Department of Health and Human Services

Portland District Health: Service Plan

Consultation briefing paper

12 September 2019

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1 Introduction

Portland District Health provides health services for people living in the Portland township and Glenelg Shire. It is an outer-regional health service within the Barwon South West region.

1.1 Context

The service plan has been commissioned by the Department of Health and Services, and will be used to determine:

- What health services are needed by people living in Glenelg Shire
- The appropriate configuration of services to be provided by Portland District Health
- Pathways to services for people living in Glenelg Shire
- Partnerships that will help to improve health service delivery for people living in Glenelg Shire.

1.2 Purpose of this document

This document is provided to people who have been invited to participate in the service planning consultations. It provides a summary of the information already gathered, to form a basis for discussion about future planning challenges and opportunities.

1.3 Policy context

Portland District Health is a Victorian public health service, accredited with the Australian Council on Healthcare Standards, the Aged Care Standards and Accreditation Agency Ltd, and Home and Community Care National Service Standards.

1.3.1 Portland District Health: strategic plan 2017 – 2020

Portland District Health has adopted the following vision statement:

“Our community; your health”

The strategic plan includes the following ten strategic directions:

1 To provide an exceptional range of services locally: safe services will be provided consistent with capabilities, tailored to local needs

2 To focus on the delivery of safe, quality care and services: by adopting a robust clinical governance framework, by meeting and exceeding patient expectations, and by adopting high-quality models of care

3 To expand reach by collaborating with partners: through effective use of relationships to improve care, partnerships based on mutual trust, and through expanding partnerships where this will benefit the community

4 To be a vital part of the community: by bringing health expertise to partnerships, by listening and acting on stakeholder advice, by working together to create opportunities

5 To foster innovation, curiosity and lifelong learning: by working with educational organisations in order to equip staff with the right skills, and based on an innovative learning management system

6 To create an inspiring, learning and caring culture: by providing an inspiring environment focused on the health and wellbeing of staff and community, and supporting people to exceed

7 To embrace technology that improves provision of care: technologies must expand health service capacity, be accessible to consumers who seek to improve their health literacy, and enable better sharing of information

8 To embrace healthcare innovation for the benefit of the community: by discovering innovative processes and systems that support better problem-solving, based on a culture that supports exploration of new ideas and new ways to overcome challenges

9 To understand and meet regulatory obligations: based on a culture that is safe and risk-aware, and focused on future directions and influences

10 To be accountable for managing efficiently and effectively: so that facilities and resources are of high quality and are sustainable; so that the health service operates within budget; and seeking new ideas to secure the future.

1.3.2 Review of Service Design: South West Victoria, August 2017

The review included health services provided by South West Healthcare, Portland District Health and Western District Health Service. Relevant recommendations include:

- That services should be delineated and integrated to improve patient outcomes. The model provides for "dispersed" core clinical services provided by each of the three health services; these include specialist general medicine, emergency medicine, general surgery, maternity and anaesthetics. Commonly-provided specialties could be delivered by each hospital; at the same time specific specialties may be delineated across the three hospitals; these include diagnostic endoscopy, ENT, gynaecology, ophthalmology, urology, and vascular surgery
- That three strategic services should be developed between the three health services. These are acute care for older persons, subacute services and cancer services. The goals of the sub-regional approach are to standardise models of care, to provide appropriate services closer to home, and to develop tighter referral pathways so that South West Healthcare can increase its critical mass of specialised services, particularly cancer services
- A sub-regional approach should be developed for clinical capability, including shared clinical responsibilities across the three health services. This aims to deliver more-consistent and possibly higher-level capabilities and reduce the risk of unsustainability
- Sub-regional demand is forecast to increase, and at the time the report was written the sub-regional self-sufficiency rate was around 84 per cent. It was recommended to increase sub-regional self-sufficiency to around 87 per cent as a result of several resource changes which include reduction of acute and subacute capacity, increase in urgent care capacity, and maintenance of surgical capacity.

The report recommends that a federated partnership model would best deliver improved service quality, availability and sustainability for people living in south west Victoria. This model would be based on creation of a standing collaboration body with membership from each of the three health services, working with a charter or memorandum of understanding that would articulate mutual obligations, establish authority, structures, processes and membership and create working sub-committees.

1.3.3 Victorian Government policy context

In 2015, the Department of Health and Human Services adopted a new framework for health system design, service and infrastructure planning. This new framework aims to strengthen the system design and planning process as an instrument of health policy, strategic direction and system management. The *Statewide Design, Service and Infrastructure Plan* aims to foster better, joined up planning with communities and across government and sectors - by linking with Metropolitan and Regional Partnership processes, as well as locally by connecting health services, local government, community health services, Primary Health Networks, Aboriginal Community-Controlled Health services and other service sectors.

The plan establishes five priorities that will chart the path towards the future system and initial actions:

- Building a proactive health system that anticipates demand
- Creating a safety and quality led system
- Integrating care across the health and social service system
- Strengthening regional and rural health services
- Investing in the future -- the next generation of healthcare.

The other key policy driver is quality and safety of health care delivery. Better Care Victoria has been established in recognition that innovation has an important role to play in supporting the state's healthcare reform agenda and meeting the escalating pressures on the Victorian health system. Better Care Victoria is responsible for oversight of the Victorian Government's safety plan for health care, *Towards Zero.*

1.3.4 Australian Government policy context for aged care

The Australian Government is responsible to fund and oversee the provision of aged care services and primary care. The Australian Government made significant changes to the funding and policy environment for aged care during the period 2012 to 2014. This group of reforms, known as *Living Longer Living Better*, included:

- Additional support and care to help older people remain living at home
- Additional help for carers to have access to respite and other support
- Establishing a gateway to services to assist older Australians to find information and to navigate the aged care system
- Changes to means testing in home and residential aged care
- Changes to improve services for people with dementia
- Additional funding for the aged care workforce.

Since then, the Australian Government has continued to reform the sector with additional requirements for the care and support of people with dementia, and more initiatives to strengthen the aged care workforce.

Funding models in residential aged care no longer recognise a distinction between “high-level” and “low-level” care. Residents are assessed against the Aged Care Funding Instrument, and a payment is made to the provider based on the assessed care needs of the individual. It is expected that residents will be able to “age-in-place”, so that they do not need to relocate to another service type in order to receive higher levels of care. This will have long-term implications for the design of residential aged care facilities operated by Victorian public health services, many of which were designed to be consistent with the previous policy requirements.

The current direction of reform emphasises increased consumer control, through transfer of funding for home care packages directly to the older people themselves. It is expected that these changes will increase competition in the aged care market, and drive higher levels of efficiency and quality.

1.4 Consultation issues

Based on the information contained in this paper, a number of issues may be brought up in consultation meetings:

- Does the forecast change in service delivery numbers align with Portland District Health’s strategic directions?
- While we do not at this stage have access to community health data, can we find opportunities to use the community health platform to strengthen health care?
- Are there opportunities to use partnerships to improve health care in those areas where numbers are small?
- What would be the likely impacts on service delivery of the demographic changes forecast by the Victorian Government?
- How does isolation affect Portland District Health and its catchment communities?
- How does relative socioeconomic disadvantage impact on health service need?
- Does the community have particular expectations about how health services and aged care should be delivered?

2 About the Portland catchment communities

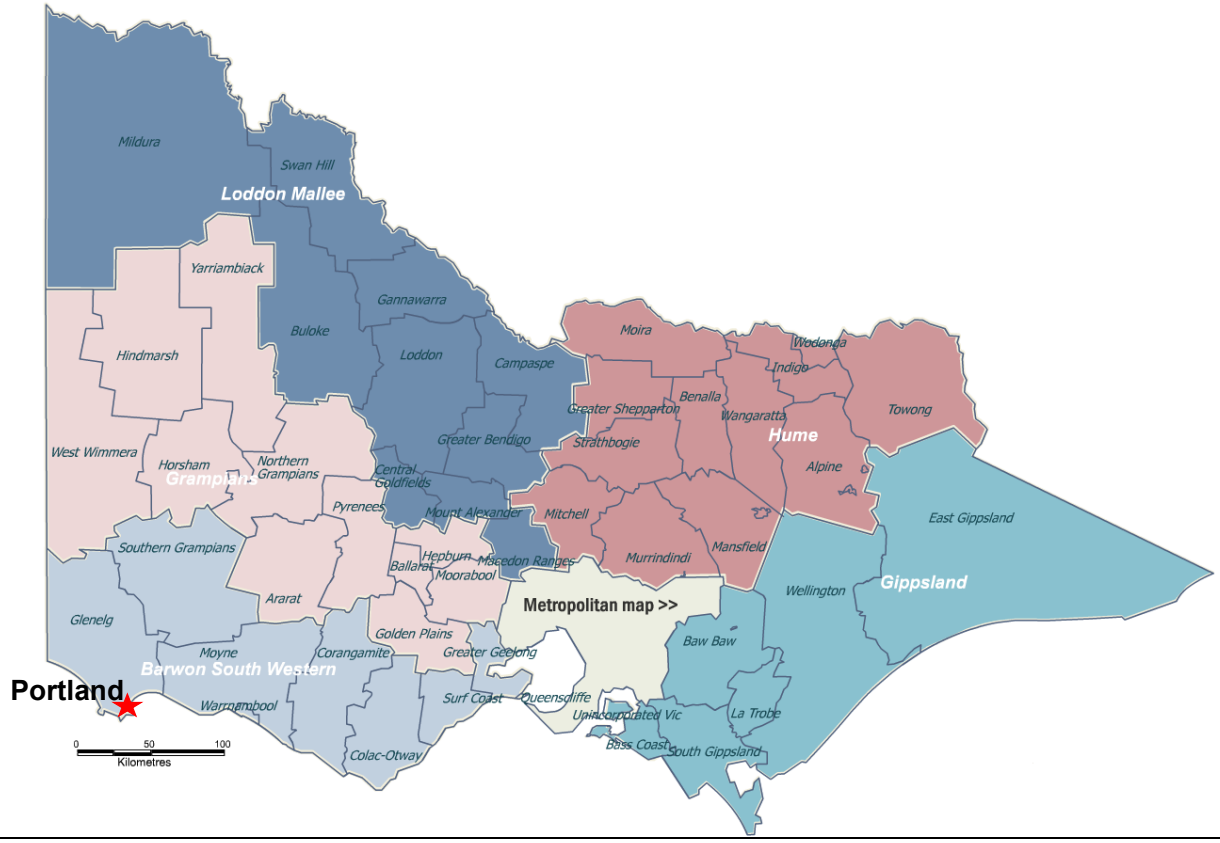
Portland District Health provides health services primarily to people living in the Portland township and surrounds, located within the Statistical Area 2 (SA2) of Portland. Portland District Health's extended catchment includes the rest of Glenelg Shire, most of which is encompassed in the Glenelg (Vic.) SA2 region.

Glenelg Shire is located in Victoria's Barwon South Western Region. Portland is the most populous community in Glenelg Shire, with Portland Central containing an estimated resident population of 4,475 in 2018, 5,312 people living in Portland South and 2,101 people living in Portland Surrounds[1]. Portland is located approximately:

- 100 kilometres from Warrnambool, an estimated 1.5 hour drive
- 290 kilometres from Geelong, an estimated 3.5 hour drive
- 360 kilometres from Melbourne, an estimated 4.5 hour drive
- 270 kilometres to Ballarat, an estimated three-hour drive.

Figure 1 demonstrates the approximate location of Portland in Victoria.

Figure 1 Map of Victoria with Portland township identified



Source: Maps of Hospital Locations, DHHS; adapted by Biruu.Health

[1] Source: https://profile.id.com.au/glenelg/about?WebID=130

Figure 2 shows the boundaries of the catchment SA2s Portland and Glenelg (Vic.), as well as surrounding SA2s in the region and their major townships. Note that Mount Gambier, located 108 kilometres from Portland, is within the State of South Australia. The borders of Glenelg (Vic.) SA2 do not neatly follow the borders of Glenelg Shire, with some areas of the SA2 boundary crossing into Moyne Shire and Southern Grampians Shire, and vice versa. However, for planning purposes where population data is only available at a Local Government Area-level, Glenelg Shire is the primary focus, with neighbouring Local Government Areas included as a comparison.

Figure 2 Map of catchment VIFSA's

Source: Statistical Area 2 (SA2) ASCS Ed 2016 Digital Boundaries, ABS; Google Earth; modified by Biruu.Health

2.1 Demographic profile

Portland District Health's primary catchment population is the Portland SA2 region, with an expanded catchment population including the Glenelg (Vic.) SA2 region; together these two SA2 regions encompass most of Glenelg Shire. Table 1 demonstrates the key messages from these data are that by 2036:

- The primary catchment (Portland SA2) population is not expected to significantly change, with an increase of only 121 people
- The primary and extended catchment population (whole of Glenelg Shire) is expected to experience a net decrease of 1,007 people, due to a forecast decline in population within the Glenelg (Vic.) SA2.

Table 1 Catchment population forecasts from 2016 to 2031 by Statistical Area 2 (SA2)

SA2	Year 2016	Year 2021	Year 2026	Year 2031	Year 2036	Change 2016 to 2036	Per cent change	Change per annum
Glenelg (Vic.)	8,778	8,653	8,439	8,083	7,650	-1,128	-12.8%	-0.7%
Portland	10,943	10,880	10,945	11,010	11,064	121	1.1%	0.1%
Total	**19,721**	**19,533**	**19,384**	**19,093**	**18,714**	**-1,007**	**-5.1%**	**-0.3%**
Victoria	*6,173,172*	*6,861,925*	*7,495,194*	*8,114,286*	*8,722,766*	*2,549,594*	*41.3%*	*1.7%*

Source: Victoria in Future 2019, DELWP Victoria

Table 2 shows the percentage of people aged 65 years and older in areas across Glenelg Shire in 2011 and 2016. Consistent with trends in ageing across regional Victoria, Victoria and Australia, the number and proportion of people aged 65 years and older increased in all areas across Glenelg Shire.

Key messages are:

- The number of Portland residents aged over 65 increased from about 1,400 in 2011 to about 2000 by 2016. The graph provided in Figure 3 demonstrates this trend will continue
- The number of Glenelg Shire residents aged over 65 increased from about 3,000 in 2011 to about 4,300 by 2016
- Given that the risk of developing cancer, heart disease, respiratory disease and other major health conditions increases with age, the demand for health services will continue to increase with the aging population.

Table 2 People aged 65 years and over, 2016, Glenelg Shire

	Year 2011			Year 2016		
Area	**Number**	**Total pop'n**	**Percent %**	**Number**	**Total pop'n**	**Percent %**
Casterton	474	1,687	28.1	576	1,662	34.7
Glenelg Rural	625	4,369	14.3	889	4,322	20.6
Heywood	311	1,675	18.6	386	1,721	22.4
Portland (Central)	749	4,233	17.7	1,034	4,416	23.4
Portland (South)	636	5,125	12.4	968	5,252	18.4
Portland Surrounds	223	2,041	10.9	389	2,079	18.7
Portland	1,385	9,358	14.8	2,002	9,668	20.7
Glenelg Shire	**3,033**	**19,165**	**15.8**	**4,340**	**19,563**	**22.2**
Regional VIC	*204,791*	*1,314,127*	*15.6*	*292,464*	*1,433,805*	*20.4*
Victoria	*656,475*	*5,249,149*	*12.5*	*922,603*	*5,926,625*	*15.6*
Australia	*2,609,450*	*21,101,983*	*12.4*	*3,676,783*	*23,401,945*	*15.7*

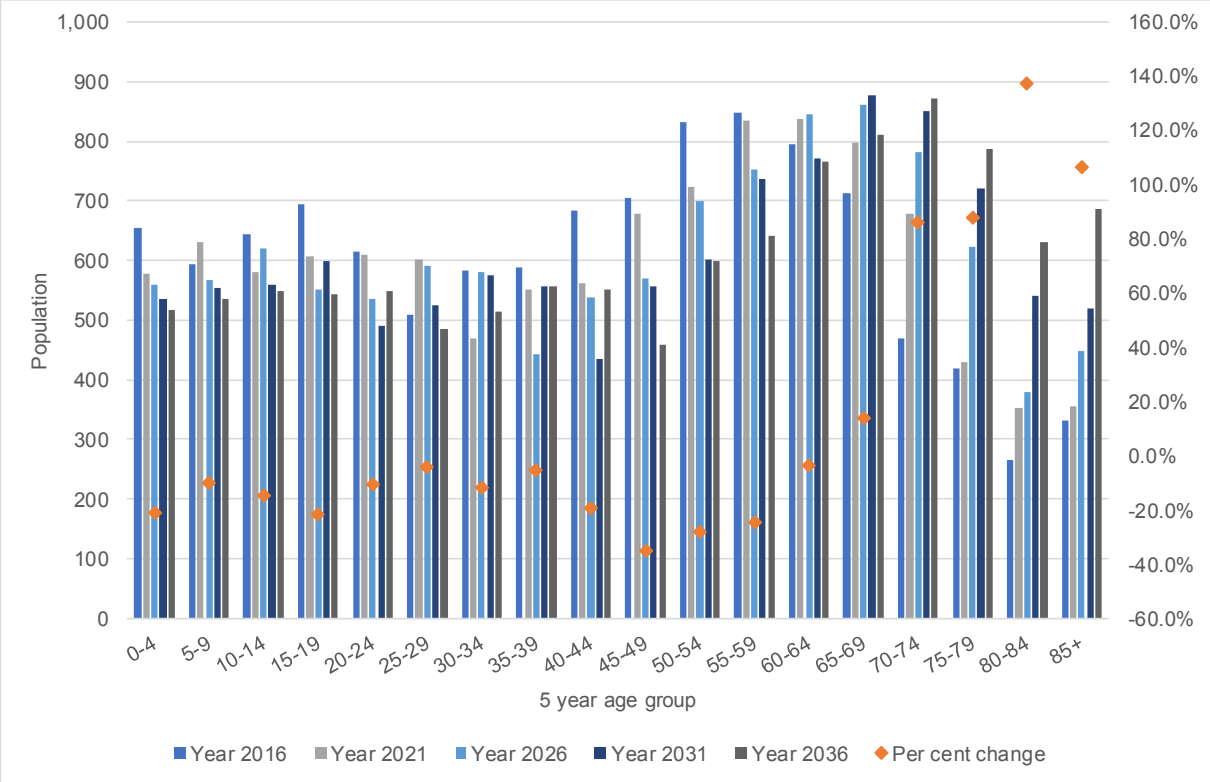
Source: Australian Bureau of Statistics, Census of Population and Housing 2016. Compiled and presented in atlas.id by .id , the population experts.

Figure 3 shows the expected population distribution in the Portland SA2 by five year age group from 2016 to 2036. The orange diamonds demonstrate the percentage change. Key messages are:

The number of Portland residents in all age-groups under 60-65 years is forecast to decline during the forecast period

- The number of Portland residents aged over 60 is forecast to increase
- The largest population increases are for people aged over 80, whose population size will more-than double.

Figure 3 Portland SA2 population forecasts 2016 to 2036 by five year age group



Source: Victoria in Future 2019, DELWP Victoria

2.2 Socio-Economic Indexes for Areas

The Australian Bureau of Statistics uses census data to produce its Index of Relative Socio-Economic Disadvantage (SEIFA). It is based on a range of census variables considered to reflect levels of disadvantage, including income level, employment status and level of educational attainment. A number of studies have indicated a consistent correlation between low socioeconomic status and poor health. These data are collated to create the Socio-economic Index for Areas. Scores are standardised across census collection districts so that the average score across Australia is 1,000. Scores lower than 1,000 indicate relatively more disadvantaged areas and higher scores indicate relatively less disadvantaged areas. People living in areas of disadvantage tend to rely on public health services, and to have less capacity to meet out of pocket, travel and accommodation expenses.

The township of Portland is located within the Portland SA2 region. The Portland SA2 area scores low across all Indexes for socio-economic disadvantage, socio-economic advantage and disadvantage, economic resources and education and occupation. A low Index of Economic Resources score describes poorer access to economic resources (for example, many low income households and few households paying high rent), while a low Index of Education and Occupation score indicates a lower education and lower occupation status in the area (for example, high unemployment and few highly qualified professionals).[2] The neighbouring Southern Grampians SA2 area scores above 1,000 for all indicators.

[2] http://www.abs.gov.au/AUSSTATS/abs@.nsf/allprimarymainfeatures/6CD4E5CE952FEDBFCA257B3B001AC3E5?opendocument

Table 3 SEIFA scores and deciles for catchment and neighbouring SA2s (2016)

SA2 Region	Index of Relative Socio-economic Advantage and Disadvantage		Index of Relative Socio-economic Disadvantage		Index of Economic Resources*		Index of Education and Occupation**	
	Score	Decile	Score	Decile	Score	Decile	Score	Decile
Portland	909	1	929	2	943	2	907	1
Glenelg (Vic.)	945	2	968	3	997	5	946	3
Glenelg Shire	**925**	**1**	**947**	**2**	**967**	**3**	**924**	**1**
Hamilton (Vic.)	*949*	*3*	*976*	*3*	*963*	*3*	*952*	*3*
Southern Grampians	*1004*	*6*	*1018*	*5*	*1028*	*7*	*1031*	*7*
Warrnambool - North	958	*3*	986	*4*	976	*4*	952	*3*
Warrnambool - South	966	*4*	986	*4*	961	*3*	981	*4*
Camperdown	*929*		*951*	*2*	*962*	*3*	*940*	*2*
Colac	*908*	*1*	*931*	*2*	*954*	*2*	*898*	*1*

**Index of Economic Resources:*
http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/2033.0.55.001~2016~Main%20Features~IER~21
***Index of Education and Occupation:*
http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/2033.0.55.001~2016~Main%20Features~IEO~22
Source: Australian Bureau of Statistics

3 About Portland District Health

Portland District Health is an outer-regional health service, providing acute and sub-acute health services, primary health, and aged residential care services. The integrated range of health services includes:

- Emergency care (Urgent Care Centre) operating 24 hours, seven days per week
- An inpatient acute service with 69 beds
- Two operating theatres
- Eight-bed day procedure unit, plus Chemotherapy / Dialysis / Sleep Studies
- Thirty-bed residential aged care facility (Harbourside Lodge)
- Primary Health, Community and Home Care services
- General Practice Superclinic (Active Health Portland).

The health service has an operating budget of around $30m and employs approximately 435 staff (260 EFT).

3.1 Community and preventive health

Portland District Health provides community-based health care, health promotion activities, and support services. The health service operates a general practice super clinic called Active Health Portland, which provides primary care, mental health care, home-based services, preventive care and personal supports.

Portland District Health manages Glenelg Maternal and Child Health Services, operating clinics in Casterton, Heywood, Portland and Dartmoor.

SEA Change Portland recognises the need to work together as a community to create a healthier community and to address some of the known community-wide health risks related to overweight and obesity, and lack of physical activity.

3.2 Portland District Health inpatient activity

Table 4 provides a summary of inpatient activity at Portland District Health during the past five years, and forecast to 2036/2037[3]. By 2036/2037, inpatient activity at Portland District Health is expected to increase by 23.1 per cent, largely due to an increase in overnight/multiday medical and surgical activity, and same day surgical activity (excluding scope procedures). Births and associated antenatal and postnatal activity are expected to slowly decline.

Table 4 Summary of inpatient activity at PDH 2014/2015 to 2018/2019, forecast to 2036/2037

Care type	2014/ 2015	2015/ 2016	2016/ 2017	2017/ 2018	2018/ 2019	2021/ 2022	2026/ 2027	2031/ 2032	2036/ 2037	Est. % change 2018/2019 to 2036/2037
Medical multiday /overnight	1115	1165	1149	1381	1260	1287	1435	1604	1801	42.9%
Medical same day	370	636	609	592	720	639	707	772	846	17.4%
Surgical & other multiday/ overnight	528	402	413	440	378	453	480	512	541	43.2%
Surgical & other same day	1026	1082	1118	1086	1058	1202	1267	1339	1389	31.2%
Scope procedures*,**	571	509	571	572	697	639	697	751	797	14.4%
Chemotherapy	255	283	321	330	479	324	351	383	401	-16.4%

[3] Inpatient Projection Model 2018, DHHS

Care type	2014/ 2015	2015/ 2016	2016/ 2017	2017/ 2018	2018/ 2019	2021/ 2022	2026/ 2027	2031/ 2032	2036/ 2037	Est. % change 2018/2019 to 2036/2037
**										
Haemodialysis**	784	592	529	706	679	696	761	837	846	24.6%
Sub-acute care: GEM & Maintenance	47	58	45	39	30	60	68	76	84	180.1%
Palliative Care	40	41	49	43	45	52	61	70	83	83.8%
A&D Program		<5			8					-100.0%
Births	64	77	56	60	69	53	52	49	48	-30.7%
Antenatal & postnatal & other neonates	40	73	33	35	42	28	27	25	26	-38.6%
Unqualified neonates	68	84	59	66	67	57	52	50	49	-27.3%
Unassigned DRG					82					-100.0%
TOTAL ALL INPATIENT	**4,908**	**5,003**	**4,952**	**5,350**	**5,614**	**5,490**	**5,959**	**6,467**	**6,909**	**23.1%**

**Diagnostic GI and Urology procedures including gastroscopy, endoscopy, colonoscopy, cystourethroscopy*

***Same day procedures*

Sources: Victorian Admitted Episodes Dataset (VAED), DHHS; Inpatient Projection Model 2018, DHHS

3.3 Presentations to urgent / emergency care

Portland District Health provides a 24-hour Urgent Care Centre (emergency care), which is equipped with telehealth facilities that allow staff to connect with the Warrnambool Emergency Department, Royal Children's Hospital, Royal Melbourne Hospital, The Alfred, and Adult Retrieval Victoria. During the past six years, the number of Urgent Care Centre presentations has increased by 13.2 per cent (based on 2013/2014 total); Triage Category 4 presentations (semi-urgent, requiring medical assessment and treatment within 60 minutes[4]) accounted for the majority of growth in presentations.

Table 5 Urgent care presentations at Portland District Health 2013/2014 to 2018/2019

Triage Category	2013/ 2014	2014/ 2015	2015/ 2016	2016/ 2017	2017/ 2018	2018/ 2019	Change 13/14 - 18/19
1 Resuscitation	27	24	17	25	19	25	-2
2 Emergency	696	737	629	672	643	740	44
3 Urgent	2064	2061	2008	2026	2251	2375	311
4 Semi-urgent	3583	3606	3361	3419	3734	4517	934
5 Non-urgent	1360	1052	945	894	897	1092	-268
Dead on arrival		1					0
Total	**7730**	**7481**	**6960**	**7036**	**7544**	**8749**	**1019**
Excluded from total presentations:							
Left at own risk	*248*	*220*	*217*	*255*	*318*	*192*	**-**
Pre-arranged Admissions	*55*	*22*	*<5*	*<5*	*<5*	*<5*	**-**

Source: Portland District Health 2019

[4] https://www.health.nsw.gov.au/Hospitals/Going_To_hospital/Pages/triage.aspx

4 Services provided to Portland residents

This section looks at services activity by people living in the catchment region at Victorian hospitals, including Portland District Health. The catchment has been defined as Portland SA2 and Glenelg (Vic.) SA2[5].

4.1 Inpatient services

Table 6 provides a summary table of inpatient activity by people living in the Portland SA2/VIFSA Portland Town area, including activity provided by Portland District Health. During the past five years, Portland District Health provided over half of the inpatient separations to Portland residents. Key forecasts are:

- Acute medical and surgical services, multi-day and overnight: separations are forecast to increase by one to two per cent per annum for the coming two decades. This may result from demographic changes and delivery of more services in community settings
- Sub-acute services including Geriatric Evaluation and Management (GEM), rehabilitation and palliative care are forecast to significantly increase. While the numbers of separations are relatively low compared with acute medical and surgical numbers, each person tends to have a longer sub-acute stay and to need a complex and integrated service response
- Same-day services including chemotherapy, haemodialysis are affected by the model of care. Each patient tends to receive multiple occasions of care
- Maternity and neonatal services are forecast to decrease during the coming two decades. The declining population of people in the stages of family formation is likely to be the main driver of this trend.

Table 6 Summary of inpatient activity by Portland SA2/VIFSA Portland Town residents 2014/2015 to 2018/2019, forecast to 2036/2037

Care type	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019	2021/2022	2026/2027	2031/2032	2036/2037	Est. % change 2018/2019 to 2036/2037
Medical multiday/ overnight	1189	1210	1224	1393	1344	1350	1491	1650	1835	36.5%
Medical same day	385	584	571	561	698	619	681	735	800	14.6%
Surgical & other multiday/ overnight	866	799	787	845	764	831	886	951	1003	31.2%
Surgical & other same day	758	734	787	774	766	841	894	951	989	29.1%
Scope procedures*,**	515	477	522	459	613	581	638	692	737	20.3%
Chemotherapy **	417	381	393	460	596	453	532	605	677	13.7%
Haemodialysis**	535	434	369	728	641	510	537	580	586	-8.6%
GEM & Maintenance Care	46	54	35	29	29	49	56	63	70	141.6%
Sub-acute rehabilitation	43	26	44	36	42	46	50	54	55	31.9%
Palliative Care	35	40	46	40	40	50	58	67	78	95.8%
Mental health	35	35	62	33	41	50	47	47	44	8.1%

[5] As inpatient forecast activity has been provided using Victoria in Future Small Areas (VIFSAs) as the geographical boundary, note that all inpatient forecasts have been provided using an alternative catchment: VIFSA Portland Town and VIFSA Glenelg Rural. Note that Portland SA2 and VIFSA Portland Town have the same geographical boundaries. Given that the two VIFSAs fit neatly within the Glenelg Shire boundaries, and in order to provide consistency between the two geographical standards, the Local Government Area of Glenelg Shire has been applied; this means that a small number of separations (less than 10 per year) are affected.

Care type	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019	2021/2022	2026/2027	2031/2032	2036/2037	Est. % change 2018/2019 to 2036/2037
program										
Births	137	137	102	102	117	100	97	95	94	-19.7%
Antenatal & postnatal & other neonates	109	144	88	94	117	78	73	70	71	-39.6%
Unqualified neonates	108	123	91	96	102	88	82	80	79	-22.8%
Other / unassigned	<5	<5		<5	97					-100.0%
TOTAL ALL INPATIENT	**5,179**	**5,180**	**5,121**	**5,651**	**6,007**	**5,647**	**6,122**	**6,639**	**7,119**	**18.5%**
Portland District Health	*2,981*	*2,994*	*2,859*	*3,313*	*3,531*	*3,364*	*3,693*	*4,048*	*4,396*	*24.5%*
% provided at Portland District Health	*57.6%*	*57.8%*	*55.8%*	*58.6%*	*58.8%*	*59.6%*	*60.3%*	*61.0%*	*61.8%*	

**Diagnostic GI and Urology procedures including gastroscopy, endoscopy, colonoscopy, cystourethroscopy*

***Same day procedures*

Sources: Victorian Admitted Episodes Dataset (VAED), DHHS; Inpatient Projection Model 2018, DHHS

4.2 Aged care bed availability and demand

Table 7 shows that the age 70+ population in the catchment region is estimated to need access to 410 residential places and 231 community-based aged care packages by 2036, although note that some of these people will seek services in neighbouring areas such as Warrnambool or Port Fairy. Currently there are 208 aged care places in Portland, of which 30 are at Harbourside Lodge operated by Portland District Health.

Planning benchmarks, which estimate a need for 80 beds per 1,000 population aged 70 years and older, indicate there is currently a surplus of 101 aged care places in the catchment. However, the Aged Care Guide website reports very few current vacancies in the area[6]; for example, the website reports only one vacancy available across the three aged care providers in Portland.

Table 7 Aged care resources model: 2016, 2026 and 2031 populations

	2016	2021	2026	2031	2036
Population aged 70 years and older	2816	3400	4045	4627	5129
Estimated aged care beds* needed	225	272	324	370	410
Estimated community-based aged care packages* needed	127	153	182	208	231
Current availability of beds: Portland	150				
Harbourside Lodge	*30*				
Bupa Portland	*120*				
Current beds: Other providers in Heywood, Casterton	118				
TOTAL CURRENT BEDS IN CATCHMENT	**268**				

[6] As at 19 Aug 2019