,000 people (excluding gestational diabetes).
What is the most pressing concern within this area of need?	- In 2022-23, hospitalisations for diabetes in the region was 4059.8 per 100,000 people. - However, this was primarily driven by hospitalisations for diabetes as a co-morbidity at 3,933.1. - In 2022-23, hospitalisations for diabetes as a principal diagnosis was 126.7.	- In 2022-23, total hospitalisations for Diabetes was lower in NSW at 3,579.1 per 100,000 people. - In 2022-23, hospitalisations for diabetes as a comorbidity was also lower in NSW at 3,433.9. - In 2022-23, hospitalisations for Diabetes as a principal diagnosis was higher in NSW at 145.2.
Western Sydney focus only		
What, if any, groups in the region are disproportionately affected?	In 2022–23, males in the region recorded higher hospitalisation rates for all diabetes than females (4,324.3 vs 3,874.4 per 100,000 people). Males also recorded higher rates of hospitalisations than females for diabetes as a comorbidity (4,163.6 vs 3,778.0) and as a principal diagnosis (160.7 vs 96.3).	
Which LGA/s in the region is most affected?	In 2022–23, Blacktown recorded the highest hospitalisation rates for all diabetes in the region at 4,816.2 per 100,000 people. This LGA also had the highest rates of hospitalisations for diabetes as a comorbidity (4,654.7) and diabetes as a principal diagnosis (161.5). These rates were higher than in both Western Sydney overall and NSW.	

Source:

WSPHN Needs Assessment 2025-28

WSLHD Epidemiological Profile October 2025 – Data extracted from Social Health Atlas

Chronic Condition – Respiratory Diseases

This focus area is addressed by both the WSPHN and WSLHD

Key questions	Western Sydney	NSW (comparison to Western Sydney)
What is the size of the need?	In 2021, the prevalence rate of respiratory diseases (including asthma and lung conditions) in Western Sydney was 595.8 per 10,000 people.	In 2021, prevalence of respiratory diseases (including asthma and lung conditions) was higher in NSW at 820.6 per 10,000 people.
What is the most pressing concern within this area of need?	- In 2022–23, the hospitalisation rate for respiratory diseases in the region was 1,538.8 per 100,000 people. Meanwhile, asthma hospitalisations in the region was 131.2. - In 2022, the mortality rate for respiratory diseases was 39.3 in the region	- In 2022-23, hospitalisation rates for respiratory disease was similar in NSW (1,538.4 per 100,000 people), while asthma hospitalisations were lower (108.9) - In 2022, the mortality rate for respiratory diseases was higher in NSW (42.2).
Western Sydney focus only		
What, if any, groups in the region are disproportionately affected?	- In 2022–23, males recorded higher hospitalisation rates for respiratory diseases than females (1,721.9 vs 1,369.1 per 100,000 people) in the region. Males also recorded higher respiratory disease mortality rates than females (46.4 vs. 33.6). - In contrast, asthma hospitalisation rates were slightly higher among females (133.3) than males (127.6) in the region.	
Which LGA/s in the region is most affected?	- In 2022–23, Blacktown recorded the highest hospitalisation rate for respiratory diseases in the region, at 1,647.5, followed by The Hills Shire at 1,589.9. Both LGAs recorded rates above the regional and NSW averages (1,538.8 and 1,538.4). - In 2022, Blacktown also recorded the highest rates of mortality due to respiratory disease at 48.6. These rates were higher than the regional and NSW averages (39.3 and 42.2). - In 2022-23, Cumberland recorded the highest rates of hospitalisations for asthma at 170.7, well above both the regional and NSW rates.	

Source:

WSPHN Needs Assessment 2025-28

WSLHD Epidemiological Profile October 2025 – Data extracted from Social Health Atlas

Cancer including screening

This focus area is addressed by both the WSPHN and WSLHD

Key questions	Western Sydney	NSW (comparison to Western Sydney)
What is the size of the need?	In 2021, the prevalence rate of cancer in Western Sydney was 184.2 per 10,000 people.	In 2021, the cancer prevalence rate was higher in NSW at 280.3 per 10,000 people.
What is the most pressing concern within this area of need?	- In 2022–23, hospitalisation rates were highest for prostate (260.6 per 100,000 people) and breast (177.6) cancer in the region. - In 2022, mortality rates were highest for lung (24.8) and prostate (19.1) cancer, followed by breast (16.5) cancer. Screening: - In 2023–24, the breast cancer screening participation rate in the region was 43.1%, - Between 2019-2020 and 2023-24, bowel cancer screening among residents aged 50-74 years declined from 37.7% to 35.0%. - Between 2018 and 2021, cervical cancer screening participation was 55.4% in Western Sydney. Note: Unable to report on lung cancer screening due to data availability	- In 2022-23, hospitalisations for prostate (303.7) and breast (190.1) cancer was higher in NSW than in the region, - In 2022, cancer mortality was slightly higher in NSW than in the region for lung (25.7), prostate (22.2) and breast (18.0) cancer. Screening: - In 2023-24, the breast cancer screening participation rate was higher in NSW at 51.6%. - Between 2019-20 and 2023-24, bowel cancer screening rates among NSW residents aged 50-74 years also declined but remained higher than in Western Sydney (41.6% to 40.0%). - Between 2018 and 2021, cervical cancer screening rates was higher in NSW (67.2).
Western Sydney focus only		
What, if any, groups in the region are disproportionately affected?	- Breast cancer mortality was highest among women in the region aged 70-79 years (57.6) but was lower than in NSW (73.3). Meanwhile, lung cancer mortality was highest among men (30.8) than women (19.9). These rates were lower than in NSW (31.8 and 20.6). Screening: Between 2018 and 2021, the greatest gap in cervical screening rates was among people aged 25-29 years in Western Sydney and NSW (52.2% vs. 76.3%), with a difference of 24.2%.	
Which LGA/s in the region is most affected?	- In 2022-23, The Hills Shire had the highest rates of hospitalisations for prostate (377.9) and breast (239.1) cancer in the region. Meanwhile, Blacktown and Parramatta had the highest rates of lung cancer hospitalisations (49.9). - In 2022, The Hills shire had the highest mortality rates attributed to prostate (27.9) and breast (20.1) cancer. During the same period, Blacktown had the highest rates of lung cancer deaths (36.7). Screening: In 2023-24, breast cancer screening among the target group of women (aged 50-74 years) was lowest in Blacktown (40.4%), much lower than the regional and state average of 43.1% and 51.6%, respectively.	

Source:

WSLHD Epidemiological Profile October 2025 – Data extracted from Social Health Atlas

AIHW National Bowel Cancer Screening Program: Monitoring report 2026 Supplementary Tables - Table S3.6

Detailed statistics: Cancer incidence and mortality | Cancer Institute NSW

Mental Health

This focus area is addressed by both the WSPHN and WSLHD

Key questions	Western Sydney	NSW (comparison to Western Sydney)
What is the size of the need?	- In 2021, the prevalence rate of mental health conditions in Western Sydney was 497.2 per 10,000 people. Furthermore, 16.5% of people in the region were living with a mental health condition diagnosed in the last 12-months. - In 2023, 35.9% of residents in the region recorded high or very high psychological distress.	- In 2021, the prevalence of mental health conditions was higher in NSW, at 765.3 per 10,000 people. Additionally, a higher proportion of people in NSW were living with a mental health condition diagnosed in the last 12-months (19.5%). - In 2023, a slightly greater proportion of NSW residents recorded high or very higher psychological distress (36.4%).
What is the most pressing concern within this area of need?	- In 2022-23, mental health conditions accounted 7.2% (17,492) of chronic conditions related hospitalisations in the region and 9.6% of deaths (435). Furthermore, between 2021-22 and 2023-24, emergency department presentations related to mental health gradually increased (64.9 to 69.0 per 10,000 of the population). - Between 2020 and 2022, 113.0 per 1,000 people had at least one in-person mental health consultation, while 38.4 had at least one digital consultation. - In 2022, the rate of FTE mental health nurses, occupational therapists and psychologists in the region was 73.7, 5.2 and 90.9. Meanwhile rates for these roles in a clinical setting were 73.6, 4.8 and 79.8.	- No equivalent NSW data available for hospitalisations and ED presentations - In 2022, NSW had higher rates of FTE mental health nurses (84.9), mental health occupational therapists (7.1) and psychologists (110.5). - NSW also had higher rates of clinical mental health nurses (84.9), mental health occupational therapists (6.1) and psychologists (81.2) than in Western Sydney
Western Sydney focus only		
What, if any, groups in the region are disproportionately affected?	- In 2022-23, mental health related hospitalisations per 100,000 people was greater among women than men (2,028.7 vs. 1,368.2). Furthermore, mental health consultations per 1,000 people was almost twice as high among women than men for both in-person (146.9 vs. 79.5) and digital (48.5 vs. 28.4) consultations. - Mental health service utilisation in the region was greatest among residents aged 16-24 years (193.2 in person; 78.8 digital per 1,000 people) and declined with age. Note: The JRNA does not report on First Nations mental health hospitalisations or service utilisation. However, new mental health related cases (incidence) were one and a half times greater among First Nations than non-Indigenous residents in the region (2,205.8 vs 1325.8 per 100,000 people).	
Which LGA/s in the region is most affected?	Note: The JRNA does not report on hospitalisations or service utilisation by LGA. However, Blacktown had the highest prevalence of mental health conditions (564.1 per 100,000 people) of all LGAs.	

Source:

WSPHN Needs Assessment 2025-28

WSLHD Epidemiological Profile October 2025 – Data extracted from Social Health Atlas

Suicide and intentional self-harm

This focus area is addressed by both the WSPHN and WSLHD

Key questions	Western Sydney	NSW (comparison to Western Sydney)
What is the size of the need?	- In 2022-23, 1 in 10 regional residents aged 16-85 years had experienced suicidal thoughts or behaviours in their life (10.6%), while 2.7% reported experiencing these thoughts in the last 12-months to 2023. - Additionally, 6.6% of regional residents aged 16-85 years reported engaging in self-harm behaviours in their lifetime, while 1.4% reported this occurring in the last 12-months.	- NSW recorded slightly higher rates of residents 16-85 years experiencing suicidal thoughts or behaviours in their life (13.7%) and those reporting these thoughts in the last 12-months (2.9%). - NSW also recorded slightly higher rates of self-harm behaviours in NSW both in a lifetime (7.8%) and within the last 12-months (1.5%).
What is the most pressing concern within this area of need?	In 2022-23, the rate of self-harm hospitalisations in the region was 49.3 per 100,000 people. Meanwhile, the rate of deaths by suicide in 2022 was 8.7. Note: the JRNA does not report on service utilisation for suicidal ideation.	In 2022-23, the rate of self-harm hospitalisations in NSW and deaths by suicide was higher in NSW (75.1 and 10.7).
Western Sydney focus only		
What, if any, groups in the region are disproportionately affected?	In 2022-23, women recorded higher rates than men in self harm hospitalisations (63.3 and 36.7 per 100,000 people), but men recorded higher rates of deaths by suicide than women (13.9 and 3.6).	
Which LGA/s in the region is most affected?	In 2022-23, Parramatta recorded the highest rates of self-harm hospitalisations (65.0 per 100,000 people), closely followed by Blacktown (61.5). Meanwhile, Blacktown recorded the highest rates of deaths by suicide (9.7) compared to other LGAs.	

Source:

WSPHN Needs Assessment 2025-28

WSLHD Epidemiological Profile October 2025 – Data extracted from Social Health Atlas

ABS Modelled estimates of indicators from the National Study of Mental Health and Wellbeing, 2020-22 for PHNs (released 26 July 2024) – self-harm behaviours and lived experience suicidal thoughts

Semi- and non-Urgent ED presentations

This focus area is addressed by both the WSPHN and WSLHD

Key questions	Western Sydney	NSW (comparison to Western Sydney)
What is the size of the need?	In 2024-25, just over a third of ED presentations in the region were semi-urgent (34.6%), while 5.7% were non-urgent.	No equivalent data on ED presentations by triage category in NSW
What is the most pressing concern within this area of need?	- Semi-urgent ED presentations were consistently on par with urgent ED presentations in 2022-23 (34.6% vs 35.3%), 2023-24 (34.3% vs 35.0%) and 2024-25 (33.3% vs 35.2%). - Non-urgent presentations in Western Sydney has remained stable between 2022-23 (5.7%) and 2024-25 (5.1%).	No equivalent data on ED presentations by triage category in NSW
Western Sydney focus only		
What, if any, groups in the region are disproportionately affected?	- In 2024-25, non-urgent presentations was higher among males than females in Western Sydney (54.9% vs 45.1%). Meanwhile, semi-urgent presentations was slightly higher among males than females (51.0% vs 49.0). This was consistently recorded in 2022-23 and 2023-24. - In 2024-25, Western Sydney residents aged under 26 years had the highest proportion of both semi-urgent and non-urgent ED presentations (33.0% and 27.7%). While the proportion of semi-urgent ED presentations among this age group declined slightly between 2022-23 and 2024-25, non-urgent presentations increased slightly (26.5% to 27.7%).	
Which LGA/s in the region is most affected?	In 2024-25, both semi- and non-urgent ED presentations were highest in Blacktown (40% and 42%), followed by Cumberland (29% and 30%).	

Alcohol and Other Drugs

This focus area is addressed by both the WSPHN and WSLHD

Key questions	Western Sydney	NSW (comparison to Western Sydney)
What is the size of the need?	- In 2024-25 the top 4 principal drugs of concern in the region were Alcohol (29.1%), Methamphetamine (26.5%), Cannabis (16.3%) and Heroin (13.2%). - Alcohol treatment episodes declined between 2021-22 and 2024-25 (33.4% to 29.1%), while heroin treatment episodes increased slightly over the same period (10.8% to 13.2%). Cannabis and Methamphetamine treatment episodes remained stable.	No equivalent AOD data for NSW
What is the most pressing concern within this area of need?	- In 2023/24, WSLHD recorded 526.7 alcohol-related hospitalisations per 100,000 population, compared with 424.1 for other drug-related hospitalisations. - Alcohol-related ED presentations are showing an upward trend in WSLHD. In WSLHD, rates increased from 5.5 per 1,000 unplanned presentations in 2021 to 7.5 per 1,000 in 2025 - Methamphetamine-related emergency department presentations are showing a clear increasing trend In WSLHD, rates increased from 1.0 per 1,000 unplanned presentations in 2020 to 2.3 per 1,000 in 2025.	- Across NSW, alcohol-related hospitalisations were also substantially higher (784.3 vs 584.0 per 100,000). - Alcohol-related ED presentations NSW rates increased from 6.4 to 8.0 per 1,000 between 2021 and 2025. - NSW rates of Methamphetamine-related emergency department presentations increased from 1.4 to 2.0 per 1,000 over the same period. - No equivalent AOD data for NSW
Western Sydney focus only		
What, if any, groups in the region are disproportionately affected?	- Alcohol-related harms disproportionately affected males, with higher hospitalisation rates (996.0 vs 581.0 per 100,000) and ED presentation rates (10.4 vs 5.6 per 1,000 unplanned presentations) compared with females. - Methamphetamine-related ED presentations increased over time, with males experiencing higher rates than females in 2025 (5.1 vs 2.2 per 1,000 unplanned presentations).	
Which LGA/s in the region is most affected?	Note: The AIHW data did not provide LGA breakdown of the data. (Discuss with program leads)	

Source:

AIHW Alcohol and Other drug treatment services in Australia 2026 and HealthStats.

Antenatal care

This focus area is addressed by both the WSPHN and WSLHD

Key questions	Western Sydney	NSW (comparison to Western Sydney)
What is the size of the need?	In 2024, 9 in 10 pregnant women commenced antenatal care before 14 weeks (90.5%), while 95.4% commenced this care after 20 weeks.	No equivalent data for NSW on antenatal care commencement
What is the most pressing concern within this area of need?	- Between 2020 and 2024, the proportion of mothers who gave birth in the region and were within a healthy weight range in the first trimester declined from 53.3% to 48.5%. - In 2024, the proportion of babies born prematurely in the region was 7.8% - Gestational diabetes increased steadily from 15.9% in 2020 to 21% in 2024. - Between 2020 and 2024, hepatitis B vaccination of babies declined in Western Sydney from 95.8% to 93.3%.	- A decline in the proportion of mothers who gave birth in the region and were within a healthy weight range in their first trimester also recorded in NSW from 55.5% to 51.2% between 2020 and 2024 but remained higher than the region. - In 2024, the proportion of babies born prematurely in NSW was comparable (7.7%). - Gestational diabetes gradually increased from 13.9% in 2020 to 16.5% in 2024 but was consistently lower than in Western Sydney. - Hepatitis B vaccination of babies also declined in NSW between 2020 and 2024, from 94.2% to 90.5% but was consistently lower than in Western Sydney.
Western Sydney focus only		
What, if any, groups in the region are disproportionately affected?	- First Nations mothers in the region experienced poorer antenatal and birth outcomes compared with non-Indigenous mothers. In 2024, early antenatal assessment before 14 weeks was lower among First Nations mothers (84.6% vs 90.6%), with a similar gap for assessments before 20 weeks (89.5% vs 95.4%). - Preterm birth was a key disparity, with rates among First Nations mothers increasing from 8.4% in 2020 to 16.1% in 2024, compared with a smaller increase among non-Indigenous mothers (6.7% to 7.7%). - Smoking during pregnancy is a concern, with the proportion of First Nations mothers who did not smoke increasing from 54.6% in 2020 to 63.3% in 2024, but remaining substantially lower than non-Indigenous mothers (95.9% in 2024).	
Which LGA/s in the region is most affected?	Note: The HealthStats data did not provide LGA breakdown of the data. This would be good to discuss with program leads.	