

# Health & Wellbeing Needs Analysis of the Primary Care Team Areas in Donegal

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29<sup>th</sup> June, 2018

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- Marie Conwell
- Agnes Lawless

## **Foreword**

Community participation in Primary Care has been very important from the outset of the first Pilot area back in 2001 in Lifford.

The growth of community participation in partnership with the Health Service has seen some very novel and innovative developments, and a great deal of 'outreach' undertaken to reach a wide variety of the population. The development of local Community Health Forums, participation at Primary Care Team Business meetings, Parent and baby events, support groups, health fairs, and the development of social prescribing, to name a few, have had their roots in this partnership

This research attempts to provide an up-to-date view of the challenges and successes within Primary Care in Donegal, placing them in a wider policy and practice context.

Health and well-being is not just the responsibility of the HSE, and this research offers an opportunity to consider how the effective best practice evidenced can meet the challenges identified, in a spirit of partnership and collaboration.

The HSE is prepared to play its part, and I commend those other agencies and communities who have indicated their willingness to do so, and thank them for their contributions to date.

John Hayes

Chief Officer CHO Area 1

## Executive Summary

The Primary Care Strategy published in 2001 provided for the establishment of Primary Care Teams and Primary Care Centres around the country. The strategy envisaged that at least 90% of health services should be provided as close to the client as possible, thereby reducing pressure on the secondary and tertiary health systems such as hospitals and specialist services. In Donegal, great efforts have been made to build functioning and inclusive Primary Care Teams with the HSE Social Inclusion office leading the way with regard to community participation in this process. Each of the 17 Primary Care Teams (PCTs) in Donegal has a corresponding Community Health Forum (CHF), and the CHFs are represented on Primary Care Teams, sitting alongside HSE professionals with the objective of looking at the area's population health needs in an integrated and pro-active way.<sup>1</sup>

This County wide Needs Analysis research report was developed in response to many of the local PCTs and CHFs wanting to review and rejuvenate their local team and/or forum. The decision was made to take a County wide approach covering all of the PCT areas. The purpose of the Needs Analysis is to help refocus Primary Care Teams and Community Health Forums by giving them an up-to-date picture on the populations they serve, the gaps in services and the needs and challenges facing these communities.

The project research objectives were to:

- Establish what local communities identify as their health and wellbeing needs;
- Identify what local resources, challenges and gaps exist in terms of supporting the improvements sought in health and wellbeing.

The Donegal Community Health Network (DCHN) is an informal Network of Community Healthy Forums, supported by the HSE Social Inclusion Office that meets twice a year to share information, ideas and issues around what is happening in their Primary Care Team area. The DCHN led on the project through two of its constituent members, Inishowen Development Partnership and Pobail le Chéile. Funding was applied for and awarded through the HSE Local Lottery Fund. A Project Working Group comprising of IDP and Pobail le Chéile, the HSE Social Inclusion Office, the HSE Donegal Public Health Department and the PCT Community Support Workers was set up and has driven this project.

The research and consultation approach included four strands of work:

- Preparation of Population Health Profiles in each PCT area which were undertaken by the HSE Public Health Department drawing on a pilot project of a similar nature conducted in Killybegs in 2016
- Collation and analysis of Donegal local census data
- Planning and implementing the PCT and CHF Consultation process
- Analysis and Write-up

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<sup>1</sup> Although 17 Primary Care Teams were envisaged in Donegal, in reality there are 15 Primary Care Teams operating across the county as a number of areas came together to take account of local needs and geography – three Primary Care Teams in Letterkenny operate as one; two Primary Care Team areas of Rosguill-Fanad and Miford operate as one.

The consultation process comprised focus groups, telephone consultation and an online survey. Questions were consistent across the three consultation channels. This approach was taken as some PCTs and CHFs were not meeting, and it was not possible to have face to face consultation. In total, 139 people attended the focus groups and 49 people responded to the online survey, giving a total of 188 people who participated in the process.

The first two chapters of the Report set out the national and local policy context for health and wellbeing in Donegal as well as setting out a current picture of Donegal County in 2016 through presentation of socio-economic and health statistical data. Chapter 3 outlines the methodology employed in this project highlighting the challenges faced as it progressed. Chapter 4 is the largest of the chapters containing individual Area Profiles for 13 Primary Care Team areas in Donegal (the three in Inishowen are also included in one profile). These are presented as individual sections within this Chapter for ease of reference and bring together the data collected for each area by the HSE Public Health Department and the outcome of the consultation process.

## **County Findings**

Chapter 5 draws together the main issues and themes that have emerged from the individual Area Profiles, marrying it with the socio-economic data and the policy context. It paints a picture of an ageing, predominantly rural, County that faces particular challenges: its extensive border with Northern Ireland and the uncertainty of Brexit, the sparsely dispersed nature of the population linked with rugged terrain, distance from central economic hubs which present transport and infrastructure difficulties. It also highlights the division within the County between the East and West, the North and East having greater population numbers particularly in the younger age category, greater connectivity with regard to transport and broadband and larger towns, while the West and North West has an older population, smaller settlements and less connectivity.

Young people leaving Donegal either to go abroad or live elsewhere in the country is evidenced strongly in this census period (2011 – 2016) with the shrinkage in the 20 – 34 age cohort. While this is a pattern repeated across the country for this particular age group, it is particularly severe in Donegal, in some cases double the national average e.g. in Ardara/ Glenties and Bunbeg/Derrybeg. This not only affects the social fabric of families and communities across the County but also has significant implications for the local economy, for the ability to attract jobs to the region, for birth rates and for local services.

At the other end of the scale is an increase in the older dependent population as the proportion of older age cohorts increases, again with significant implications for services. Fintown & the Rosses has an old age dependent ratio of 39% which is much higher than the County figure of 25%. The other interesting point to note is the number of older people living alone (one in four over the age of 65), and the number of people with a disability living alone. This gives rise to concerns about adequate care and resourcing of care in the community, as well as the mental and emotional needs of these individuals.

Deprivation levels in Donegal are among the highest in the State, driven primarily by demographic changes and other factors such as unemployment, educational attainment, one-parent families, housing and social class. This is particularly noticeable in Lifford/ Castlefin (57%), Carndonagh/ Clonmany (52%) where effectively one in every two people in these areas is classified as 'disadvantaged'.

Health specific indicators point to a population that, for the most part, rates its health as good, but within the population, there are significant proportions of people who have a disability, the County figure of 14.4% is just slightly higher than the national average of 13.5%. Some areas such as Fintown & the Rosses, Bunbeg/ Derrybeg and Derryveagh record disability figures as high as 18%. With the higher number of people with disabilities and the significant older age population, the proportion of carers is also higher than the national and CHO 1 average standing at 4.5% of the population.

Mental health statistics highlight the ongoing challenge around suicide and self-harm. The male suicide rate in the County mirrors the national suicide rate, and it has been increasing since 2014 (2016 figures). The female suicide rate is lower than the male figure but higher than the national rate and has also been increasing since 2014 (2016 figures). The self-harm rate for men in Donegal is much higher than the national rate with the female rate mirroring national figures. The rates seem to fluctuate significantly over the years but there seems to have been a sharp increase in both genders between 2014 and 2016.

This is the overall picture of the challenge that local and national policy makers face. The national policy environment points to one which is strongly advocating investing in primary care services at local level, with the objective being to provide the majority of care as close to the community as is possible. The recent Sláinte Care report (Committee on the Future Health Care – Sláinte Care Report, 2017) has reinforced this objective and sets out a series of detailed recommendations as to how to achieve this. The policy environment is also now increasingly making the links between the living and built environment and the impact this has on people's health and wellbeing, everything from housing to jobs to education to income to transport.

The National Planning Framework reinforces these links emphasising the importance of factoring in people and communities into decisions about land use and development policy. The Healthy Ireland Framework has been central to moving health and wellbeing away from a concentration just on health services to embracing the wider social determinants of health, and stressing that health is everyone's business. As such everyone from the individual to the family to the community to the workplace to the decision maker has a role to play in bringing about a healthier society.

The challenge is how to ensure these policy statements follow through to local level and become meaningful for local communities, as it often appears that the policy environment is far removed from the reality on the ground. The County Development Plan sets an ambitious target of attracting and sustaining the Donegal population over the next ten years and beyond. Part and parcel of achieving this objective is the location and provision of health and other services around the County, ensuring access to these services, creating opportunities for employment and actively facilitating community connectivity. These are all factors that attract people to live or stay in areas and



promote positive health and wellbeing among communities which in itself contributes to economic and social development.

The main issues emerging across the County from the Area Profiles include:

- Demographic challenges: population shifts, the high age dependent population, deprivation levels, lower than average education attainment levels (although improving).
- Limited transport provision and connectivity
- Access to and dissemination of information
- Lack of job opportunities
- Threats to community connectivity and engagement
- Challenges in the Health Services: effectiveness of the PCTs, Home Care provision, HSE staffing issues, Long Waiting Times and Waiting Lists, Shortage of Respite Services, Lack of services for people with Intellectual Disability (ID), Gaps in Clinical Services, reduction in County GP numbers, overuse of the Emergency Department, cross-border health service access; poor Mental Health Provision
- Housing Shortages
- Stretched Addiction Service unable to meet demand

## **Recommendations**

The final chapter of the report addresses the County wide issues presented in Chapter 5 concentrating on the issues that were common across a number of Primary Care Teams rather than individual localised issues. Additional PCT area specific recommendations informed by the consultations are contained at the end of each profile. Many of the issues raised as part of this Needs Analysis around Health and Wellbeing and any proposed solutions are often outside the control of local services. Answers lie instead with central decision making structures, far removed from the reality on the ground in Donegal. They are also dependent on resources which again are often centrally determined. Consideration was given as to the best way to present the recommendations, and how to reflect the very real concerns of the consultation participants, while balancing them with managing expectations around the reality of what can actually be achieved.

## **Primary Care Teams (PCTs)**

- Ensure the implementation of the Community Healthcare Organisations – Report and Recommendations of the Integrated Service Area Review Group (2014)
- Carry out a full review of the way PCTs are operating in the County
- Ensure there is HSE Primary Care management representation on each PCT
- Ensure there is a communication channel in place that allows feedback between the PCT and HSE management
- Re-engage the GPs with the Primary Care Team process
- Identify a budget line to facilitate joint projects on population health issues that are identified at local level
- Resource the local Primary Care Teams with a HSE Management Team member, facilitation and administration support
- Support Primary Care Staff to attend meetings by building time into their workplan to attend meetings

### **Home Care**

- Review Homecare provision in the county taking into account the recommendations below
- Provide further training to home helps to increase the scope of their role
- Provide better information and communication around Homecare entitlements and the purpose of the service
- Address the lack of consistency in service across the County
- Schedule adequate travel time into the Home Help schedule
- Review the communication between hospitals and Primary Care staff on patient discharge
- Allow some flexibility within the service to meet individual needs
- Review how the paperwork associated with the application for home help can be reduced
- Recognise the importance of the provision of both personal care and social care as the needs of older people in particular are not just clinical but also emotional.
- The contracts and Service Level Agreements for private providers of Homecare services must ensure the quality standards are the same as within the HSE Homecare service

### **Staffing Issues in Health Services**

- HSE to review and provide derogation from the HSE National Recruitment Service (NRS) if necessary, in order to address the issue of posts not being filled.
- HSE to ensure budgets are in place to provide cover for maternity, long term sick leave and career breaks
- Appoint the appropriate number of adult SLTs for the County to address the concerns of stroke victims, patients with neurological conditions and accident victims
- Address gaps in clinical services – neurological and bariatric services

### **Waiting Times and Waiting Lists in the Health Services**

- Reduce waiting lists particular across mental health, OT and Physiotherapy services by addressing staff recruitment issue and exploring the feasibility of setting up local clinics to take the pressure off Letterkenny University Hospital Emergency Department e.g. minor injuries clinics

### **Respite and Supports in Disability Services**

- Provide sufficient Intellectual Disability (ID) respite facilities
- Advocate for adequate sheltered accommodation for people with ID
- Provide sufficient staff to keep Seaview House (Mountcharles)
- Provide SLT services for adults with Intellectual Disabilities
- Provide emergency respite beds in the County
- Employ case conferencing (via the Primary Care Team if functioning) around patients with dual diagnosis and particularly in regard to ID patients

### **Mental Health**

- Address the HSE staff recruitment issue in this service
- Explore ways of extending the Counselling in Primary Care to people in need but not in receipt of a medical card

- Continue to support and increase the number of community mental health initiatives currently operating
- Increase awareness and information about access to mental health services (what is available, when it is available and how to access it (referred to above)
- Work with schools and youth groups to address the growing issue of anxiety in primary and post primary school children
- Extend the Jigsaw service to the 12 – 25 age group
- Improve the transition from CAMHS to AMHS

### **Substance Misuse**

- Review and improve communication information and dissemination around addiction services
- Improve access to addiction services in the County
- Review addiction services in the County looking at where gaps are most evident and how they can be addressed

### **Transport**

- Set up an interagency County Transport Review Group to consider how the issues raised in the Needs Analysis can be addressed
- Explore the feasibility of ensuring appointments for people travelling from Donegal to national centres of excellence fit with individual need
- Explore the feasibility of setting up a volunteer driver scheme to link in with places off the bus routes

### **Information and Awareness**

- A central health and wellbeing information hub should be developed
- Develop and disseminate easy to understand local and national HSE organisation structures
- Provide up to date information on where to go for help for people with mental health problems
- HSE Communications to work with the PCTs and CHFs to raise awareness of services, supports and activities/events
- Provide improved awareness of sexual health to young people

### **Community Connectivity**

- Ensure that community groups are facilitated and supported to continue their work
- Investigate how the barriers affecting volunteering in the County can be addressed
- Provide Meals on Wheels services where there is an identified need
- Ensure that the new national service (to be operated by ALONE) that has subsumed the County Good Morning Service and the Befriending Service has a local advisory committee.
- Implement a communications campaign aimed at increasing children's activity levels and reducing the time spent on screens
- Donegal County Council to work with the Community & Voluntary Sector to identify where pavement and pathway improvements are required and put an improvement plan in place

### **Promote and Encourage Physical Activity**

- Establish and maintain accessible, low cost family facilities that positively impact on health and wellbeing e.g. parks, cycle tracks, walking routes, park runs
- Ensure that provision for accessible amenities and public spaces is included in County Council Local Area Plans and other relevant plans
- Improve walkways and green-spaces so they are accessible for people with physical disabilities
- Put in place an education and information campaign for parents around the benefits of outdoor physical activity for youth and children.
- Develop and deliver physical activity programmes for Older People
- Roll out Donegal Sports Partnership 'Building Positive Clubs' initiative to all clubs in the County
- Implement a communications campaign aimed at increasing children's activity levels and reducing the time spent on screens, aligned to the Physical Activity strand of Healthy Ireland and the national Physical Activity Plan
- Donegal County Council to work with the Community & Voluntary Sector to identify where pavement and pathway improvements are required and put an improvement plan in place.

## Introduction

The Department of Health and Children published 'Primary Care - A New Direction' strategy, in 2001, which provided for the establishment of Primary Care Teams and Primary Care Centres around the country. The strategy envisaged that at least 90% of health services would be provided as close to the client as possible, thereby reducing pressure on the secondary and tertiary health systems such as hospitals and specialist services. Built into the strategy was provision for community participation within the Primary Care Teams, thus providing a vehicle for local communities to have their voices heard around the health needs and requirements of the local population.

Nationally, the roll-out of Primary Care Teams and Centres has been patchy and community participation in Primary Care Teams has really only materialised in Donegal. The emphasis on the importance of Primary Care providing the majority of care as close to the community as possible continues as is evidenced in the HSE Service Plan, the Committee on the Future of Healthcare Sláinte Care Report, the Healthy Ireland Framework and other policy documents. However, translating the words into a reality on the ground has proved challenging.

In Donegal, great efforts have been made to build functioning and inclusive Primary Care Teams since the Primary Care Strategy was launched in 2001, with the HSE Social Inclusion office leading the way with regard to community participation in this process. Each of the 17 Primary Care Teams (PCTs) has a corresponding Community Health Forum (CHF) which is a group of interested organisations and individuals looking to promote health and wellbeing and address health inequalities in the local community.<sup>2</sup> The CHFs are represented on Primary Care Teams sitting alongside HSE professionals with the objective of looking at the area's health needs in an integrated and pro-active way.

Since 2015 there has been significant structural change in the HSE with the formation of the nine Community Health Organisations (CHOs) across the country<sup>3</sup>. In Donegal, this has meant changes across services from a County basis to a regional basis with CHO Area 1 comprising Donegal, Sligo, Leitrim, Cavan and Monaghan. This change, along with the ongoing challenges faced by the health services at national level, has had an impact on the development of the Primary Care Team process.

This research project came about because a number of individual Primary Care Teams and Community Health Forums in Donegal, independently of each other, were looking to resurrect or rejuvenate the local PCT and CHF process, as only 4 out of the 15 Primary Care Teams are actually functioning and meeting regularly. The general feeling was it was difficult to look at future planning or joint projects without having an up-to-date picture of the area the PCT and CHF serves and the current issues that are of concern.

Rather than each area individually looking for funding and pursuing a separate Needs Analysis, it was suggested that one be conducted across the County in each Primary Care

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<sup>2</sup> Although 17 Primary Care Teams were envisaged in Donegal, in reality there are 15 Primary Care Teams operating across the county as a number of areas came together to take account of local needs and geography. It is recognised that CHFs are not established in every PCT area and where that occurs, interim community representatives have been appointed to fulfill the community participation role.

<sup>3</sup> On foot of the publication of a report entitled 'Community Healthcare Organisations – Report and Recommendations of the Integrated Service Area Review Group', 2014

Team area following the same format. This was seen to have a number of benefits: it would reduce the cost, paperwork and administration burden on the PCTs and CHF's; through a consistent methodology and approach to the Needs Analysis it would allow the areas to be compared and contrasted showing common issues and area specific issues; a County wide approach might have more weight with decision makers when finalised. In 2017, a successful pilot profiling project was completed in the Killybegs Primary Care Team area involving the HSE Public Health Department in Donegal, the Killybegs Primary Care Team, the HSE Social Inclusion office and the South West Donegal Community Health Forum. The Needs Analysis Project has built on the learning from this pilot project in extending the process County wide.

The challenge was to find a County wide organisation that would be willing to promote and drive the project. The Donegal Community Health Network is an informal Network of Community Healthy Forums, supported by the HSE Social Inclusion Office that meets twice a year to share information, ideas and issues around what is happening in their Primary Care Team area. It was decided that the Network would lead on the project through two of its constituent members, Inishowen Development Partnership and Pobal le Cheile. Funding was applied for and awarded through the HSE Local Lottery Fund. A Project Working Group comprising IDP and Pobal le Cheile, the HSE Social Inclusion Office, the HSE Donegal Public Health Department and the PCT Community Support Workers was set up and has driven this project.

The purpose of the Needs Analysis is to help refocus Primary Care Teams and Community Health Forums by giving them an up-to-date picture on the populations they serve, the gaps in services and the needs and challenges facing these communities. The Needs Analysis will also be made widely available to other agencies and bodies and may be of particular interest to the Healthy Donegal Initiative and Local Area Plan process driven by Donegal County Council, the CHO1 Area Directorates (Primary Care, Social Care, Mental Health and Health and Wellbeing), the Children and Young People's Services Committee and the Local Development Companies in their future planning of services, resources and initiatives.

It should be noted that this is an analysis of need, gaps and challenges in the various PCTs around Donegal. The empirical data was informed by data collected by the HSE Public Health Department and other sources. The qualitative data was collected through consultations and surveys with HSE professionals who are members of Primary Care Teams and community interests who are linked to the Primary Care Teams through the Community Health Forums. The emphasis in the research therefore, was not on what the HSE or other service providers do well as the general view is that front line staff are highly valued and appreciated for the care and support they provide, often in difficult circumstances. Instead the research focused on what the issues were in the local area and what the people consulted felt could be done better or differently to address these issues i.e. an analysis of need. This is the context in which the Needs Analysis should be read, bearing in mind that the views expressed were those of the people who took part in the consultation and made their voice heard. They have not been filtered or diluted in any way. Where possible fact checking has taken place, but there is the possibility that some feedback will reflect personal viewpoints which may or may not be wholly accurate or negative as people often do not have the full facts. However, people's

perceptions reflect their own reality, and if views are considered inaccurate or unfair, then this in turn can be identified as a communication issue that needs to be addressed.

The report is structured in the following way: Chapter 1 sets out the national and local policy context paying particular attention to the Healthy Ireland Framework, as it was agreed that this policy would frame this piece of research. Chapter 2 sets out a current picture of the County of Donegal presenting socio-economic and health statistical data from the 2016 census. Chapter 3 outlines the methodology employed in this project. Chapter 4 is the largest of the chapters containing the individual Area Profiles for the 13 Primary Care Team areas in Donegal.<sup>4</sup> These are presented as individual sections within this Chapter for ease of reference and to bring together the data collected for each area by the HSE Public Health Department and the outcome of the consultation process. Chapter 5 analyses the individual area profiles and draws out the County wide themes and issues that were reflected across the Primary Care Team areas. Chapter 6 sets out the Needs Analysis recommendations.

### **How to get the best use from the Donegal Primary Care Team Needs Analysis**

The PCT Needs Analysis has been structured in order to facilitate PCT and County structures to easily reference relevant information to advocate for and prepare a business case for change.

The first two chapters, which set out the national and local policy context can be used for policy reference when developing a case for improvements to existing supports and services, and for the development of new services. The Area profiles provide detailed demographic information as well as the findings from the Needs Analysis consultation, which can be used to support applications, business cases etc. for improved and new supports and services. The aim is to have a much of the relevant policy, demographic and consultation information in one document to support organisations in applying for funds and resources to implement the recommendations at both County and PCT area level.

As explained above, each Primary Care Team Area has its own distinct stand-alone Area Profile which can be used independently or used to compare and contrast with other Primary Care Team Areas in the County. Primary Care Teams, Community Health Forums and other groups and organisation in both the statutory, non-statutory and community and voluntary sector can pull together the case for change using clear lines of reference to policy, demographic evidence and the consultation findings.

The consultation feedback detailed in this Report could be viewed as overly negative or critical of some services and supports in the County and even inaccurate in some cases as people are often not privy to the full facts around resources or decision making. But people's perception and opinions reflect their own reality and efforts were made to present this as honestly and authentically as possible. Very often, it is an issue of poor communication and engagement more than anything else. Organisations can use the consultation findings to see where this is evidenced and develop communication plans

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<sup>4</sup> 13 Area Profiles were produced even though there are in reality 15 Primary Care Team areas as it was decided to prepare one area profile for the Inishowen Peninsula which encompasses three PCT areas.

to ensure there is a full understanding of the purpose of the service or support, or to explain why there is a service or resource gap.

It is sincerely hoped that the demographic and health data and the consultation findings can be used to effect timely, efficient and effective change that will improve the health and wellbeing of the people in County Donegal.



## **Chapter 1: Policy Context**

People's health is affected significantly by the environment in which they live: housing, educational attainment, employment, roads and footpaths, local amenities, the planned spaces, the transport, the economy, and the water and sanitation. It is often the factors outside the direct influence of the health services that have the greatest impact on people's health. As our society develops and people are living longer, it is now accepted that health and wellbeing is everyone's business.

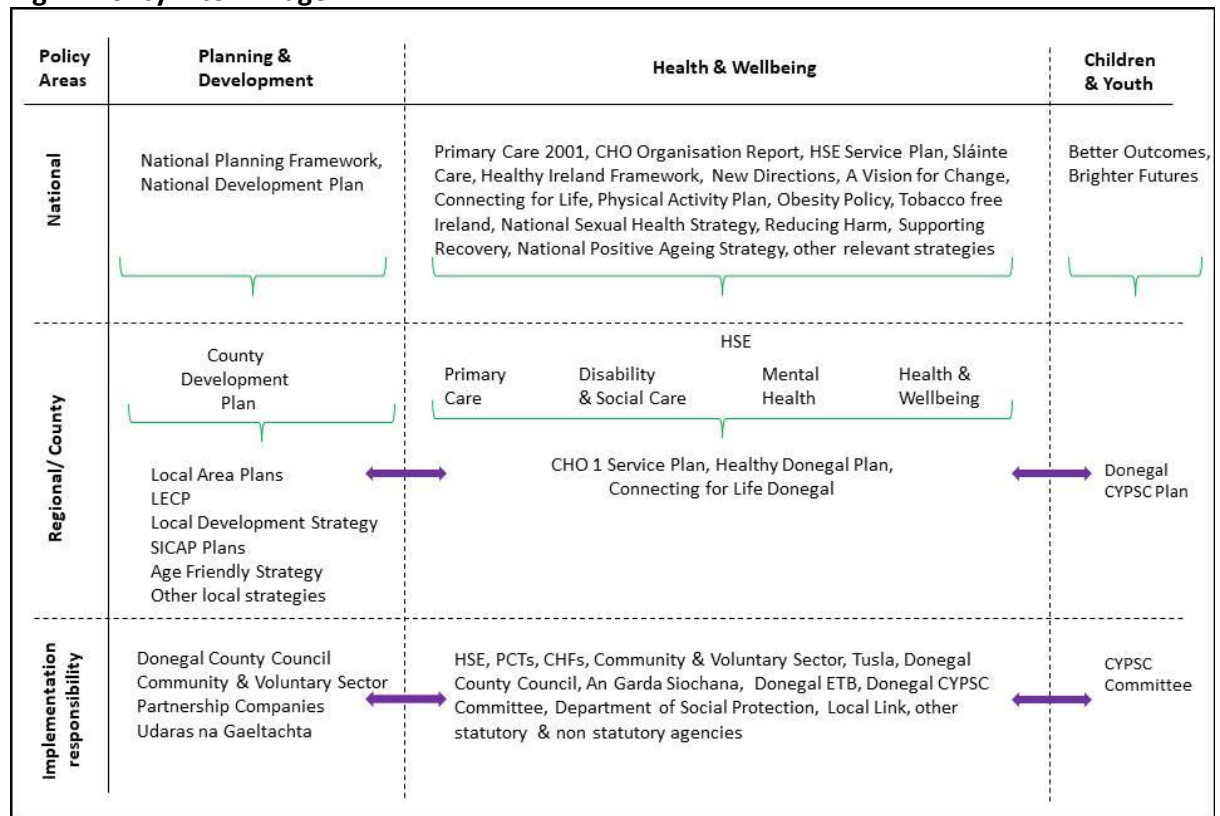
Where a person is born, how they grow, live, work and grow old can be very different within and between communities, and can give rise to significant health inequalities. It is however not just about the conditions into which people are born and live, health inequalities are also created through policy decisions taken around resource distribution, around how communities are planned and built, and around where national and local political and social power rests and how it is used.

Unemployment, poor housing, limited transport, low income, low educational attainment, lack of social and public amenities can all adversely affect a person's health and wellbeing. Research has also shown that people in lower socio-economic groups are at greater risk of chronic diseases related to poor diet, smoking, alcohol misuse and physical inactivity (Healthy Ireland Framework, pg. 9). In addition, they have less access to health care when they need it. Conversely, people who live in more affluent areas, people with access to money and resources and people who have greater life opportunities tend to have better health.

Therefore while it is important to address the many issues within the health services so that people can be healthier, it is also important to address how our environment and society is designed and developed which also determines a person's health experience.

There are a number of key national policy frameworks that are central to the planning of our living environment, the development of primary care health services and the promotion of health and wellbeing. These national policy frameworks are realized at regional and local level through the relevant policy platforms, all of which are summarised below and depicted in the graphic in Fig. 1. This shows how the national, regional and local policies and strategies referenced in this document are linked, both from the national down to local and between policies at local level. It also shows where implementation responsibility lies at a County level.

**Fig. 1: Policy Interlinkage**



### 1.1 National Planning Framework

How our living environment is planned and developed is central to a community’s health and wellbeing. In February 2018 the Government launched the National Planning Framework (Project 2040) providing the blueprint for future development across the country. It states that there are some key elements of the Framework which will directly impact on the ‘natural and living environment’ noting that: “this is why place is intrinsic to achieving good quality of life – the quality of our immediate environment, our ability to access services and amenities, such as education and healthcare, shops and parks, the leisure and social interactions available to us and the prospect of securing employment, all combine to make a real difference to peoples lives’ (pg. 81).

The Framework concentrates on the development of three regions – one of which is the North and West covering from Donegal as far as Galway, with particular focus on the relationship with Northern Ireland. It sets out how Ireland will develop as the population grows by one million people over the next two decades, and aims to achieve a greater distribution of growth and more balanced development between the regions. It aims for 75% of growth to be outside of Dublin and its suburbs.

The plan covers a very broad range of areas from transport to health, rural regeneration to culture, childcare to housing, with an accompanying commitment to invest €116bn over the next 10 years. For the county of Donegal in particular, there are a number of developments of note:

- Letterkenny is recognised as a regional hub in the context of the North West Gateway initiative and is an important cross border network for regional development
- Enhancing accessibility and connectivity by upgrading sections of the N4 Sligo-Dublin, N14 Letterkenny-Lifford, and the N17 Atlantic Corridor route, in addition to commitment to advancement and further development of the A5 road project (connecting the border counties to Dublin)
- Delivery of the Atlantic Corridor - a high-quality road network linking Cork, Limerick, Galway and Sligo
- Investment in Donegal and Knock airports to focus on regional connectivity post-Brexit
- 1,600 units of social housing to be built in the north-west region
- Investment in the tourism and fishing industry
- New radiology services at Letterkenny University Hospital
- Acceleration of the National Broadband strategy
- Investment in the Islands and the Gaeltacht
- A new Rural Regeneration and Development Fund worth €1bn nationally over ten years has been put in place for towns and villages
- A €2.5 million North West Development Fund has been allocated by the Government to support regional development and to help create jobs and promote investment
- Communities and clubs across Donegal can bid for over €100 million in national capital funding under the Sport Capital Programme (SCP)

The Plan notes that Donegal is ‘spatially unique within the island of Ireland, due to its extensive coastline and proximate relationship to Northern Ireland’. The priority for the County is enhanced connectivity as well as enabling growth and competitiveness to support the strong links that exist between Donegal and Northern Ireland.

While the health and wellbeing of different communities is affected to a greater or lesser extent by proposals across all 10 Priorities set out in Project 2040, there is one solely dedicated to People, Homes and Communities, with particular reference to healthy communities. The document notes that our health and our environment are inextricably linked and it states that a whole system approach needs to be taken to address the many factors that impact on health and wellbeing and contribute to health inequalities. Individuals and communities need to be empowered to make healthier choices, thereby improving health outcomes for all (NPF, pg. 82).

In order to create healthy communities, policies around the physical design of environments and planning are crucial, as the places in which we live, work and play can affect both our physical and mental wellbeing. Two specific policy objectives are laid out in this regard:

- Objective 26: Support the objectives of public health policy including Healthy Ireland and the National Physical Activity Plan, through integrating such policies, where appropriate and at the applicable scale, with planning policy
- Objective 27: Ensure the integration of safe and convenient alternatives to the car into the design of our communities, by prioritising walking and cycling accessibility to both existing and proposed developments and integrating physical activity facilities for all ages

The Donegal County Development Plan (2018 – 2024) takes its lead from the NPF framework (see below)

## **1.2 Primary Health Care Policy**

### **1.2.1 Sláinte Care Report**

An all-party Government Committee was set up to look at the future of healthcare and in May 2017 produced a report entitled ‘Committee on the Future of Healthcare – Sláinte Care Report’. This report was unusual in that it had all party support and it is generally accepted by both the Government and the Opposition as providing a national strategy for healthcare for the next 10 years. Among the key recommendations are:

- Increase the health and wellbeing budget
- Expand community diagnostics and shift treatment from the acute sector to the community
- Extend counselling in primary care
- Develop public psychology services in primary care
- Make Universal GP and primary care available to people
- Increase homecare provision
- Increase resources to mental health care

The report recognises that at the moment, the Irish health service is not providing the population with fair or equitable medical care. The Committee concluded that the healthcare system must be re-orientated to ensure equitable access to a universal single tier system and that ‘the vast majority of care takes place in the primary and social care system’, shifting away from the current hospital-centric model. ‘This will enable the system to better respond to the challenge of chronic disease management, to provide care closer to home for patients, to deliver better value for money and to maintain a strong focus on health promotion and public health’ (pg. 14).

The Committee is looking for the vast majority of healthcare to be provided in the community. This will involve the expansion of entitlement to primary and social care services as well as expansion of capacity within the system to deliver better access to primary care and general practice, and to public hospital care. It makes a number of recommendations in this regard including:

- Expansion of health and wellbeing and other measures central to providing integrated care (looking to double the health and wellbeing budget)
- Adequate resourcing of child health and wellbeing services
- Primary care expansion including investment in community diagnostics, free GP care and fully staffed primary care teams to include counselling and other community based services
- Social care expansion including investment in palliative care services, homecare services and community services for people with disabilities
- Mental health care expansion and investment in primary care counselling and staffing of mental health teams
- Strengthen the mechanisms for the full implementation of the Healthy Ireland Framework taking population and health wellness into account in all workings of the

government, possibly through Health Impact Assessment, and the prompt development and publication of an Outcomes Framework for Healthy Ireland

- Ensure healthcare is delivered at the lowest level of complexity as is safe, efficient and good for the patient. This includes priority resourcing of primary and social care

In the detailed discussion on Population Health, the report notes that the health of the population has improved over the past few decades. The country's population is set to grow with a larger growth among older people i.e. the 60+ age group. A larger older population creates increased demand on the health service, particularly in respect of the health and social care needs of the frail elderly and with regard to managing chronic illnesses which are more prevalent as people age. In fact 65% of those over 65 and four out of five of people aged over 85 have two or more chronic conditions (pg. 35).

Poverty is a growing problem in Ireland, according to the all party committee, which was exacerbated by the austerity period since the economic crash in 2009. People living in poverty or at risk of poverty experience greater health inequalities and often cannot afford the level of health care that they need. There are many economic, environmental, cultural and social factors that affect our health, and social class has a direct bearing on life expectancy. A number of chronic illnesses are more common among deprived sections of the population including diabetes, coronary heart disease, high cholesterol, high blood pressure, depression and admissions to psychiatric hospital (pg. 35).

The Committee stresses the importance of using a lifecycle approach in order to 'identify sensitive points when biological and social factors have the most impact on the health trajectory'. Critical periods of development centre around gestation, childhood and adolescents, as these are key stages when social and cognitive skills, attitudes, coping strategies, habits and values are more easily attained than at other times.

The Committee endorses the 'Healthy Ireland Framework' (see below) as it recognises the diverse factors that influence a person's health, and that engaging the whole of government in tackling health inequalities is not only fair and equitable but also a good investment.

### **1.2.1 Community Healthcare Organisations Report**

There was a significant shift in the organisation and structures of the HSE in 2015 with the publication of the 'Community Healthcare Organisations – Report and Recommendations of the Integrated Service Area Review Group' in 2014. This followed the government's policy commitment to achieving a better, more integrated and responsive service to people in the most appropriate setting.<sup>5</sup>

The report recommended the establishment of 9 Community Healthy Organisations (CHOs) to replace the County wide management and service structures. With this approach, the report looks to 'position primary care at the centre of delivering services through around 90 local Primary Care Networks with average populations of 50,000, with better, more integrated access to specialised services in social care, mental health and health and wellbeing'. Each Network will have a number of local Primary Care Teams. The

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<sup>5</sup> Future Health – A Strategy Framework for the Reform of the Health Service 2012 – 2015'

ultimate aim is that people should receive the majority of their services accessed through primary care, within their local community.

The changes the report recommends are:

- The fundamental unit of organisation for the delivery of services will be the Primary Care Network serving an average population of 50,000
- The Primary Care Network will support and resource the Primary Care Teams in its area of operation with a manager responsible for each Network
- A GP lead will also be identified to support the Network and act as a leader for local GPs
- The Network Manager, together with the GP lead, will be responsible for actual service delivery to a defined local population, and will manage the delivery of primary care services, while ensuring effective integration of other specialised services e.g. social care, mental health and access to acute hospital provision
- The role of a Team Leader will be assigned for each Primary Care Team with protected time allocated so they are supported to do their job
- A Key Worker will be assigned to support people with complex needs
- The Network will support the maximum provision of primary care services locally and will ensure appropriate access to these services for people living in the Network area

Donegal is part of CHO Area 1 along with Sligo, Leitrim, Cavan and Monaghan. In terms of Management Structures, the CHO is led by a Chief Officer and supported by a Management Team across four key service areas: Head of Primary Care, Head of Social Care, Head of Health and Wellbeing and Head of Mental Health. These Service Heads are allied with similar positions in national HSE structures (i.e. National Directors of Primary Care, Social Care, Health and Wellbeing and Mental Health).

These senior management changes have been implemented in CHO Area 1 with the Management Team appointed in 2016. Discussions are currently taking place around the re-organisation of Primary Care Networks and recommended staff appointments.

### **1.3.1 CHO Area 1 Plan 2018**

CHO Area 1 is primarily a rural area with high proportions of older people (13%) compared to the national average (11.6%). It is characterised by high levels of unemployment, high dependency ratios, low levels of educational status, high levels of deprivation and high numbers of people with Medical Card/GP Visit Card compared to the national average. This demographic profile presents significant challenges in delivering health services to the population coupled with sparsely populated areas and poor transport links.

The 2018 Operational Plan for CHO Area 1 is the second plan produced since the regional CHO structures were established across the country. It reflects the national policies and priorities set by the HSE in the National Service Plan while setting priorities for the Area which include:

- Providing greater opportunities for public and service user feedback

- Improving the quality and safety of services, creating a culture of continuous learning, open disclosure and improvement
- Strengthening programmes to address chronic illness and promote the wellbeing of the population and our staff
- Safeguarding vulnerable children and adults
- Addressing waiting times to access essential services
- Strengthening measures to address emerging infection control issues
- Promoting the wellbeing of adults and children with a disability by maximising opportunities to live ordinary lives in local communities with supports
- Supporting older people to live at home and for those needing long term residential care providing access to facilities which promote their physical and mental health.
- Working in an integrated manner with acute services, general practice and maximising opportunities afforded by cross border working and the EU funded Interreg programmes
- Developing mental health supports with a particular focus on youth mental health, recovery and suicide prevention strategies

The plan notes that the health concerns reflect those of the national population: circulatory and respiratory diseases, cancer, the impact of lifestyle behaviours of smoking and alcohol, and mental health related diseases. It states that ‘these concerns are strongly correlated with lifestyle behaviours and socio-economic factors, levels of education, employment and housing (Healthy Ireland, 2012). Planning and delivery of health services in CHO 1 must take account of these given that the area rates extremely poorly on each of these important influencing variables’ (pg. 11).

The plan provides detailed priorities of the work to be delivered in 2018 and references the implementation of the Healy Report (Community Healthy Reorganisation Report). A range of commitments are laid out under the different service headings of Primary Care, Health and Wellbeing and Mental Health and include the following:

- Implementing the Healthy Ireland Framework and other plans such as the CHO1 Traveller Health Strategic Plan
- Improving uptake of vaccinations
- Rolling out approved programmes such as the Long Term Conditions Programme
- Collaborate on implementing Connecting for Life Donegal and the Positive Ageing plan, along with other relevant plans and strategies
- Pursue collaborative work with other statutory organisations and the community to improve the health and wellbeing of the CHO 1 population
- Developing Respite Services in response to need
- Expanding drug and alcohol treatment services

The 2018 Service Plan stresses the importance of tackling health inequalities in the area and commits to prioritising access to services for vulnerable groups as a way to do this.

## 1.4 Health and Wellbeing Policy

### 1.4.1 Healthy Ireland Framework

The Government developed a national policy framework ('Healthy Ireland – a Framework for Improved Health and Wellbeing 2013 – 2025') in 2013, with the aim of creating **'A Healthy Ireland where everyone can enjoy physical and mental health and where wellbeing is valued and supported at every level of society'**.

The many risks to the health and wellbeing of people living in Ireland include some which are obvious: issues such as overweight and obesity, mental health, smoking, alcohol and drugs. The implementation of the Healthy Ireland Framework aims to provide people and communities with accurate information on how to improve their health and wellbeing and seeks to empower and motivate them by making the healthy choice the easier choice.

It is recognised that improving population health is not just the domain of the health services. As previously discussed, many of the factors that influence a person's health and wellbeing, such as their income, housing, education level, and work conditions are determined by social, environmental and economic policies beyond the direct responsibility of the health sector. This recognition is reflected in the Framework document which calls for a partnership approach to achieving a healthier Ireland – that the health sector alone cannot address all the problems. It is up to each person, family, community, business and state body to work collectively to change our approach.

The Healthy Ireland Framework articulates four central goals for improved health and wellbeing:

- Goal 1: Increase the proportion of people who are healthy at all stages of life: this means addressing risk factors and promoting protective factors at every stage of life, from pre-natal, through early childhood, adolescence, adulthood and into old age, to support lifelong health and wellbeing
- Goal 2: Reduce health inequalities: health and wellbeing are not evenly distributed across Irish society. This goal requires not only interventions to target particular health risks, but also a broad focus on addressing the wider social determinants of health, the circumstances in which people are born, grow, live, work and age to create economic, social, cultural and physical environments that foster healthy living
- Goal 3: Protect the public from threats to health and wellbeing: Healthy Ireland is designed to ensure effective strategies and interventions to protect the public from new and emerging threats to health and wellbeing are identified and implemented. Being prepared to prevent, respond to and rapidly recover from public health threats through collaborative working is crucial for protecting and securing the nation's health
- Goal 4: Create an environment where every individual and sector of society can play their part in achieving a healthy Ireland: to be done through society-wide involvement in and engagement with health and wellbeing promotion and improvement activities

These four goals are underpinned by a Framework of Actions consisting of 6 Themes, each with an accompanying series of actions with named delivery partners.



A significant amount of work has been done around national promotion of the Healthy Ireland goals and vision across the airwaves and at local level through libraries, local councils etc. Three National Healthy Ireland surveys have been produced (2017, 2016, 2015) which have produced pertinent information about the health of the nation, including the examination of trends over the years.

The 'Healthy Ireland' Framework builds on national policy priorities that the Government is looking to address across communities and they have now been brought in under the banner of Healthy Ireland. They are: Physical Activity, Smoking, Obesity and Healthy Eating, Alcohol & Drugs, Positive Mental Health, Sexual Health, Positive Ageing and Healthy cities and Counties/ healthy workplaces.

### **1.1.2 National Health Priorities**

#### **Physical Activity**

The 'Get Ireland Active – National Physical Activity Plan' was produced in 2016 with the aim of 'increasing physical activity levels across the entire population thereby improving the health and wellbeing of people living in Ireland, where everybody will be physically active and where everybody lives, works and plays in a society that facilitates, promotes and supports physical activity and an active way of life with less time spent being sedentary'.

It identifies 8 overall action areas:

- Public awareness, education and communication
- Children and young people
- Health
- Environment
- Workplaces
- Sport and physical activity in the community
- Research, monitoring and evaluation
- Implementation through partnership

It sets an overall target of increasing the proportion of the population across each life stage undertaking regular physical activity by 1% per annum across the lifetime of Healthy Ireland (with individual targets set for children, adults and older people).

Delivery of this national plan rests with key Government departments and organisations at national and local level and, much like the other actions within Healthy Ireland, it relies on a partnership approach to realise its ambition, looking for national, regional and local bodies to connect their work and strategic planning with the actions laid out in the national strategy.

Another strategy falling under the 'Physical Activity' theme is 'Get Ireland Walking – Strategy and Action Plan 2017 – 2020. This is an initiative of Sports Ireland (funded by Healthy Ireland) and delivered by Mountaineering Ireland supported by a range of

partner organisations. The vision for Get Ireland Walking is a ‘vibrant culture of walking throughout Ireland’.

## **Healthy Weight**

Obesity and overweight are among the most significant public health challenges facing the country and they are key risk factors for chronic conditions such as heart disease, cancers, diabetes and respiratory illness. One in four children are overweight or obese, and six out of ten adults are overweight or obese currently in Ireland, with the levels of obesity much higher in disadvantaged groups<sup>6</sup>. In 2016 a national policy entitled ‘A Healthy Weight for Ireland – Obesity Policy and Action Plan 2016 – 2025’ was launched in 2016 to address this growing public health issue.

The overall aim of the plan is to increase the number of people with a healthy weight and set out a path where healthy weight becomes the norm. As with the other national strategies it recognises the cross-sectoral responsibility of all individuals, communities, organisations, government in order to tackle this issue and reach the 5 year targets set in the plan, namely:

- A sustained downward trend (averaging 0.5% per annum as measured by the Healthy Ireland Survey) in the level of excess weight averaged across all adults
- A sustained downward trend (averaging 0.5% per annum as measured by the Childhood Obesity Surveillance Initiative (COSI) in the level of excess weight in children
- A reduction in the gap in obesity levels between the highest and lowest socio-economic groups by 10%, as measured by the Healthy Ireland and COSI surveys

The plan sets out ‘Ten Steps Forward’ laying out what needs to be done and who needs to be involved in order for the issue to be addressed. Extensive information has also been published promoting healthy eating by the Department of Health namely, ‘Healthy Food for Life – the Healthy Eating Guidelines and Food Pyramid’. A toolkit has also been developed around this which includes a new Food Pyramid and guidance materials to help people makes choices to maintain a healthy, balanced diet with accompanying fact sheets.

An additional resource for schools was also launched in 2017 entitled ‘Nutritional Standards for School Meals’ and this ensures that only healthy food choices that meet these standards will be funded for breakfast clubs, school lunches and snacks, afterschool clubs and school dinners.

## **Tobacco Free Ireland**

Tobacco Free Ireland was published in October 2013 and sets a target for Ireland to be tobacco free (i.e. with a smoking prevalence rate of less than 5%) by 2025. Tobacco Free Ireland was the first policy document to be launched under the Healthy Ireland framework and it builds on existing tobacco control policies and legislation already in place.

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<sup>6</sup> Obesity Policy and Action Plan 2016 – 2025 (pg. 11).

The plan states that tobacco use is the leading cause of preventable death in Ireland with at least 5,200 people dying from diseases caused by tobacco use every year. This represents approximately 19% of all deaths. The Healthy Ireland Survey in 2015 indicated that 23% of the population smoked with the rate dropping by a percentage point to 22% in the most recent 2017 survey.

The two key themes underpinning 'Tobacco Free Ireland' are the protection of children and the de-normalisation of smoking. The policy addresses a range of tobacco control issues and initiatives and contains over 60 recommendations with actions centring around:

- Preventing non-smokers including children and young people from starting to smoke
- Encouraging, motivating and supporting current smokers to quit
- Reducing recidivism rates among those who have quit
- Protecting non-smokers, especially children, from the effects of second-hand smoke
- Limiting the societal impacts of smoking and protect society, especially those under 18 years, from the marketing practices of the tobacco industry

The high level action plan outlines the responsibilities, actions necessary and timelines for the implementation of the recommendations. The plan is subject to regular annual review and yearly reports are available detailing progress on these recommendations.

## **Sexual Health**

Launched in 2015, the 'National Sexual Health Strategy (2015 – 2020)' is Ireland's first national framework for sexual health and wellbeing. The strategy contains 71 recommendations that address a wide spectrum of sexual health services, from surveillance and prevention, to treatment, counselling and supports, to education and professional development.

This strategy aims to 'improve sexual health and wellbeing and reduce negative sexual health outcomes by ensuring that everyone living in Ireland has access to high quality sexual health information, education and services throughout their lives'. This will be realised through three goals:

- Goal 1 – Sexual health promotion, education and prevention: everyone living in Ireland will receive comprehensive and age-appropriate sexual health education and/or information and will have access to appropriate prevention and promotion services
- Goal 2 – Sexual health services: equitable, accessible and high quality sexual health services that are targeted and tailored to need will be available to everyone
- Goal 3 – Sexual health intelligence: robust and high quality sexual health information will be generated to underpin policy, practice, service planning and strategic monitoring

## **Alcohol and Drugs**

The 'Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025' strategy outlines the Government's intent to address the harm caused by substance misuse in Ireland up to 2025. It builds on the work done by two previous National Drugs Strategies (from 2001 – 2008 and from 2009 – 2016), which aimed to reduce the harm caused by the misuse of drugs, through a concerted focus on supply reduction, prevention, treatment, rehabilitation and research. This new strategy will also advocate a harm reduction approach, but will place a greater emphasis on supporting a health-led response to drug and alcohol use in Ireland.

The strategy relates not only to misuse of alcohol but also extends to cover illegal drugs and the abuse of prescription medicines. It is looking to achieve: "A healthier and safer Ireland, where public health and safety is protected and the harms caused to individuals, families and communities by substance misuse are reduced and every person affected by substance misuse is empowered to improve their health and wellbeing and quality of life". It aims to achieve this working through five strategic goals:

- Promote and protect health and wellbeing
- Minimise the harms caused by the use and misuse of substances and promote rehabilitation and recovery
- Address the harms of drug markets and reduce access to drugs for harmful use
- Support participation of individuals, families and communities
- Develop sound and comprehensive evidence-informed policies and actions

Each of these goals has related objectives, actions and detailed indicators. The delivery of the strategy will be monitored by a National Oversight Committee which meets quarterly and is under the responsibility of the Minister for State with responsibility for Health Promotion and the National Drugs Strategy.

## **Positive Mental Health & Wellbeing**

Positive mental health is essential to health and wellbeing. It is estimated that one in four people will experience mental health problems during his/her lifetime, and levels of depression and admissions to psychiatric hospital are higher among more disadvantaged groups underpinning the importance of a person's environment and life circumstances in influencing their health.<sup>7</sup>

A number of policies and strategies are in place addressing the issue of mental health. There is the current policy 'A Vision for Change' which is the Government strategy published in 2006 detailing a reform of mental health service provision. There is 'Connecting for Life' which is the national strategy for the reduction of suicide 2015 - 2020, which, by the very nature of the topic deals with mental health. It articulates a vision for 'a country where fewer lives are lost through suicide, and where 'communities and individuals are empowered to improve their mental health and wellbeing'. Seventeen local suicide prevention action plans have also been produced to align with the national strategy at either CHO area or County level.

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<sup>7</sup> Healthy Ireland Framework, pg. 10.

Healthy Ireland concentrates more on the issue of positive mental health, couched in the term 'wellbeing' where a person can 'realise his or her own abilities, cope with the normal stresses of life, work productively and fruitfully and be able to make a contribution to his or her community' (pg. 9).

The kind of work being undertaken under the banner of Healthy Ireland around this area is mental health promotion, mental health awareness and education with the aim of improving awareness and understanding of mental health and wellbeing in Ireland, population health campaigns like 'Green Ribbon', '#Little Things', Men's Health Week, World Mental Health day etc.

### **Positive Ageing**

With an ageing population, there was recognition from Government that the country needs to prepare for this demographic shift. The National Positive Ageing Strategy aims to be the blueprint for planning for an 'age friendly' country laying out what must be done to make Ireland a good place to grow old. Linking in with the Healthy Ireland Framework underpinned by the social determinants for health, the strategy emphasises that ageing is not just about health services, it is about the environment, where people live, how they live, how they connect and engage with their community, ensuring their security, and as such requires a whole of government approach.

The vision set out in the strategy is that Ireland 'will be a society for all ages that celebrates and prepares properly for individual and population ageing. It will enable and support all ages and older people to enjoy physical and mental health and wellbeing to their full potential. It will promote and respect older people's engagement in economic, social, cultural, community and family life, and foster better solidarity between generations. It will be a society in which the equality, independence, participation, care, self-fulfilment and dignity of older people are pursued at all times'. It sets out four goals:

- Remove barriers to participation and provide more opportunities for the continued involvement of people as they age in all aspects of cultural, economic and social life in their communities according to their needs, preferences and capacities
- Support people as they age to maintain, improve or manage their physical and mental health and wellbeing
- Enable people to age with confidence, security and dignity in their own homes and communities for as long as possible
- Support and use research about people as they age to better inform policy responses to population ageing in Ireland

There are also a number of cross-cutting objectives that the strategy says should be objectives for all policy development and service delivery for older people across all policy areas: combating ageism and improvement information provision.

The national strategy is being reflected at local level through the local authorities where an 'Age-Friendly Counties Programme' is being put in place looking for every Local

Authority area in Ireland to have its own Age-Friendly County Programme (see below for detail of Donegal Age-Friendly Strategy).

## **1.5 Local Policy Frameworks**

The County policy environment is informed by nationally set policies and priorities. Decision makers at the local level are required to use these national frameworks to generate local plans and strategies which articulate local needs within these frameworks and within available resources. These local policy frameworks shape the living and built environment which has such an impact on people's health and wellbeing.

### **1.5.1 County Development Plan**

One of the most important local policy documents is the County Development Plan (CDP) prepared by Donegal County Council. It is a statutory document setting out a strategic vision for the future growth and development of the County and is the 'master plan' that guides all other local plans and policies. The County Plan for 2018 – 2024 looks to manage land use in the County 'setting out a clear view ahead in development terms together with clear priorities to drive growth'.

Given the importance of the local planned environment and the impact this has on people's health and wellbeing i.e. jobs, education, amenities, heritage, culture, services, infrastructure, transport, housing, the County Development Plan is a crucial policy document as it shapes people's lives and opportunities.

The CDP sets out an ambitious vision to 2038 looking to be a catalyst for positive growth and economic development in County Donegal. The aim for the County is to target population growth of approximately 173,000 people by 2024 and to consequently reach upwards of 200,000 people by 2038 with 70% of the projected population growth towards that part of the County outside Letterkenny. The overall vision states:

'By 2038, County Donegal will be a connected place with a strong, competitive and innovative economy that is attracting and sustaining a population of upwards of 200,000 people, offering a quality of life ranked highest in the country and asserting a key role in the context of the North West City Region and within the area of the Northern and Western Regional Assembly'.

Detailed plans are laid out as to how the County will be developed in order for this vision to become a reality guided by the following overall strategic objectives:

- S-O-1: To plan for population growth to 173,000 people by 2024 and subsequently to plan for further population uplift to upwards of 200,000 people by 2038 so as to secure critical mass in the County and thereafter to contribute to the critical mass of the North West City Region with Letterkenny and the city of Derry-Londonderry as its key urban settlements
- S-O-2: To support growth of the County through an 'All of County Strategy' in order to ensure effective development and to harness particular strengths and opportunities that exist within the different areas of the County

- S-O-3: To support the role of Letterkenny as a linked urban area in the North West City Region in order to drive investment and produce consequential benefits throughout the entire County and to support regional growth in the context of the Northern and Western Regional Assembly
- S-O-4: To support the development and implementation of a sustainable economic model for County Donegal embracing growth in areas such as innovation, research and development, rural diversification, tourism initiatives, energy advances and the promotion of sustainable start up enterprises and as an integral component of accelerating the socio-economic growth in the North West
- S-O-5: To prioritise regeneration and renewal of the County's towns, villages and rural areas in order to support vibrant and strengthened communities and drivers of economic growth
- S-O-6: To protect, enhance and appropriately harness the unique quality and diversity of the environment in the County, through a wide range of measures, supported by proper planning and sustainable development
- S-O-7: To prioritise key infrastructural investment required throughout the County, such as in transportation networks, water services, waste disposal, energy and communications networks, the provision of education, healthcare, retail, and a wide range of community based facilities and to collaborate on delivery, including in the regional context
- S-O-8: To facilitate appropriate, sustainable development, innovation, research and technological advances in business, communications and energy development throughout the County and in a Regional, Cross Border and National context
- S-O-9: To implement the policies of the Development Plan
- S-O-10: To provide the strategic spatial framework to guide collaboration, investment, community development and sustainable growth

The Plan recognises that towns and villages across the County are at the centre of rural communities and they are important locations for service delivery, gathering, expression of identity, rural enterprise and social and community supports. A number of them have been identified as Strategic Towns in the Plan that can perform 'Special Economic Function'.

To that end therefore, the CDP is looking to enable their revitalisation and regeneration as a key strategic intervention. Local Area Plans are currently being finalised for An Clochan Liath [Dungloe], Ballybofey-Stranorlar, Ballyshannon, Bridgend, Carndonagh, Donegal Town, Killybegs as well as plans for Letterkenny, Bunrana and Bundoran. These plans will look at the issue of land supply for housing but also build upon their strategic designation as service centres in the County.

The central objective of the County Development Plan is to attract and sustain population growth across the County. A central feature of achieving this objective has to be the provision and the sustaining of services in and around the County and perhaps more centrally is access to these services. It is these living environments, the services, the buildings, and the amenities that have a significant impact on people's health and wellbeing.

### 1.5.2 Local Economic and Community Plan 2016 - 2022

The Local Economic and Community Plan (LECP) 2016 – 2022 aims to promote economic and community development in the County over the six year period in line with the policies and framework set out in the County Development Plan. The LECP addresses the issues, needs and opportunities of the County across all of the sectors and which consists of a significant regional, (including cross border) dimension. The Local Economic and Community Development Committee and the Economic Development Committee of the Council drives the implementation of this plan in partnership with other local organisations.

The Vision of the County Donegal LECP is: 'To connect Donegal's people and places, harness it's economic opportunities and to achieve strong, healthy, inclusive and sustainable communities.' It is underpinned by 7 priority goals:

- To Develop Donegal as a Connected Place
- To Harness Donegal's Natural and Human Capital
- To Value, Sustain and Develop Our Culture and Creative resource
- To Promote Sustainable, Inclusive and Healthy Communities
- To Develop Donegal as a Lead Region for Learning, Research and Innovation
- To Develop the 'Donegal' Brand
- To Promote Entrepreneurship, Investment and Enterprise

Each of these goals has a series of objectives and detailed actions to be implemented over the timeframe of the plan all of which will impact on the environments in which people live and on their health and wellbeing. Goal 4 in particular focuses on promoting sustainable, inclusive and healthy communities and includes the specific objective around 'promoting and supporting health and wellbeing in County Donegal'. The actions mentioned under this objective include:

- Working in partnership with existing structures of health service provision such as Primary Care Teams and Networks, Community Mental Health Teams within the Community Healthcare Organisation in order to ensure ease of access to high quality health services which meet the needs of the local community;
- To support the implementation of projects to meet local priorities within the National Framework for 'Healthy Ireland' and to improve health and wellbeing through a partnership approach within existing structures and organisations and through engagement with existing programmes such as screening events, Carers Programmes etc.
- To support and improve community responses to addressing issues including alcohol addiction, mental wellbeing through increased participation in sport and physical activity
- To continue to work in partnership to support schools participating in health promotion initiatives
- To develop programmes to improve and support health and wellbeing in children and young people in the areas of nutrition, physical activity, sport, anti-bullying and transition from national to secondary school
- To establish a partnership approach in tackling alcohol and drug related harm within our local communities to include promotion of community mobilisation



- and programmes to develop community capacity building in order to respond to alcohol misuse and related harm
- To increase accessibility to mental health supports for people living in rural areas as well as providing information and transport etc.
  - To promote and support Donegal as an Active County
  - To maximize health and wellbeing outcomes for communities in the proposed development of the North West Greenway and other initiatives involving outdoor spaces
  - To use the principles and approach of the WHO Healthy Cities Programme to support the implementation of local initiatives such as Healthy Towns and Villages
  - To enhance and improve existing playgrounds and develop new playgrounds to serve areas of identified need and to support health and wellbeing in children
  - To develop library, arts and cultural programmes relating to social, health and mental health and suicide prevention
  - To identify and support young people whose lives are affected by the care needs of a family member who is a young carer and promote local initiatives that contribute to positive health and wellbeing

### **1.5.3 Connecting for Life Donegal 2015 - 2020**

Connecting for Life Donegal, Suicide Prevention Action Plan 2015 - 2020 is aligned to the national strategy to reduce suicide in Ireland. Each County or CHO was required to produce local plans aligned to the national strategy. It is a 5 year action plan and articulates the same vision as the national strategy; 'A County where fewer lives are lost through suicide, and where communities and individuals are empowered to improve their mental health and wellbeing'.

It also mirrors the national strategic goals at a County level:

- To improve the understanding of, and attitudes to, suicidal behaviour, mental health and wellbeing within the County
- To support local communities capacity to prevent and respond to suicidal behaviour
- To target approaches to reduce suicidal behaviour and improve mental health among priority groups
- To enhance accessibility, consistency and care pathways of services for people vulnerable to suicidal behaviour
- To ensure safe and high-quality services for people vulnerable to suicide
- To reduce and restrict access to means of suicidal behaviour
- To improve surveillance, evaluation and high quality research relating to suicidal behaviour

Each of these strategic objectives has associated local actions set out with a view to achieving two outcomes: a reduced suicide rate in the whole population of Donegal and amongst specified priority groups, and a reduced rate of presentations of self-harm in the whole population of Donegal and among specified population groups.

Overseeing the implementation of this Plan at County level is the Connecting for Life Implementation Steering Group which is also responsible for securing funding for actions where required.

#### **1.5.4 Donegal Age Friendly Strategy**

The Donegal Age Friendly Alliance produced an 'Age Friendly Strategy' in 2015 following consultation with older people in Donegal. It is part of the national and indeed worldwide (through the WHO) initiative to develop age friendly communities in response to the general ageing of the population in developed countries. The Department of Health published the National Positive Ageing Strategy in 2013 (detailed in 1.2.2 section above) which kick started the establishment of City and County wide Alliances around the country.

Donegal County Council officially launched its Donegal Age Friendly County Initiative in January 2014 involving a wide range of members from different organisations in the County. One of its first tasks of the Age Friendly Alliance was to produce a County 'Age Friendly Strategy' which articulated the following vision: 'that County Donegal will be a great place to grow old in, enjoyed and appreciated by everyone for its quality of life'.

Eight themes are identified for action over the lifetime of the plan, all of which have a significant impact on the health and wellbeing of older people:

- Outdoor spaces and buildings:
  - Develop Letterkenny as a pilot Age Friendly Town
  - Age proof County Donegal
- Transportation:
  - Transport auditing and provision
  - Establish a County Transport Steering Committee
- Housing
  - Supporting independent living in the community
  - Implement a range of crime prevention measures
  - Assist older people in becoming winter ready
- Respect and Social Inclusion
  - Creation of a County Donegal Older Persons Forum
  - Delivery of Age Friendly training to Public Service bodies
- Social Participation
  - Raising awareness of the range of training and education opportunities available
  - Increase opportunities for participation in social, cultural and community activities
  - Increase participation by older people in sport
- Civic Participation and Employment
  - Enterprise mentoring programme
  - Age Friendly business programme
- Communication and Information
  - Awareness raising about the age friendly approach
  - Implementation of the Cul Taca Programme
  - Donegal Age Friendly Directory of Information
- Community Support and Health Services

- Implement Age Friendly principles within hospital facilities
- Promotion of the Fall Prevention Programme
- Promotion of Physical Wellbeing Programmes for Older People
- Quality of Life Programme
- Ensure that Connecting for Life Donegal delivers actions to prevent suicide in older people

### **1.5.5 Donegal Local Development Strategy 2014 - 2020**

A Local Development Strategy was produced in Donegal in 2014 as part of the requirement for LEADER Rural Development Programme funding. It was produced by the Local Community Development Committee (LCDC) with a vision to 'stimulate and support sustainable and innovative rural development that builds a diverse and sustainable economy, creates greater ownership of the environment, heritage and culture, that contributes to the quality of life for the citizens of Donegal and a collective sense of purpose in achieving 'Life in Balance'.

The Strategy sets out in detail a series of planned actions broken down across themes and subthemes:

Theme 1: Economic/ Enterprise Development and Job Creation

- Rural tourism
- Enterprise development
- Broadband

Theme 2: Social Inclusion

- Basic services targeted at hard to reach communities
- Rural youth

Theme 3: Environment

- Protection and sustainable use of water resources
- Protection and improvement of local biodiversity
- Development of renewable energy

Each of these sub-themes has a number of actions outlined complete with timeframe and budget. The Local Development Strategy while driven by the LCDC, has four implementing bodies across the County: Inishowen Development Partnership, Donegal Local Development Company, Udaras na Gaeltachta and Comhar na nOilean. The Plan was approved by the Department in July 2016 with a budget of nearly €13m over 6 years.

### **1.5.6 Social Inclusion Community Activity Programme Plans 2018 - 2022**

A further relevant County plan is the Social Inclusion Community Activity Programme (SICAP). It is a national programme that provides funding to tackle poverty and social exclusion through local engagement and partnerships between disadvantaged individuals, community organisations and public sector agencies. At a County level, the Programme is managed by the Local Community Development Committee of the Council and implemented by Donegal Local Development Company (covering the County of

Donegal excluding Inishowen) and Inishowen Development Partnership (covering the Inishowen Peninsula).

The parameters of the SICAP Programme are set nationally and there are 2 Goals and a number of sub-goals in each area:

Goal 1: Supporting Local Communities: to support communities and target groups to engage with relevant stakeholders in identifying and addressing social exclusion and equality issues, developing the capacity of local community groups and creating more sustainable communities

Goal 2: Supporting Individuals: to support disadvantaged individuals to improve the quality of their lives through the provision of lifelong learning and labour market supports

Each Implementing Body then devises its own actions under each of these Goals depending on local issues, needs and identified target groups. The issue of health and wellbeing features across the plans of both Implementing bodies:

*(a) Inishowen Development Partnership:*

Goal 1.1: to reinvigorate the sense of community and common purpose and offer opportunities for participation and active citizenship in local communities

Goal 2.2: to promote and increase access to opportunities for learning and development as a gateway to participation, active engagement, in both formal and informal education and progression to achieving increased self-confidence, life skills, better sense of self, family and community

Goal 2.3: To promote an integrated approach towards tackling early school leaving by working in a whole family/ community approach addressing mental health and wellbeing and creating opportunities for positive engagement and family support.

Goal 2.5: To minimise, as far as possible, the barriers which prevent full participation in all elements of community life with particular reference to transport, access and childcare

*(b) Donegal Local Development Company (DLDC)*

Goal 1.1: working with groups to develop work plans, co-ordinate and implement sustainable inclusive community initiatives and events that bring people together and create a strengthened sense of community and identity

Goal 2.1: Supporting people in 'Realising and Activating their Personal Potential' by creating a safe and positive environment in which they can freely explore and develop their abilities, competencies and personal talents.

Goal 2.3: Connecting and Communicating with young people by opening 'Virtual Doorways'.

### 1.5.7 Other Local Plans & Strategies

There are a number of other local plans and strategies that affect the living and built environment people inhabit and that have a significant impact on the determinants of people's health and wellbeing. They include:

- Children and Young Persons Committee (CYPSC) Plan. CYPSC is a County wide committee that brings together the main public and not-for-profit agencies and organisations providing services to children and young people in the County. The CYPSC plan is in draft and was not made available to the consultants for inclusion in this report
- Local Area Plans: Donegal County Council is currently drawing up Local Area Plans for An Clochan Liath [Dungloe], Ballybofey-Stranorlar, Ballyshannon, Bridgend, Carndonagh, Donegal Town, Killybegs and these are in final consultation phase. The process of preparing a Local Area Plan for Letterkenny has just started with Bundoran and Buncrana to follow
- Sports Partnership Strategy 2015 – 2019: Donegal Sports Partnership has a dual objective of increasing participation in sport/ physical activity and the provision of quality coaching and training programmes. They implement actions across four pillars of Active Sports, Active Schools, Active Communities and Active Partnerships
- CHO1 Traveller Health Strategic Plan: launched in April 2018 the CHO 1 Traveller Health Strategic Plan is aligned to the new National Traveller and Roma Inclusion Strategy, and has used the national framework to structure local actions to improve Traveller health in the CHO 1 area. The actions take account of Traveller culture and identity and acknowledges the specific challenges, including discrimination that the Traveller community faces. The actions areas include: Cultural Identity, Education Employment and The Traveller Economy, Children and Youth, Health, Gender Equality, Anti-Discrimination and Equality, Accommodation, Traveller and Roma Communities and Public Services

## 2. County Profile<sup>8</sup>

### 2.1 Overview

County Donegal is bounded on the West by the Atlantic Ocean and shares 93% of its entire land boundary with Northern Ireland and the remaining 7% with County Leitrim. The existence of the border gives rise to a unique area given that people access services and facilities on both sides of the border, and change in one jurisdiction can have a significant impact on the other. This is particularly important with Brexit given the significant daily cross border traffic movement for economic, and social purposes:

**Table 1. Total Border Traffic Movement per week and day per route.**  
(Source DRD 2015 Telemetric Data)

Route	Traffic Movement (per week)	Traffic Movement (per work day)
<b>Derry – Bridgend (border)</b>	134,863	19,266
<b>Derry – Culmore (border)</b>	71,145	10,164
<b>Strabane – Lifford (border)</b>	120,569	17,224
<b>Total no. journeys</b>	326,577	46,654

Collaborations between Derry and Strabane District Council and Donegal County Council have been strengthened in recent years with the region promoting itself as a key strategic area - the North West Region comprising approximately 350,000 people.

The landscape of Donegal is comprised of mountains and valleys with a deeply indented coastline formal natural sea loughs, bays, peninsulas and many islands. It is the fourth largest County in the State and the fifth most rurally dispersed County in Ireland. It has a weak urban structure with a large number of small towns. The majority of the larger and medium size towns are located in the north and east with the smaller towns to the south west. After Cork, it has more towns and villages than any County in Ireland. There are 61 settlements ranging in size from just over 100 inhabitants to almost 20,000 people:

- 54% of the population lives in open countryside
- 12% of the population lives in the Letterkenny gateway
- 34% of the population lives in 60 relatively small geographically dispersed settlements

The County has 13 inhabited islands with a population of 796 persons in 2011. In the Gaeltacht, 69% of the total population regards themselves as Irish Speakers, and has a population of 24,744, representing 24.5% of the total Gaeltacht population in the State.

Donegal's strategic transport network comprises of ports (Killybegs and Greencastle), airports (Donegal airport and proximity to Derry airport) and strategic road networks. Given the County's size, its weak urban structure and low population density, accessing and providing services can be difficult. Connecting people to services can be done either

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<sup>8</sup> Information extracted primarily from the Donegal LECP, the Local Development Strategy, the Research Section of Donegal County Council and the Public Health Department, HSE.

physically or digitally which requires the delivery of essential infrastructures, such as a quality road network, bridges, bus services, high speed broadband etc. There is a generally higher uptake of broadband along the eastern axis of the County (notably areas with higher concentrations of populations under 15 years) while the western axis of the County has a lower uptake and a notably higher concentration of population over 65 years.

## **2.2 Population structure**

There were 159,192 people living in Donegal according to the 2016 Census and although the population decreased between 2011 – 2016, it has grown by 8.1% over the past 10 years. The County has experienced a decline in its young population (5%) and a growth in its older population (16%) over the 2011 – 2016 period. The greatest decrease in population was in the 20 – 29 age group in this period, indicating how out-migration has had a particular impact on families and communities in Donegal. Conversely, the population over 45 years has increased with the greatest increase experienced in the over 65 year olds.

Other key population movements include:

- The number of children aged 0 – 4 dropped by 15.3% (7% nationally)
- A 1% increase in the number of children of primary school age, much lower than the national figure of 11.5% and reflects the baby boom experienced from 2009 – 2011
- The number of 13 – 18 year olds has increased by 2.1% and accounts for 8.7% of the County
- A significant decrease in the number of persons falling into the 19 – 24 age group, falling by 16.2%
- The number of persons in 'older age' categories has increased by 16.4%.

Recent research carried out by AIRO, indicates that in 2031, 21.5% of the population of the Border Regional Authority Area will be over 65 years of age, bringing with it major demographic and service related challenges.<sup>9</sup> Above average concentrations of elderly people are located towards the West and North West of the County, mainly in Gaeltacht areas and in areas that have experienced lower levels of population growth.

## **2.3 Age Dependency**

Given the data presented above, it is no surprise to note that the age dependency ratio (i.e. this is the ratio of older and younger population to the population of a working age) has increased since the last census period to 60.5%, the fourth highest age dependency ratio in the state after Leitrim, Mayo and Roscommon. In essence, the higher the age dependency ratio, the more people in the community are dependent on public services and supports (people under 15 and people over 65) and the less people in the community of a working age.

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<sup>9</sup> AIRO – All Ireland Research Observatory which is a research and consultancy unit based at NUI Maynooth.

## **2.4 Nationality & Ethnicity**

95% of Donegal residents were born in Ireland, Northern Ireland, England, Wales or Scotland. The top three places of birth outside of Ireland and the UK are Poland, USA and India, and the top growing foreign national communities in Donegal are from India, Pakistan, Romania, Croatia and Afghanistan. Donegal had 586 usually resident Irish Travellers in 2016, a decrease of 140 persons over the 2011 – 2016 period.

## **2.5 Socio-Economic Grouping**

The proportion of people in Donegal who fall into the ‘semi-skilled’ and ‘unskilled’ work category was 16.6% in 2016. This is slightly higher than the CHO 1 figure of 16% and higher than the national figure of 14.1%. The proportion of the County population classified in the ‘professional’ work category is 5.6%. This professional work category percentage is slightly lower than the CHO 1 (6%) and national (8.1%) average.

## **2.6 Educational attainment**

The proportion of the population aged 15 and over that left full time education with no formal or primary education only is 22%, compared to 13% in the State.<sup>10</sup> These people tend to fall into the older age categories. This has reduced from 2011 where the figure stood at 26.1%. The figures are higher for males (24.9%) than females (19%).

People appear to be staying longer in education with the proportion of people achieving a higher educational qualification increasing to 33.4% (state 42%) from 28.5% in 2011. The most popular field of study at third level was ‘Social Sciences, Business and Law’, Health and Welfare’ and ‘Engineering, Manufacturing and Construction’.

## **2.7 Employment and Unemployment**

Donegal has the second lowest labour force participation rate in the State (57%) Conversely, 43% are not participating in the labour force (a slight increase since 2011). The changes in the labour force participation rate are driven by:

- An increase in the number of people who are retired
- A decrease in people looking after home or family
- A decrease in people who were unable to work due to sickness or disability
- An increase in people falling into the ‘student or pupil’ category

The male participation in the labour force (63.4%) is higher than the female participation rate (36.6%). There has been some positive news in relation to unemployment, with 18%

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<sup>10</sup> Educational attainment rate cited here is the Donegal County Council Research and Policy Section figure and is calculated as the proportion of people who have primary level education only as a % of the population aged 15 and over. The HSE Public Health Department Educational Attainment figure stands at 13.4% (higher than the national figure of 8.1%) and the difference lies in the calculation of the proportion of the population aged 15 years and over who have primary education only as a % of the total population. The HSE Public Health calculation is the one that is used in the individual area profiles.



unemployed in 2016, a fall from 26.2% in 2011 but the County still records the second highest unemployment rate in the State after Longford.<sup>11</sup>

Unemployment rates do not include people who are on the Live Register, of which there were 11,525 people in April 2018. This has decreased from the same time period the previous year when 13,381 people were signing on.<sup>12</sup> Included in this Live Register figures are 4,298 people who are participating in the JobPath Programme (January 2018 figure). This has increased from 3,381 recorded in January 2017.

The other pertinent strand of data is the numbers of people on labour market schemes in Donegal, which are also not included in unemployment figures – see Table 2. Figures were sourced from Donegal Local Development Company, Inishowen Development Partnership and Udaras na Gaeltachta which show that as of May 2018, 1,150 people are on either Community Employment, Rural Social Scheme, TUS or Jobs Initiative across the County. Unemployment rates are highest in the under 25 age group recorded at 32.6% and the rates for males higher (34.3%) than the rates for females (30.5%).

**Table 2. Breakdown of numbers of people on labour market schemes in Donegal (May 2018).**

	Rural Scheme	Social	Jobs Initiative	Community Employment	TUS
Udaras na Gaeltachta	131		11	103	78
Inishowen Development Partnership	42		-	253	100
Donegal Local Development Company	142		16	54	220
<b>Total</b>	<b>315</b>		<b>27</b>	<b>410</b>	<b>398</b>

## 2.8 Economic Activity

Agricultural activity has for many decades been a primary sector of economic and social importance in the County. Changes in farming techniques and market demands, together with an ageing farmer population has seen the need for a more focused and structured move toward farm diversification. Farm numbers are reducing (there were 9,240 farms in County Donegal in 2010 which was a decrease of 4.9% over the 2000 –

<sup>11</sup> Unemployment rate cited here is the Donegal County Council Research and Policy Section figure and is calculated as the proportion of people unemployed as a % of the population aged 15 and over in the labour force. The HSE Public Health Department Unemployment Rate figure is 7.3% (higher than the national rate of 5.6%) and the difference lies in the calculation of the proportion of the population aged 15 years and over who were unemployed as a % of the total population. The HSE Public Health calculation is the one that is used in the individual area profiles.

<sup>12</sup> The Live Register Figures are not designed to measure unemployment. It includes part-time workers (those who work up to three days per week), seasonal and casual workers entitled to JB and JA.

2010 period) and farm size is increasing from an average farm size of 26.2 HA in 2000 to 27.9 HA in 2010.<sup>13</sup>

Tourism is the other big industry in the County with the number of tourists visiting Donegal being consistently on the increase with 283,000 visitors in 2016. This is an increase from the 199,000 visitors in 2013 and can be broken down by country with the greatest number of visitors from Mainland Europe (113,000); Britain (84,000); North America (62,000) and elsewhere (24,000).

Two of the country's largest fishing ports are in Donegal: Killybegs and Greencastle. In 2013, Killybegs ranked No. 1 in Ireland in terms of tonnage and value of landings. Large scale wind farms are common in the region and produce well above the national average of wind energy. Counties Donegal, Derry and Tyrone combined produce 25% of Ireland's wind power.

## 2.8 Occupation

The total number of people in the labour force in the County in 2016 was 71,182 with the greatest numbers working in the following top ten detailed industrial groupings:

**Table 3. Donegal labour force by industrial grouping (Source CSO)**

Detailed Industry Heading	2011	2016
Residential care and social work activities	2,779	3,359
Farming of animals mixed farming	3,213	3,139
Hospital activities	2,745	2,941
Public administration	3,126	2,754
Primary Education	2,148	2,186
Hotels and similar accommodation	1,675	1,974
Retail sale in non-specialised stores (food, beverage, tobacco)	1,899	1,938
Secondary Education	1,830	1,780
Construction of Buildings	1,209	1,388
Computer Programming, consultancy & information service activities	874	1,512

Computer programme, consultancy and information services activities accounted for the largest growths in numbers at work from 2011 – 2016 and was the 10<sup>th</sup> most important sector in the country.

## 2.9 Family Structure

The predominant type of household in Donegal are those comprising of married couples, accounting for 50% of all private households followed by single person households (26.7%).

Just over half of all families (52%) are couples with children (21,756)<sup>14</sup> and drilling down further into this data, it shows that 18% of all families in County Donegal are a one-

<sup>13</sup> Local Development Strategy, pg. 36.

parent family (7,604). In the majority of cases, these families are headed by the mother (86% or 6,575 families) with 14% headed by the father (1,029 families). There are higher proportions of one parent families living in the urban centres of Letterkenny, Ballybofey-Stranorlar, Lifford, Carndonagh, Buncrana, Donegal Town, Ballyshannon and Bundoran. The number of one parent households in Donegal has declined however, by 4.6% over the 2011 – 2016 Census period.

Of all the persons aged 65 years and over in the County in 2016, one in four (or 28%) were living alone. These percentages increase as a person gets older i.e. 32% of people over 70, 37% of people aged 75 years and over, 41% of people aged 80 years and over and nearly 1 in every 2 persons (45%) aged 85 were all living alone.

## **2.10 Housing**

There were a total of 58,305 households in Donegal in 2016. One third of these were built between 2001 and 2010 with just 2.1% built in or after 2011 (584 units). The County Development Plan estimated a need for 5,174 new housing units in the 2018 – 2024 period to meet the ambitious objectives of population growth in the County.

Of the 58,305 households, 44% were owner occupied without a loan or mortgage which is a slight increase from 2011 (42.8%). A further 28% were owner occupied with a loan or a mortgage (slight decrease from 31.9% in 2011).

Nearly one in every four households were renting in 2016 (22.4%) with the majority of these were renting from private landlords (12.7%), 8.8% renting from the local authority and 0.8% renting from a Voluntary Body. These figures are similar to those recorded in 2011.

Looking at actual figures, Donegal County Council reports that there are 1,682 households in receipt of HAP (Housing Assistance Payment) across the County and a further 4,914 households who are Council Tenants (renting from the Local Authority including leased units). There are 2,454 households on the social housing waiting list and this figure falls to 860 when applications for transfers are excluded (i.e. people in Council accommodation looking for transfers or people in receipt of HAP looking for a transfer). The figures on homelessness in the County in 2017 show that 105 households were assisted with emergency accommodation and the majority of these are single persons. The trends for 2018 to date are similar.

## **2.11 Connectivity**

One in four households have no access to internet across the County (25%) which is higher than the state average (18%) in 2016. A further 72% of households said they had an internet connection either through broadband or other internet access types.

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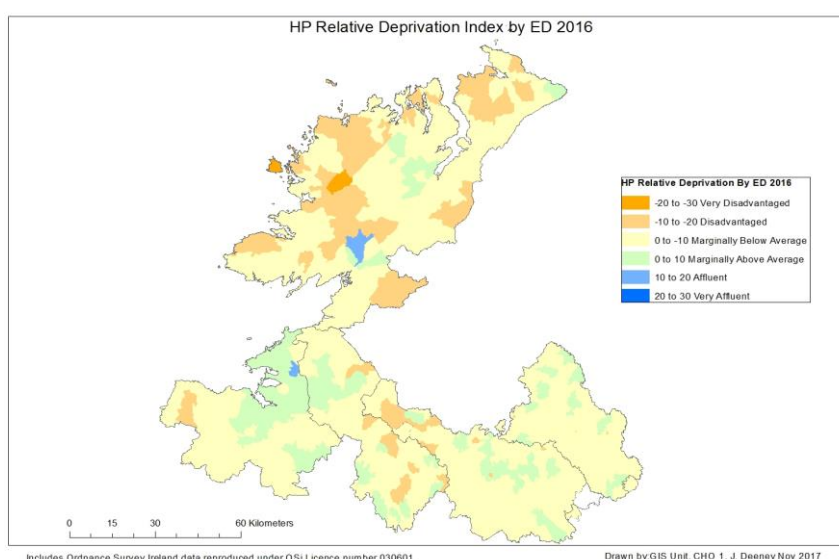
<sup>14</sup> For census purposes, a family is defined as a couple with or without children, or a one parent family with one or more children.

A total of 14% of the population of the County do not own a car which is a significant proportion, given the relatively isolated position of the County vis-à-vis the rest of the country and given the limited alternative transport options available.

## 2.12 Deprivation

Donegal has the highest deprivation rate in the State (-6.4) followed closely by Limerick City (-6.3) and Longford (-6.0). In percentage terms, this translates into 38.6% of the population classed as 'disadvantaged' which is higher than the CHO 1 figure of 32.2% and much higher than the State figure of 22.5%.<sup>15</sup> Less than 10% of the County is classified as 'affluent' and concentrated around the Lough Eske area in South Donegal, and parts of Bundoran and Letterkenny.

**Figure 1. Map showing HP Relative Deprivation Index by ED in**



**2016**

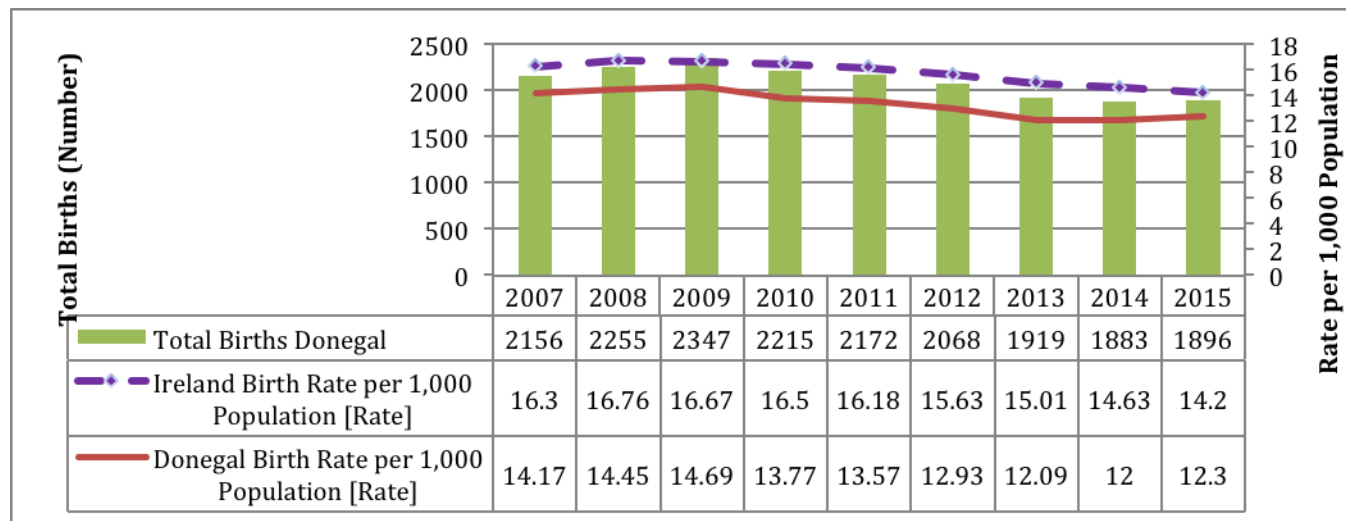
## 2.13 Health Indicators (Data sourced from Department of Public Health, 2018)

### *Births*

There were 1,900 births (3% of all births in Ireland) registered to mothers in Donegal in 2016, a decrease of almost 1% from 2015. In 2016, the birth rate in Donegal was 12.3 births per 1,000 population which is lower than the rate for CHO 1 and the national rate (13.0 and 13.7 births per 1,000 population respectively). Donegal County has one of the lowest breastfeeding rates in the State standing at 34.2% of the population in 2016 compared to 38.5% in CHO 1 and 47.7% nationally.

<sup>15</sup> The deprivation index is driven by a range of data relating to the demographic profile, the social class composition and the labour market situation in the County.

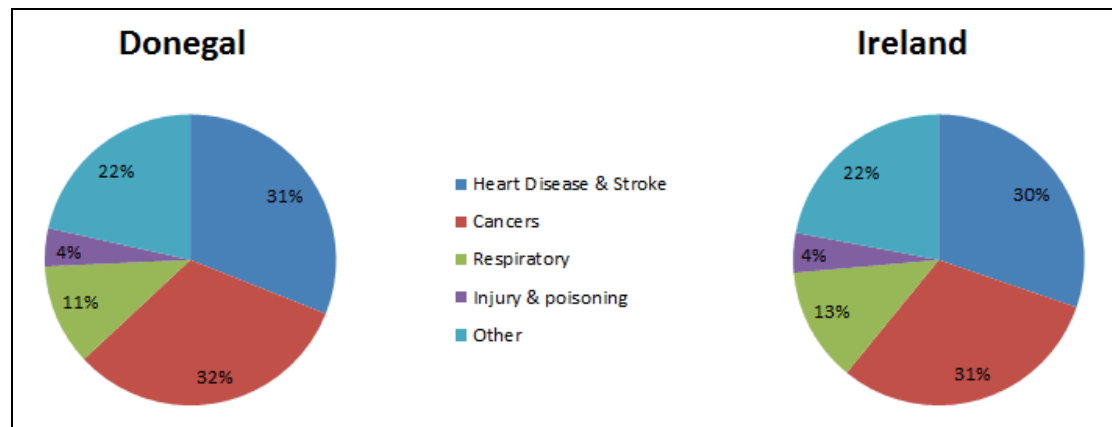
**Figure 2. Births in Donegal and Ireland, 2017 to 2015**



*Deaths*

There's no marked difference between deaths in Donegal and Ireland. Upon examining the 5 year age standardised death rate per 100,000 population (for years 2012 – 2016), heart disease and stroke were the leading cause of mortality, followed by cancer with respiratory diseases ranked third for both nationally and within Donegal.

**Figure 3. Causes of death in Donegal and Ireland 2012 – 2016. Source Department of Public Health**



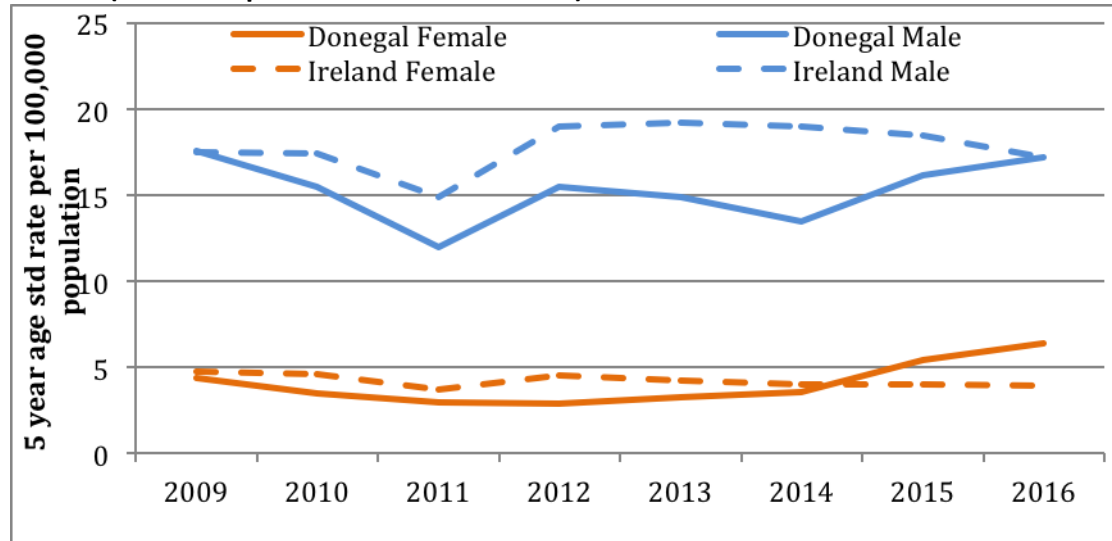
The majority of people in Donegal consider themselves to have good or very good health with 2% of the population rating their health as 'bad' or 'very bad'. This is slightly higher than the national figure of 1.6%.

*Mental Health*

The 2016 figures for suicide and self-harm in Donegal County are measured as rates per 100,000 population and they show that the male suicide rate in the County stands at 17.1, which is the equivalent of the national suicide rate. This has been slowly increasing since a slight dip in 2014. The female suicide rate in Donegal (6.5 per 100,000

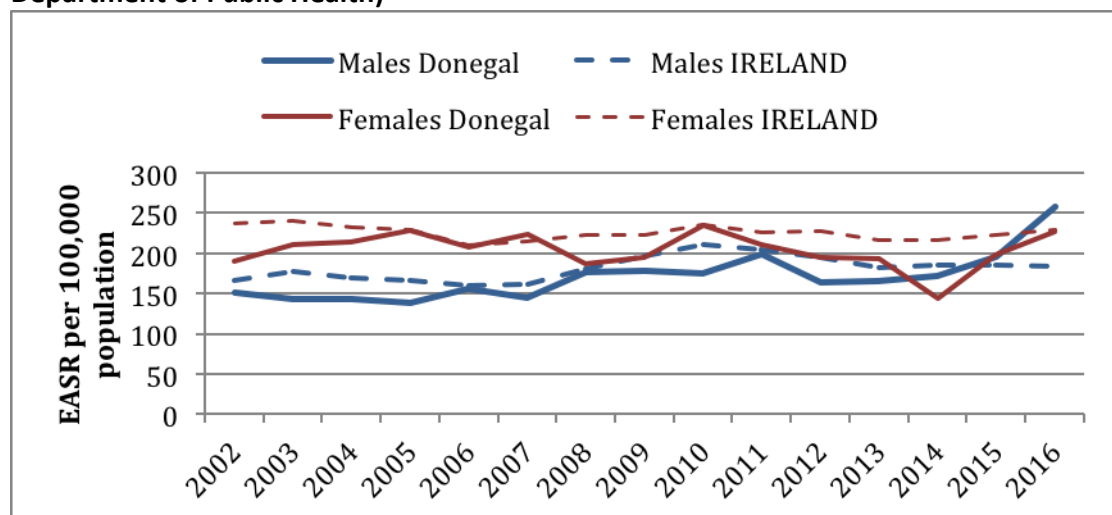
population) is much lower than the male figure but still higher than the national rate of 3.9. Much like the male trend, this increased between 2014 and 2016.

**Figure 4. Five-year Age Standardised Death Rate by Suicide 2009 – 2016 compared to Ireland (Source Department of Public Health)**



The self-harm rate for men in Donegal is 259 per 100,000 population, much higher than the national rate of 184 per 100,000. The female self-harm rate is in line with national rate figures at 226 per 100,000 (national rate 229 per 100,000). The rates seem to fluctuate significantly over the years but there seems to have been a sharp increase in both genders between 2014 and 2016.

**Figure 5. Self-Harm rate per 100,000 (EASR) per Registry reports, 2002 – 2016 (Source Department of Public Health)**



### Disability

One in seven of Donegal's citizens are living with one or more disabilities (14.4%) compared to 13.5% nationally. This has increased from 2011 possibly reflecting the County's ageing population. More than 1 in 5 people with a disability live alone, and 1 in

3 people over the age of 65 years with a disability live alone. 15.4% of the population with a disability is living in towns in the County. On average, 36% of people with a disability in rural towns are aged 65 years and over, while 15% of people with a disability are under 15 years.

### *Carers*

5% of the County population are carers, and 156 of these (total number 7,211) are under the age of 15. Almost 1 in every 5 carers in the County (19.3%) is either under the age of 19 years or over the age of 65. There is an increasing role being undertaken by both older and younger members of the community, in providing vital caring services and thereby allowing friends and family members to remain in their homes living semi-independently for longer.

The Carers Allowance full-time payment is €12,844 per year while the average full time wage is €45,075 and the average annual cost of nursing home care in Donegal is €56,888.

## Chapter 3      METHODOLOGY

### Research Objectives.

The project research objectives were to:

- Establish what local communities identify as their health and wellbeing needs
- Identify what local resources, challenges and gaps exist in terms of supporting the improvements sought in health and wellbeing

### Project Management

This research project was managed by a Project Working Group with members from the Donegal Community Health Network (represented by Derryveagh CHF and Inishowen CHF), the HSE Social Inclusion Office, the HSE Public Health Department and Community Support Workers. The Working Group met with the Consultants on a monthly basis and ongoing contact was maintained between the parties over the course of the project.

### Research Context.

Given the broad nature and multiple definitions of Health and Wellbeing, the Working Group advised that the definition of Health and Wellbeing used in the Healthy Ireland Framework would be used to frame this piece of research:

A 'Healthy Ireland' is one *'where everyone can enjoy physical and mental health and where wellbeing is valued and supported at every level of society'*.

It was also important to provide further context as to what is meant by 'health and wellbeing' for consultation participants (focus groups and online survey):

- There is an holistic focus on physical, mental, social, psychological and sexual health
- The emphasis is on keeping people well and preventing people falling into ill-health by creating environments that support positive lifestyle choices
- While health services are central to a person's health and wellbeing, they are just one of many service providers who have a role in effecting positive change in this regard
- Healthy individuals create healthy communities

### Research Approach.

The research and consultation approach included four strands of work:

#### 1. Preparation of HSE Public Health PCT Area profiles

The HSE Public Health Department worked with the Project Team, supported by the Project Working Group to develop the Primary Care Team Area Profiles. The profiles were prepared in advance of the local consultation and were used to inform the discussion. Detailed work on the overall design, formatting and content was a work in progress as the project developed in order to ensure that the final version of the profiles



were easy to understand, interpret and ultimately be used by the local PCT and CHF teams, and other agencies, to advocate for the required funding and resources required to meet the health and wellbeing needs within the local area.

## 2. Collation and analysis of Donegal local census data

To support the information contained in the Area Profiles, further work on local socio-economic data was also completed to fill any information gaps drawing from a range of other data sources: the Policy and Research Team in Donegal County Council, previously published plans such as the Local Economic and Community Development Plan, the Local Development Strategy, the County Development Plan and others.

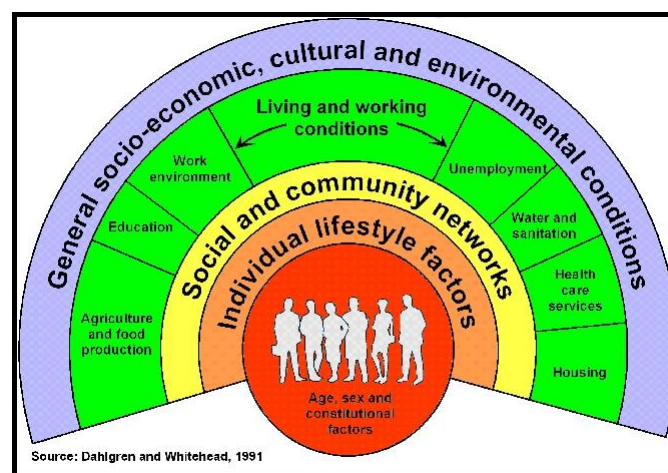
## 3. Planning and implementing the PCT Consultation process

As stated above, the PCT Area profiles were used to inform the focus group consultation. The structure and content of the focus groups was drafted by the Project Team and finalised with the Working Group. Assistance was given by the Community Support Workers in identifying contact details for PCT and CHF members, circulating the online survey link (to protect data confidentiality) and organising suitable times, dates and venues for the focus group meetings.

The following consultation principles were agreed:

- PCTs and CHFs will be asked the same questions
- The new local PCT profiles were used to inform the discussion
- Focus Groups will be minimum an hour, maximum two hours
- The Social Determinants of Health model will be used as a guide for the discussion and will provide the template for the write-up

Figure 6. Social Determinants of Health Model (Source Dahlgren and Whitehead 1991)



Careful consideration was given to the focus groups to ensure all elements of health and wellbeing were included, that vulnerable groups in the area would be identified, and to ensure that the discussion covered all of the relevant social determinants of

health so that the focus was not solely on health services. The focus group questions are shown in Table 4.

**Table 4. Consultation Focus Group Questions**

1	<p>What do you think are the main health and wellbeing needs of the people in X area and surrounding areas?</p> <p>a) Follow on: What do you think are the challenges for the people of the area in leading healthier and happier lives?</p> <p>b) Follow on: how can these challenges be addressed</p>
2	<p>Are there any particular groups/ communities in the area who face particular challenges in pursuing a healthier life? Prompt: Travellers, disability</p> <p>➤ How can these challenges be addressed?</p>
3	<p>What is your experience of services (health and community) in X area and the surrounding area? Prompt: gaps in services, resources that currently exist in area</p> <p>➤ What can be done to make them more effective given the constraints in the area?</p>
4	<p>What do you think needs to happen in order for this area to become a healthier community?</p>
5	<p>Is there anything else, other than what has already been mentioned, that would improve your health and wellbeing/the health and wellbeing of the people in X and surrounding areas?</p>

At the outset of the project the Working Group agreed there would be 17 focus groups, one in each PCT area, encompassing both PCT and CHF members. However, this was not possible in all areas due to the current status of some PCTs. Therefore in the majority of areas separate focus groups were held with the PCT and the CHF. In areas where the PCT has not been operational for some time, the decision was made to ask PCT and CHF members to complete an online survey with questions that reflected the questions in the focus groups.

The survey link was circulated to PCT and CHF members either through the identified local HSE Administration PCT support, or directly by the Project Team. Table 5 below summarises the approach taken in each PCT area. Focus Group attendees completed a sign-in sheet at the start of the meeting in to capture attendance numbers and where people had come from/their role in the PCT or CHF or community. It is important to note that the discussion was influenced by who was in attendance at the focus group, as

the individuals were bringing their own experiences from their professional position or role in the community.

A specific focus group was held with Donegal Travellers Project, to ensure that the views of this group, who experience significant health inequalities, were included in the Needs Analysis.

In total, 139 people attended the focus groups and 49 people responded to the online survey, giving a total of 188 people who participated in the consultation process.

**Table 5. Summary of Consultation Approach by PCT Area**

<b>PCT Area</b>	<b>PCT Meeting Arranged</b>	<b>CHF Meeting Arranged</b>	<b>No. of online survey responses</b>
Lagan Valley	Focus Group (2 <sup>nd</sup> May 2018). <b>8 participants</b>	Focus Group (5 <sup>th</sup> April 2018) <b>6 participants</b>	<b>0</b>
Lifford/ Castlefin	Focus Group (15 <sup>th</sup> May 2018) <b>7 participants</b>	Focus Group (26 <sup>th</sup> April 2018) <b>7 participants</b>	<b>0</b>
Derrybeg/ Bunbeg	Joint Focus Group with PCT and CHF (3 <sup>rd</sup> May 2018) <b>5 participants (3 x PCT, 2 x CHF)</b>		<b>2</b>
Derryveagh	Focus Group (10 <sup>th</sup> April 2018) <b>3 participants</b>	Focus Group (10 <sup>th</sup> April 2018) <b>10 participants</b>	<b>1</b>
Fintown & The Rosses	Online survey	Focus Group (3 <sup>rd</sup> May 2018) <b>3 participants</b>	<b>3</b>
Ardara/ Glenties	Focus Group (2 <sup>nd</sup> May 2018) <b>6 participants</b>	Online survey	<b>4</b>
Ballyshannon/ Bundoran	Focus Group (30 <sup>th</sup> April 2018) <b>4 participants</b>	Focus Group (1 <sup>st</sup> May 2018) <b>4 participants</b>	<b>4</b>
Donegal Town	Focus Group (17 <sup>th</sup> April 2018) <b>3 participants</b>	Focus Group (1 <sup>st</sup> May 2018) <b>6 participants</b>	<b>3</b>
Killybegs	Focus Group (1 <sup>st</sup> May 2018) <b>4 participants</b>	Focus Group (26 <sup>th</sup> March 2018) <b>5 participants</b>	<b>2</b>
Letterkenny 1. Ballyraine 2. Railway House 3. Scally Practice	Online survey	Focus Group (8 <sup>th</sup> May 2018) <b>8 participants</b>	<b>10</b>
Buncrana	Focus Group with Inishowen Family Action Network (IFAN) members (23 <sup>rd</sup> April 2018), supported by the online survey to PCT and CHF members and additionally identified Community Groups. <b>19</b>		<b>12</b>
Carndonagh/ Clonmany			

Moville	<b>participants</b>		
Finn Valley	Online survey	Focus Group (16 <sup>th</sup> April 2018) <b>11 participants</b>	<b>4</b>
Milford/Fanad	Joint Focus Group with PCT and CHF (12 <sup>th</sup> April 2018) <b>11 participants</b>		<b>2</b>
Donegal Travellers Project	Focus Group (8 <sup>th</sup> May 2018) <b>9 participants</b>		<b>NA</b>
			<b>Other: 2</b>

#### 4. Analysis and Write-up

Once the primary and secondary research was complete, the information was analysed and the report was drafted with particular attention being paid to the local area profiles. These had to marry a number of different information strands; the Health Profiles prepared by the HSE Public Health Department, the feedback from the Focus Groups, the online survey responses and any other area specific information that was relevant such as previous Needs Assessments or reports. A draft report was submitted to the Working Group on the 31<sup>st</sup> May and following feedback and further meetings, the final report was produced on 29<sup>th</sup> June, 2018.

#### Methodological Challenges.

At the start of the project a primary challenge identified by the Consultants and the Working Group was in arranging the focus group meetings with the PCTs and CHFs where the groups were not functioning effectively or not in place.

This concern was borne out as the consultation planning progressed and in order to support maximum participation across the County, it was agreed to hold separate PCT and CHF meetings where a joint meeting was not possible. It was also agreed to design and disseminate an online survey with questions that reflected the focus group questions to those PCTs and CHFs it was not possible to meet. This was possible within the scope of the project due to the PCT/CHF approach in Inishowen, where only one focus group meeting was held for three PCT areas through the Inishowen Family Action network (IFAN), which gave the time for additional focus groups elsewhere in the County.

It was a challenge to obtain the contact emails of PCT and CHFs in some areas, which slowed the process down. It was however possible with persistence and the support of the Community Support Workers and the Project Working Group to ensure all PCTs and CHFs were asked for their views either through the focus groups and/or online survey.

The Consultants were conscious that the outcome of the consultations would be informed very much by who was present around the table. These concerns were borne out as in some areas where, for example, only an Occupational Therapist or a Physical Therapist were present from HSE services, and the conversation tended to steer towards the particular issues they face in their everyday work. Where this did occur, the online survey was circulated in order to try and engage with other PCT and CHF members.

Finally, the Consultants and the Working Group thought carefully about how best to present the findings, particularly of the qualitative research, in such a way that reflected honestly the views and the voices of the people who participated in the process. A number of issues presented themselves in this regard:

- It was felt that the report may be seen as overly negative
- Given that it is people's views being expressed, they may not be wholly accurate or reflective of the wider service being offered or indeed reflect the views of other people who did not participate in this process
- Some of the recommendations proposed during the consultations by participants could be seen as overly idealistic or simplistic, not recognising or appreciating the national context and constraints within which policy makers operate.

After much discussion and deliberation, it was decided that the views of the people who participated in this process should be reflected as accurately and honestly as possible in each of the Area Profiles, without filtering or dilution (with every effort made to ensure the facts are correct). Similarly, their thoughts about recommendations and what could be done to address the issues in their areas have also been included in their entirety at the end of each of the respective Profiles, again to respect the process. In the final two chapters, the headline issues and recommendations are drawn from the analysis of the Area Profiles. Efforts are made here to concentrate on issues that were common across a number of Primary Care Teams rather than individual localised issues, working off the assumption that if everyone is saying it, then there has to be some truth to it.

**Chapter 4: Area Profiles**

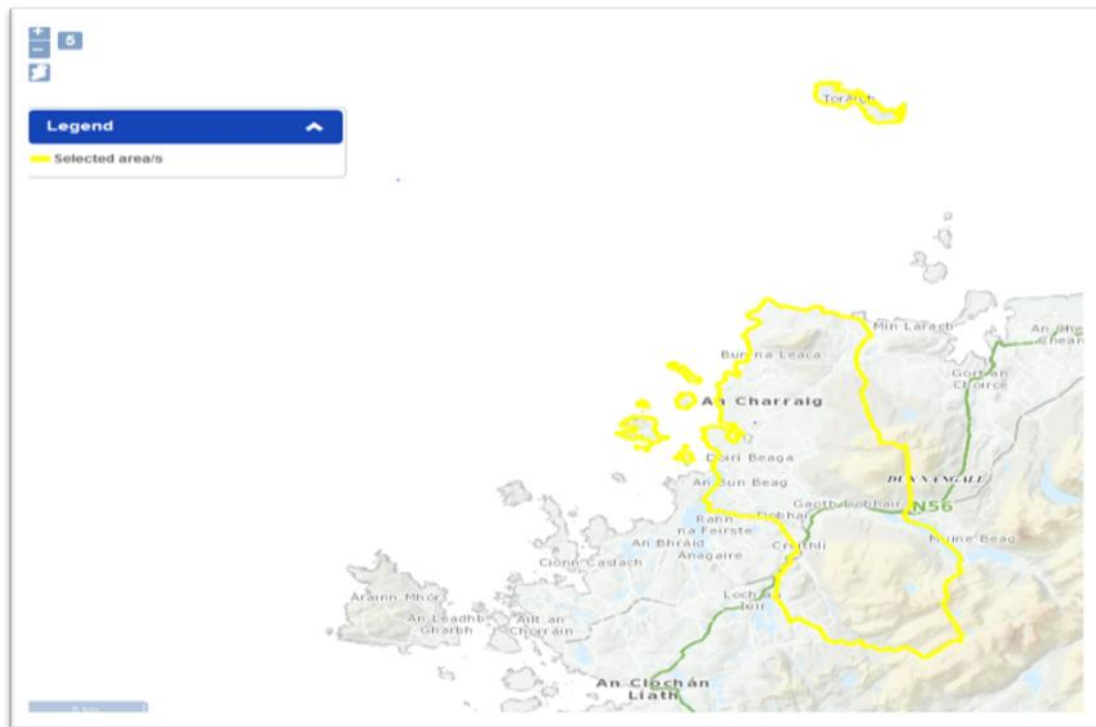
- 4.1 Bunbeg/ Derrybeg
- 4.2 Derryveagh
- 4.3 Fintown & the Rosses
- 4.4 Ardara/ Glenties
- 4.5 Ballyshannon/ Bundoran
- 4.6 Donegal Town
- 4.7 Killybegs
- 4.8 Finn Valley
- 4.9 Lagan Valley
- 4.10 Lifford/ Castlefin
- 4.11 Inishowen
- 4.12 Letterkenny
- 4.13 Milford/ Fanad/ Rosguill

## 4.1 Bunbeg/ Derrybeg Primary Care Team Area Profile

### 1. Background

Bunbeg/Derrybeg PCT area is located on the west coast of Donegal County and spans the area from Dunlewey to Magheraroarty, including Crolly with the main centre being the town of Gweedore. It borders the Fintown/ Rosses PCT to the south, Derryveagh PCT to the north west and has extensive coastline to the west and includes Tory Island.

**Figure. 1: Bunbeg/ Derrybeg PCT area**



The Bunbeg/ Derrybeg Primary Care Team (PCT) is made up of a small group of members that have early morning meetings every 6 – 8 weeks. Members include: a Community representative, the mental health nurse for over 65s; the public health nurse; Mental Health Nurse and the Social Prescribing Coordinator. The PCT has HSE administration support, an HSE facilitator and a Chairperson elected by the Group. There was no Community Health Forum established in the area at the time of the PCT area focus group meeting, but one has subsequently been formed on 14<sup>th</sup> June 2018. The aim is to build toward a community meeting in September to agree priorities for 2018/19.

Recent projects completed by the PCT include:

- 2 Day Mental Health seminar (Over 660 young people, community participation.)
- Details Community needs assessment (2016)
- Caring for the Carers events
- Weaning and Healthy Eating / obesity projects

## 2. Overview of Area<sup>16</sup>

The Bunbeg/ Derrybeg Primary Care Team area is a predominantly Gaeltacht speaking region (one of the largest Gaeltacht speaking communities in the country) with a strong passion for the Irish language and culture. Gweedore town is the service centre for the area with the following services available:

- 5 primary schools (gaelscoileanna)
- 1 post primary school (gaelscoil)
- 1 third level institution - Acadamh na hOllscolaíochta Gaeilge which is under patronage of NUI Galway and develops the range and number of programmes that are provided through the medium of Irish on campus
- 1 library
- 1 Day Centre
- 2 Health Centres
- 2 Public Health Nurses
- 4 Community Centres
- 1 Social Prescribing Project (part time)
- MABS (based in Gweedore)
- 1 Fire Station
- 1 First Responders Group (32 volunteers).
- 2 arts centre/ theatre
- 1 radio station (RTÉ Raidió na Gaeltachta)
- Údarás na Gaeltachta

Gweedore used to have a thriving factory industry, where up to 20 large companies were established producing rubber, carpets, body toning equipment and cleaning agents. However, by 2001 most of these companies had closed due to competition from Eastern Europe. As a result, up to 4,000 jobs were lost, and this had a serious economic and social effect on Gweedore and the surrounding areas. Further blows were dealt to the local economy with the loss of Largo Foods Company in March 2014 and the Seaview Hotel in January 2015 (a loss of 170 jobs in total).

The area has a strong tourism industry with the highest mountain in Donegal (Mt Errigal) dominating the landscape and numerous scenic beaches and glens.

There is a very active community across the PCT, with a number of community centres (Ionad Naomh Pádraig, An Crannóg, Ionad Cois Locha and Cnoc Fola), a range of community groups including: active elderly, disability groups, women's groups, men's groups, parent and toddler groups, a Men's Shed, a women's shed and numerous physical and social activity/ sports groups and clubs.

A number of private bus companies serve the area running from Gweedore to the larger urban centres in the rest of the County. Local Link operates three routes that serve parts of the area: Burtonport – Letterkenny, Falcarragh – Dungloe and the Falcarragh Circle. Close by, Carrickfin airport operates daily services to Dublin and Glasgow.

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<sup>16</sup> The statistical data in the section is drawn primarily from the Area Profiles developed by the HSE Public Health Department using Census 2016 data and other relevant health data sources.



## **Population Structure**

The total number of people living in the Bunbeg/ Derrybeg Primary Care Team area is 4,038. One in five of those people are aged under 14 or 65 and over. The age cohort 0 – 4 experienced a decline of 18% since the last census in 2011 and while this is in line with national and regional trends i.e. a declining birth rate, it is higher than the 15% decline experienced at County level and the 7% experienced at national level. Smaller declines are also experienced in the 5 – 14 year old age category but the most significant decline is evident in the young working population, people aged 20 – 39. Since 2011, this age cohort has experienced declines of 18% in the 20-24 year old age group and 30% in the 35-39 age cohort. What this means in effect is a loss of 748 people out of this working population age group. The older age brackets show increases starting from the age of 50 onwards. The biggest increase in population is in the 60 – 69 age group increasing by 11%, and the 75 – 79 age group also shows an increase of 12%. While these increases are not as pronounced as in other PCT areas, they do show an ageing population with 117 people over the age of 85 in the area, the majority of these being female.

The population projections for the area over the next 10 years anticipate that the total population will decrease overall just slightly by 1%. The biggest decreases will be seen in the younger population with the 0-4 age group projected to decrease by 22% and the 5 – 9 to decrease by 28%. Overall, there will be 173 less people under the age of 14 by 2025. The most significant population shifts will come in the 35 – 49 age bracket where it is projected that 250 people will be lost in this age cohort with decreases as high as 40% to be seen in the 40 – 44 age group. Significant population shifts can also be seen in the 15 – 29 age group but these are on the upward curve with a doubling of the 20 – 24 age category (up by 57%), and a 40% increase expected in the 25 – 29 age category. It is projected that there will be additional 186 people in this age category by 2025 (overall a total of 772 people).

## **Age Dependency**

The age dependency ratio (0-14 and 65+ years as a percentage of the working population 15 – 64) for the Bunbeg/ Derrybeg area is 67%, one of the higher dependency ratios when compared with the other PCTs (the highest being in Fintown and the Rosses at 73%) and much higher than the County average (60%) and the national figure (53%). The young dependency ratio is lower than the County and national figure at 33% reflecting the smaller numbers in the younger population, but the older age dependency ratio is high at 34%, much higher than the County (25%) and national figure (20%).

## **Nationality & Ethnicity**

There is a significant UK (5% or 188 people) and Polish population (2% or 67 persons) in the Bunbeg/ Derrybeg area with people of an Irish nationality standing at 89% of the population. No one from the Traveller community is living in the area according to the 2016 Census.

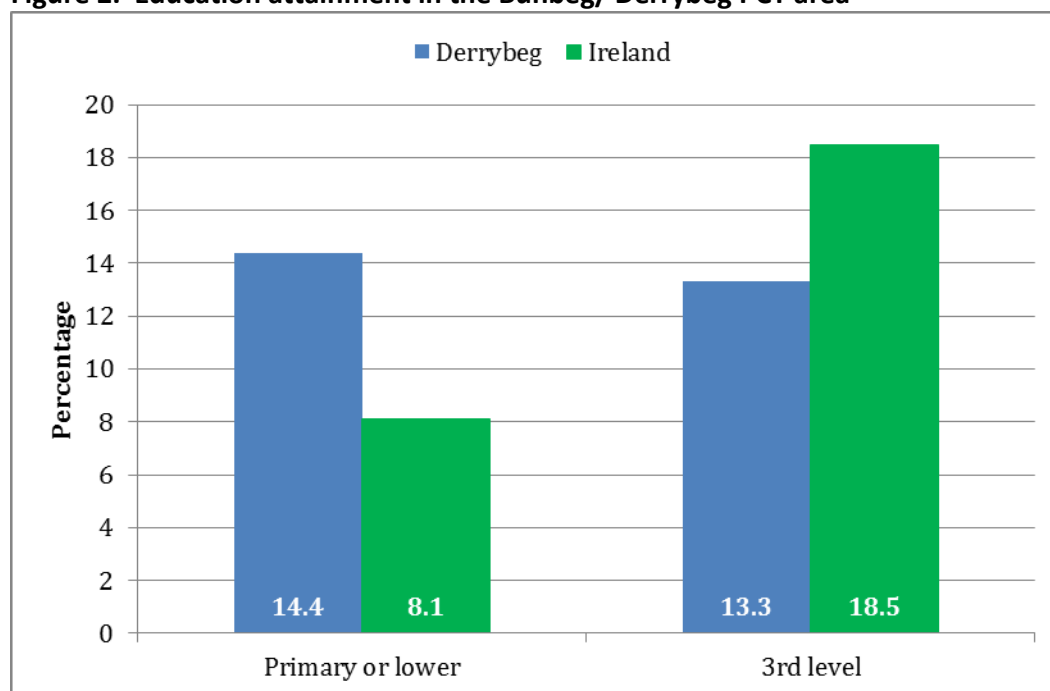
## Socio-Economic Profile

There is a significantly high proportion of the population classed as 'semi skilled or unskilled' in the area, accounting for 22% of the population. This is one of the higher percentages compared to other PCTs and higher than the County level at 16.6% and the national figure at 14.1%. The proportion of people falling into the 'professional' category is small compared to other areas (3%) or 126 people. This is significantly lower than the County figure of 5.6% and national figure of 8.1%.

## Educational Attainment

The percentage of the population educated to primary level only is 14% which is average compared to other PCT areas and the County figure of 13.4%. It is higher however than the national figure of 8.1%. Turning to third level education, 13% of the population has attained a third level qualification, slightly lower than the County figure of 14% and much lower than the national figure of 18.5%.

**Figure 2. Education attainment in the Bunbeg/ Derrybeg PCT area**



## Unemployment

While the rate of unemployment for the area has fallen since 2011 to 11%, this is highest unemployment rate among all the PCTs in Donegal and higher than the County (7.3%) and national (5.6%) rates. It is difficult to know whether the fall in unemployment rates is a result of job creation and opportunities in the area or the migration/ emigration of the working population along with an increase in the number of people ageing into retirement or the number of people moving on to labour market schemes (TUS/ CE) and therefore coming off the live unemployment register.

## Occupations

The total number of people at work in the Bunbeg-Derrybeg PCT area in 2016 was 533 accounting for 52% male and 48% female. The greatest numbers work in Professional Services, Commerce and Trade and Manufacturing (outside of the 'Other' category).

Industry	Total	Male	Female
Agriculture, Forestry, Fishing	36	34	*
Building & Construction	18	17	*
Manufacturing Industries	58	43	15
Commerce and Trade	101	53	48
Transport & Communication	27	23	*
Public Administration	42	21	21
Professional Services	164	42	122
Other	87	44	43

Note: \* As the number of women working in Agriculture, Forestry & Fishing, Building & Construction and Transport & Communication in the Bunbeg-Derrybeg PCT area is 10 or less, this has not been reported above to protect privacy and confidentiality.

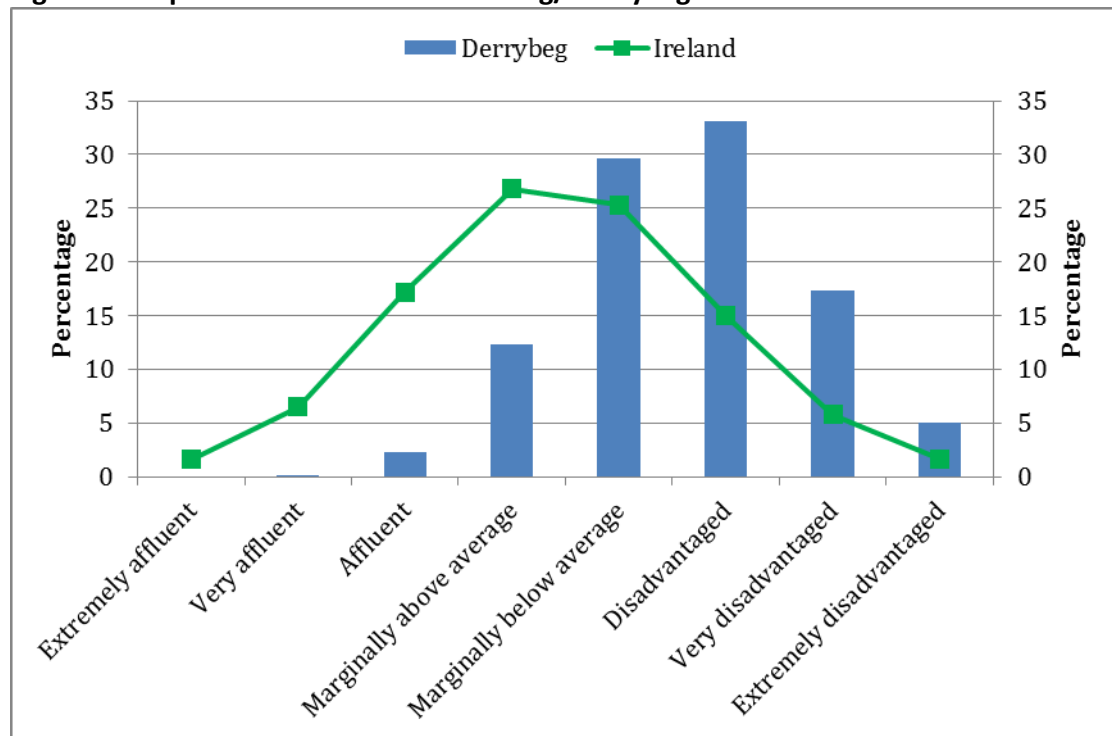
## Family Structure

There are a total of 324 families in the Bunbeg/ Derrybeg area with a high proportion in the primary education system (43%), higher than the proportions seen at County (37%) and national level (35%). This raises questions about the education and job opportunities available locally for this cohort once they reach adulthood. Ten per cent of the families have children at pre-school and a further 17% are either retired or 'empty nesters'. Looking at the type of families in the area, 14% are one parent families with children which is lower than the County and national which have a similar figure of 18%.

## Deprivation

Bunbeg/ Derrybeg has one of the highest deprivation levels (outside of Lifford/ Castlefinn) with 56% of the population classified as disadvantaged, essentially one in every two individuals. This is broken down into 'disadvantaged' at 33.1%, 'very disadvantaged' at 17.4% and 'extremely disadvantaged' at 5%. Deprivation data is driven by demographics, dependency ratios, unemployment, educational attainment variables (among others) and therefore the deprivation levels in Bunbeg/ Derrybeg are much higher than the County figures (38.6%) and twice the national average (22.5%).

**Figure 3. Deprivation Levels in the Bunbeg/ Derrybeg PCT area**



### Health Indicators

Seventy nine people living in the area (2%) rate their health as either ‘bad’ or ‘very bad’ which is in line with County figures. There is particularly high proportion of people with disabilities (17% or 680 people), one of the highest figures recorded among all PCTs and higher than the County figure of 14.4%. There is also a high proportion of the population who are carers (6%, or 247 people) again, higher than the County figure of 4.5% and one of the highest among the other PCTs across the County.

### Connectivity

The nature of the terrain and the isolated nature of the PCT on the west coast means access to a car is essential. Only 4% of the population do not own a car and this is by far the lowest rate among the other PCTs (the average being 10% of the population). The corresponding figure in the County is 14% and nationally is 15%. In terms of digital connectivity, 66% say they have broadband access with 15% with no access to the internet. This compares favourably with figures elsewhere in the County where 25% of people do not have access to internet.

### Consultation Findings

#### Overview

This section presents the findings from a joint focus group meeting between the PCT and CHF with 5 participants in total. Given the low turnout, members were also provided with an opportunity to make their views known through the online survey and 2 people took advantage of this. This section draws heavily from a detailed Community Needs

Assessment that was carried out in 2015/16 which consulted with 20 different groups across the area (HSE staff and community groups). As it is relatively recent and PCT members felt that most of the information was still relevant, the findings have been incorporated into this process. The section also incorporates findings of the Healthy Donegal Community Engagement process where meetings were held across the 5 Municipal Districts (MD of Glenties is the most relevant here) on health and wellbeing issues.

It is important to note that this section directly reflects the views of the people who attended the focus groups, and has not been filtered in any way. Where possible fact checking has taken place, but there is the possibility that some feedback reflect personal viewpoints which may or may not be wholly accurate. However, people's perceptions reflect their own reality so if views are considered 'inaccurate' then this can be taken as a communication issue that needs to be addressed.

### **Access**

(a) Transport. The general bus service via Local Link is working well with good links between Falcarragh – Gweedore – Dungloe. This is a relatively new service and will take time to build up customers, but people can now start planning their needs around the local timetable. However, there is an issue about the lack of accessible transport for people with disabilities as the Local Link buses are not always easily accessible.

(b) Information. There is a real need for information about what mental health supports are available and how to access them. There is also a lack of information or awareness about dietician and bereavement services

### **Services and Community Connectivity**

It is very difficult for children with additional or complex needs to access general activities or facilities e.g. sport and summer camps. This is a huge pressure on parents and increases the risk of exclusion for parents and children.

People are working hard to make ends meet, and whatever money is left over usually goes on the children, but this often means that parents are not taking care of their own needs e.g. social needs; education needs etc. There is also a need for affordable childcare facilities to enable parents to further their education and attend social activities.

Trainee doctors from the United States come to the area at least once a year, and do community medical based work as part of their medical training, for 7 – 10 days. The trainees also bring medical supplies with them. The trainees pay to stay in local accommodation and use the local facilities which contributes to the local economy. This scheme works very well for the trainee doctors and the local community.

Service gaps in the area include:

- A support group is needed for the parents of children who have diabetes (there is a relatively high number in the area), who currently have to travel to Letterkenny for this service

- There is a Meals on Wheels in the area, but it is not supported or subsidised by the HSE, making it more expensive for individuals and therefore affecting take up
- There is a lack of local support groups, especially for those with depression and mental health problems
- There is a lack of support for carers
- There is a lack of social activities for men

## Health Services

**Primary Care Team.** The PCT works well generally and GPs, although they do not attend (reportedly linked to the national GP contract issue), are very supportive of the work of the PCT. The area has been promised a Primary Care Centre and a location in Derrybeg has been identified but it has not materialised. The clinicians (Physio, SLT, OT and Community Health Nurse) currently have no base to work out of and the limited space available at present is affecting the delivery of these services, as well as other services such as ante-natal classes and Well Baby clinics.

**Homecare.** There are difficulties with accessing quality home care in the area with demand outstripping supply, and the eligibility criteria can make it difficult for people to access the service even if they need it. Additional staff are required, as well as more training to provide community care for the increasing number of clients with complex needs. The waiting list is often months long, and those people considered low priority (P5) are often left at the bottom of the waiting lists as those with greater priority (palliative care clients for example) go to the top of the list. While this is understandable, it means that some people will wait months for support, and in that time their health can deteriorate requiring the PHN to make another assessment and another application. This is hugely frustrating for everyone involved. A further issue is that the timing of the visits is too limited; they are not long enough, and there is no social element anymore which is very important to older people to address issues of loneliness and isolation.

The following clinical services gaps were identified:

- The local Speech and Language therapist recently retired and has not been replaced
- There is no physiotherapist available in the area as there is no base to work out of
- A Chiropodist needed in the area
- There is a lack of local women's health services, e.g. breast check clinic, well woman services
- There is no community Occupational Therapist
- There is a lack of respite for sick children who have complex needs; there are no night nurses and a general lack of services in the home. The new policy/service 'Children in the Community with Complex Needs' will hopefully make a positive impact for these families
- Given the high proportion of people with disabilities in the area, there is a real need for respite and residential services for adults with disabilities. A potential site has been identified but financial assistance is needed to progress the work.
- There is the need for a mentoring/ counselling service for people with intellectual disabilities
- There is no access to a dietician, particularly for children, and this would also

- help increase the level of education and awareness around healthy eating
- The insufficient staff in the Early Intervention Scheme (paediatric physiotherapy, paediatric occupational therapy and child psychology) is resulting in lengthy waiting times
- There is a lack of co-ordination and linkage between services that deal with people who have dual/multi diagnoses. The patient is linked to the service of their primary diagnosis and linking up with other services is difficult
- People under the age of 65 requiring support e.g. people with disabilities in this age group are having to use Day Centre as there are no other alternatives locally
- There is a need for counselling service for cancer patients and their carers

## **Mental Health**

The mental health services for children are generally poor and inaccessible with long waiting lists for CAMHS and Child Psychology. The withdrawal of the outreach services provided by Jigsaw has had a detrimental impact on the young people in the area.

There is a general lack of awareness of the mental health services available and how to access them. Increased counselling is needed (particularly bereavement counselling), more support groups and access to an adult consultant psychiatrist is required; there has not been one in the area for the past 2 – 3 years.

## **Economy and Disadvantage**

Employment plays a significant role in positive mental health for both the individual and the family, and also the wider community. There is a concern that the schemes that communities rely on (TUS/ CE) will disappear and People First will take over, which will have a massive impact on the local community centres (e.g. Ionad Naomh Pdraig has the equivalent of 13 full time employees on schemes). This will have a knock-on effect on community services, as the schemes keep people living in rural communities and rural services operating. Employment opportunities are very limited and there are few other options for people seeking employment in the area.

There is a lack of tourism accommodation and the tourism infrastructure in the area is generally limited. The Wild Atlantic Way has however been a very positive initiative.

## **Healthy Ireland Priorities**

### Physical Activity:

- A safe place is needed for people to run and walk e.g. walking and cycling routes around the area. There are a lot of weekend cyclists, runners and walkers on the local roads
- There is a demand for walking groups in the area for all ages
- Need for facilities (other than sporting) for young people in the area

## **Vulnerable Groups**

A number of groups were singled out for special attention as being more vulnerable and at greater risk of health inequalities:

- Older People are experiencing isolation and loneliness with many of them not seeing another person for long periods. If a person doesn't want to go to the Day Centre, there are no other options
- People with mobility restrictions
- People with no transport who cannot get to appointments (medical, DSP etc.)

#### **Positives identified in Bunbeg-Derrybeg**

- The PCT area is well served for playgrounds
- The Men's Shed works well
- The community is purchasing the old AIB bank for a youth service/drop-in centre
- Ionad Naomh Pádraig offers 1 day per week of private free counselling for cancer patients and their families (Irish Cancer Service fund this), as well as a carer support group
- There is good coordination around the subsidised flights to Dublin for cancer patients (between GP, Ionad Naomh Pádraig and the Irish Cancer Society)
- The prevalence of the use of the Irish language
- The small classes in primary school

#### **5. Recommendations from the Bunbeg/ Derrybeg Consultation**

*Note: The recommendations include recommendations made as part of the Community Needs Assessment carried out in 2015 and published in 2016*

##### **Primary Care Team**

- The proposed Primary Care Centre (Owenie Centre). The Primary Care Team to liaise with HSE and community representatives to initiate further progress towards fruition of this project
- Develop and improve joined up thinking between services for people with dual/multi diagnoses
- Contact the Irish Cancer Society with regards to the provision of funding towards counselling services for cancer patients and their carers
- Advocate for the retention of current NowDoc Services in Bunbeg/ Derrybeg PCT area
- Reconvene the clinical team meetings to ensure holistic care for individuals in the community

##### **Review Homecare:**

- Highlight the need for additional and ongoing training for HSE Home Helps
- Identify the need for the creation of a relief panel of HSE Home Helps to cover for staff that are on leave
- Review the Home Care service application process

##### **Clinical Services**



- Fill the vacant Community OT post
- Fill the vacant area SLT post
- Encourage the continuation of outreach services such as Pulmonary Rehabilitation Classes and the Cardiac Rehabilitation Programme
- Develop a respite and residential care facility for adults with intellectual disabilities
- Develop a mentoring/companionship service for people with intellectual disabilities

### **Physical Activity**

- Explore the provision of a safe Park Run space (e.g. 5K runs)
- Initiate a walking group in the area

### **Positive Ageing**

- Provide more local befriending for older single people e.g. conversation, messages and day trips

### **Family Support**

- Encourage an initiative among community centres to facilitate affordable childcare facilities to enable parents to further their education/attend social activities
- Develop and improve family support services

### **Community Connections**

- Make volunteering easier (break the link to DEASP payments)
- Initiate the development of a support group for parents of and children with diabetes
- Generate public support and participation in implementing the Irish Language Plan for Gweedore and the Lower Rosses
- Promote and initiate the development of additional support services for carers
- Provide adequate resources for community development and social inclusion projects
- Develop youth social and health services in the area in partnership with Jigsaw and Worklink
- Encourage the continuation of intergenerational projects in schools which engage older people in transferring their knowledge and skills to the younger generation

### **Economy**

- Liaise with community groups, statutory organisations and the newly formed Association of Commerce and Industry in Gweedore to enhance public amenities for young people and to develop tourism projects, infrastructure and services
- The Primary Care Team to liaise with Fóram Forbartha Fiontraíochta to address unemployment in the area

**Access**

- Reengage with rural transport (Local Link), to complete a needs analysis survey to identify the transport requirements to meet the needs of Gaoth Dobhair and surrounding area
- Develop and deliver a Community Newsletter to highlight health and community services available in the area

**Positive Mental Health**

- Provide education, workshops and seminars around mental health, to include motivational guest speakers, stress management courses, life coaching, self-esteem courses etc.
- Provide an equitable seamless counselling service
- Provide online stress control programmes for people with no transport

**Positive Ageing**

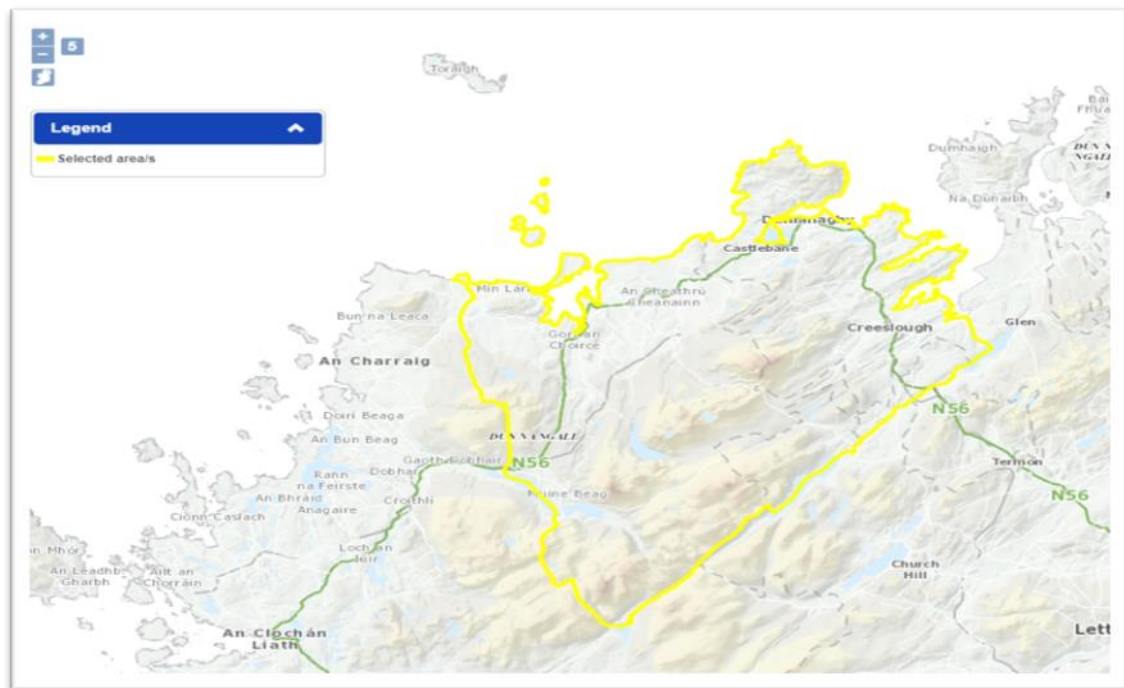
- Carry out forward planning to ensure there are adequate resources to meet the increasing health and social care needs of older people
- Initiate sustainable community responses which will assist older people to remain at home with dignity
- Ionad Naomh Pádraig to contact HSE regarding funding to ensure that the Meals on Wheels service is more affordable and accessible

## 4.2 Derryveagh Primary Care Team Area Profile

### 1. Background

The Derryveagh Primary Care Team (PCT) area covers the townlands of Dunfanaghy, Falgcarragh, Creeslough and Gortahork in west and north-west Donegal. The area is bordered by coastline to the west and the PCTs of Bunbeg/ Derrybeg to the south, the Milford/Fanad PCT to the north-east and north, and Fintown & the Rosses PCT to the south.

Figure. 1: Derryveagh PCT area



The Derryveagh Primary Care Team (PCT) has been in operation for 6 years and meets monthly. There is a rotating Chairperson and HSE admin support in place. PCT members include a local GP, two practice nurses, occupational therapist, physio-therapist, community mental health nurse, public health nurse, social prescribing coordinator, 2 community health forum representatives. There is a challenge in getting engagement and attendance from other GPs and some of the clinicians who provide over 65s supports, and there are also several unfilled vacancies in the area e.g. Speech & Language Therapists.

The Community Health Forum (CHF) in Derryveagh has been running for 9 years, supported and facilitated by the local Community Development Project in the area, Pobail le Chéile. There is a Steering Group of 12 people and a further 8-10 affiliated local community groups. The CHF steering group meets monthly and members include: Dunfanaghy FRC, Dunfanaghy Active Age, Dunfanaghy Care of the Aged, Dunfanaghy Parent & Toddler group, Dunfanaghy Community Garden, Dunfanaghy Men's Shed, YARD Youth Project, Cloughaneely Men's Shed, Mental Health Association, Pobail le Chéile CDP, Falgcarragh Parish Development Association, Pobal Eascarrach; Dunfanaghy

Strollers; Creeslough Day Centre, Creeslough Arts and Crafts Group; Dunfanaghy Art Group; Dunfanaghy/Falcarragh Carers Support Group; the Dementia Befriending Volunteers; Garradh Cholmcille Community Garden; Creeslough First Responders, Falcarragh First Responders, Cumann Cairdeas 50+ group, Ards Walled Garden Group as well as a number of volunteer activists focused on particular health and wellbeing issues.

The PCT and the CHF have run/are running a number of successful joint and individual initiatives:

- an annual Health and Wellbeing Programme with various events
- a community health and wellbeing directory and newsletter that is published yearly annually, listing all the community, voluntary and statutory services as well as local community news
- Social Inclusion and Health training event
- Social Prescribing Programme

They are also exploring joint work on the themes of breastfeeding support, weaning supports, community mental health activities, carers support work, dementia befriending supports and collaboration on their planned 2018/19 Health and Wellbeing programme.

## **2. Overview of Area<sup>17</sup>**

The Derryveagh PCT area is a particularly scenic area bordered by the sea on the west coast and peppered throughout with mountains and hills. The main road to the area is the N56 running from Letterkenny to Falcarragh, with outlying areas served by regional and local roads. Commercial bus services run to and from the area daily, primarily from and to Letterkenny. The Local Link rural transport service has two regular routes that cover the area, one running from Letterkenny to Burtonport (271) and one running from Falcarragh to Dungloe (966).

The main towns in the area are Dunfanaghy, Falcarragh, Creeslough and Gortahork. There are 13 primary schools in the area, and one post primary school in Falcarragh with over 600 pupils. This was recently designated as a DEIS school. The Delivering Equality of Opportunity in Schools (DEIS) Plan sets out a pathway to better opportunities for those in communities at risk of disadvantage and social exclusion. There are three Health Centres located in the towns of Creeslough, Falcarragh and Gortahork, and one Community Hospital in Falcarragh where 35 residents can be accommodated. A part-time Social Prescribing project runs across the PCT area.

The following services are available in the PCT area:

- 13 primary schools
- 1 post primary school
- 2 Community Outreach library services (Taobh Tire) Dunfanaghy & Falcarragh
- 2 Day Centres
- 3 Public Health Nursing Services

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<sup>17</sup> The statistical data in the section is drawn primarily from the Area Profiles developed by the HSE Public Health Department using Census 2016 & 2011 data and other relevant health data sources.

- 2 Community First Responder Groups (Creelough & Falcarragh)
- 2 Community Centres
- 1 Fire station
- 2 Garda stations
- MABS (Outreach from Gweedore office)
- 1 Social Prescribing Programme

There are two community centres in the area; a Family Resource Centre in Dunfanaghy and the Pobail le Chéile Community Development Project in Falcarragh. Both facilitate and offer a range of activities and supports covering everything from family to youth to older people, while also working to build the capacity of the community and voluntary sector in the area. Other community and voluntary projects in the area include:

- Men's Sheds
- Active Age
- Parent/ Toddler
- Good Morning Service
- Carers Support
- Dementia Befriending
- Youth Projects
- Community Gardens
- Walking Groups
- Arts and Crafts
- Mental Health supports
- Welfare advice and supports
- Community Education Programmes (over 7 community providers in Derryveagh)
- Volunteering Programmes
- A community Thrift Shop
- First Responder initiatives in Creelough and Falcarragh

### **Population Structure**

The population of the Derryveagh PCT area in 2016 was 7,145. As with all the other areas across the county, the area experienced a decline of 4% in the birth rate and an increase of 13% in the older age bracket (70 – 79). One in every five persons in the PCT area is aged 65 or over (21%).

The other significant statistic to note is the decline in the young working population age bracket. Since 2011, the population in the 20 – 24 age bracket alone declined by nearly 30% in stark contrast to the national figure where it declined by only 8%. The decline continues through the age brackets up until age 49 when the trend is reversed and the figures begin to show an increase. This reflects a significant amount of movement in 20 – 40 age bracket away from the area to other places within Ireland or outside the country. The impact of this population movement is felt not only on the economy as the potential working population leaves, but also on the social fabric of the area as the loss of so many young people has knock on effects on families, communities, sporting and social clubs and also has implications for the levels of future service provision.

The projected population in ten years (2025), shows that the numbers will have declined slightly (1%) in that time period. The birth rate (0-4 year olds) will decline by 26% which is a significant reduction compared to the national figure of 9%. The 20 – 29 year old population shows projected increases with the 20 – 24 age cohort virtually doubling in this time period (up by 58%). The population projections show a decline however from the proportion of the population aged 30 and upwards with this trend only reversing from the age of 55 onwards. Large increases are also expected in the over 70 year olds and this is particularly evident in the people aged 80 and over with this population cohort increasing by 32% with a total of 508 in the next ten years.

### **Age Dependency Ratio**

The high number of older people in the area means that the dependency ratio is also very high at 67% compared to the County figure of 60% and the national figure of 53%. Looking a little further into these figures, youth age dependency ratio (33%) and the old age dependency ratio (65+ as a % of 15 – 64 year olds) is considerably higher than the county and national average. The old age dependency ratio is the second highest age dependency ratio (along with Derrybeg/ Bunbeg) recorded across all PCTs at 67% (the highest being in Fintown & the Rosses at 73%).

The impact of this in real terms is that for every 1 person working, there are 2 people dependent on public/state services. This high age dependency ratio (67%) has significant implications for service provision in the area i.e. more people dependent on childcare services, education facilities and health services.

### **Nationality & Ethnicity**

The vast majority of people in the PCT area identify as Irish (91%), followed by people from the UK (5%) with the rest being either from elsewhere in the world (1.5%) or visitors (3%). There are no people identifying as members of the Traveller community living in the area.

### **Socio-Economic Profile**

Nearly one in every 5 people (18%) falls into the 'semi or unskilled' work category, which is above the County (16.6%) and State (14.1%) figures. At the other end of the spectrum, 4% of the population falls into the 'professional' category, again lower than the County and national figures of 5.6% and 8.1% respectively.

### **Educational Attainment**

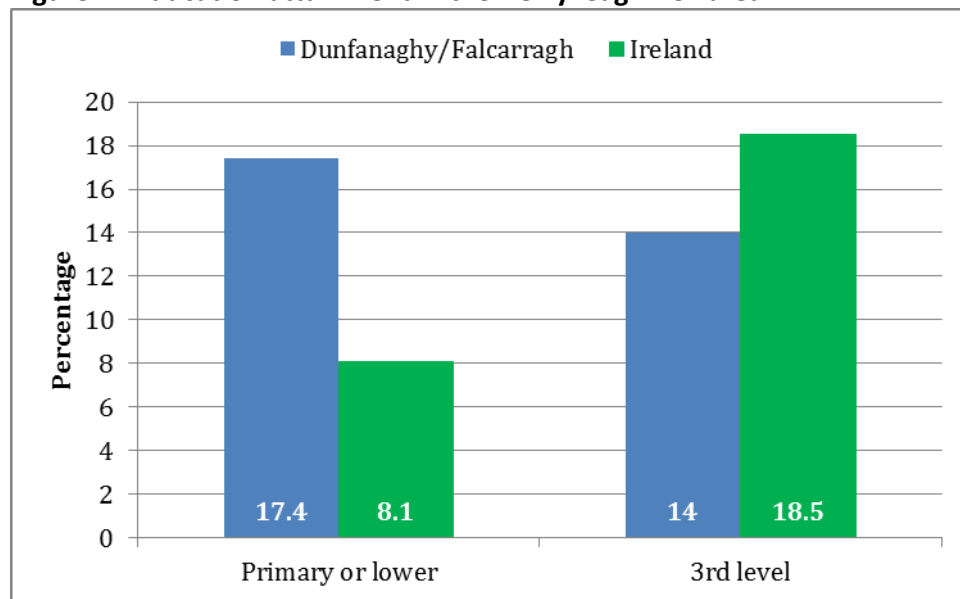
The percentage of people aged 15 and over who had been educated only as far as primary school level only is 17% in the Derryveagh PCT area. This is an improvement from 2011 figures but is higher than the trend for Community Health Organisation Area 1<sup>18</sup> (CHO1) at 12%, and the rest of the country (8.1%). The figures for third level attainment compare favourably to the rest of Donegal, with 14% of the population

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<sup>18</sup> CHO Area 1 covers the counties of Donegal, Sligo, Cavan, Leitrim and Monaghan

obtaining a third level qualification, similar to the County and to the rest of CHO Area 1 (the national figure is higher at 18.5%).

**Figure 2. Education attainment in the Derryveagh PCT area**



### Unemployment

The unemployment rates in the PCT area have fallen from a high of 31% in 2011 to 9% in 2016. It is the third highest across all PCT areas in Donegal, after Bunbeg/ Derrybeg PCT with a rate 11%, and Lifford/ Castlefin PCT with a rate of 10%. It is also above the rate of 7.3% recorded throughout the County and 5.6% in the state. It is difficult to know whether this significant decrease can be attributed to (a) more jobs available in the area and therefore more people at work, or (b) whether it is down to emigration and migration given the significant decrease in the number of people living in the area aged between 20 – 34 (c) whether it is a reflection of the number of people who have moved into retirement age or (d) whether it is reflecting the Government (Department of Social Protection) schemes that remove people from the unemployment register. It is probable that all four scenarios have affected the decrease in unemployment.

### Occupations

The total number of people at work in the Derryveagh area in 2016 was 4,182 accounting for 51% male and 49% female. The greatest numbers work in Professional Services, Commerce and Trade and Manufacturing (outside of the 'Other' category).

Industry	Total	Male	Female
Agriculture, Forestry, Fishing	163	153	*
Building & Construction	156	147	*
Manufacturing Industries	501	341	160
Commerce and Trade	835	447	388
Transport & Communication	194	146	48
Public Administration	360	160	200
Professional Services	1339	411	928
Other	634	334	300

Note: \* As the number of women working in Agriculture, Fishing & Forestry and Building and Construction in the Derryveagh PCT area is 10 or less, this has not been reported above to protect privacy and confidentiality.

### Family Structure

In total, there are 2,666 families with children in the area. Just over half (52%) of all family units in Derryveagh PCT area are couples with children. Of all the couples with children, 12% (328) of these are headed by one parent, and this is significantly lower than the County and national percentage of 18%. Derryveagh actually records the lowest rate of one parent families across all the PCTs in the County.

Reflecting the population figures above, it is no surprise that the greatest proportion of families fall into the empty nest and retired categories (13% and 15% respectively). Thirty three percent of the population are in the primary and secondary education system with 7% in pre-school (lower than the County figure of 9%).

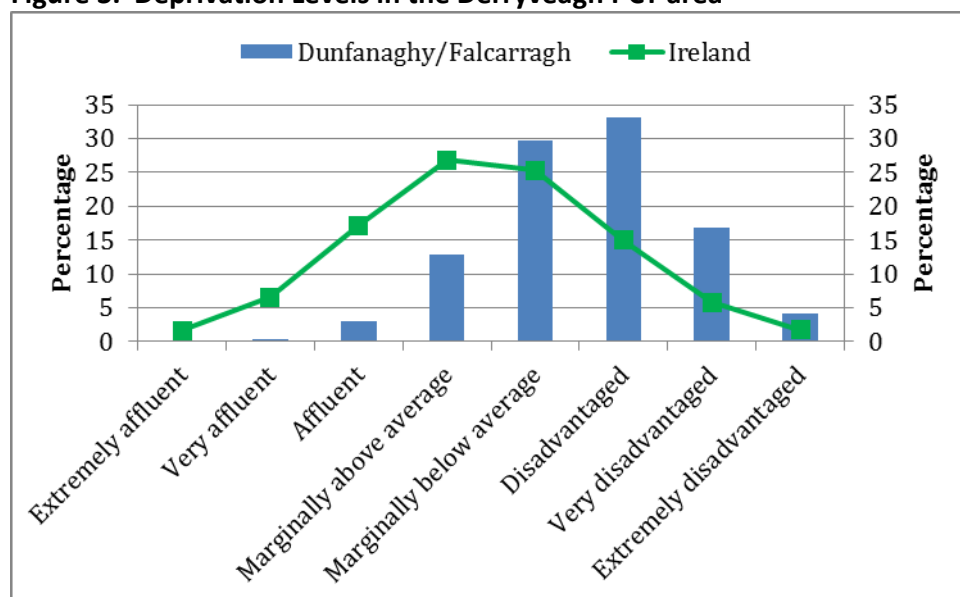
### Deprivation

Over half of the population (54%) of the Derryveagh PCT live in a disadvantaged area which is significantly higher than the 23% of the population recorded nationally and well above the County figure of 38.6%. If this analysis is extended to cover the deprivation levels of people 'marginally below average', the proportion rises to 84% of the population which is nearly the entire population of Derryveagh PCT.

Given that the Deprivation Index is derived from data around unemployment, educational attainment, housing, and one parent families (among other variables), it presents a picture of a population that faces particular challenges in developing their economy and their local communities. It also shows that the vast majority of the PCT population either lives in poverty or is at risk of living in poverty.



**Figure 3. Deprivation Levels in the Derryveagh PCT area**



### Health Indicators

The proportion of the population in the Derryveagh PCT that rate their health as ‘bad’ or ‘very bad’ is 2.3% (163 people) which aligns with County and state figures. There is, however, a high proportion of people with disabilities (17%) compared to the national figure of 13.5%. The figure for carers is also higher at 5% than the County or state equivalent (4.5%).

### Connectivity

Three quarters of the population in the Derryveagh PCT have access to broadband (75%), and 15% say they have no internet access. With the withdrawal of services taking place in rural areas, access to broadband/ internet is essential, and even more essential is the capacity to use it effectively. This is a particular issue for the older cohort. Six percent of the population do not have a car and this is lower than the County (14%), or state average (15%). Access to transport (cars and buses), is essential for the PCTs that are remote and rural in nature.

## 3. Consultation Findings

### Overview

This section presents the findings from the two focus groups which were held in the PCT area; one with members of the Community Health Forum with 14 people in attendance and one with members of the Primary Care Team with 4 in attendance. One person took the opportunity of filling out the online survey. It also incorporates findings of the consultations held as part of the Healthy Ireland Community Engagement process that took place in February and March 2018. Meetings were held across the 5 Municipal

Districts (MDs) in Donegal (the MD of Glenties is most relevant here) consulting on health and wellbeing issues in Donegal.

It is important to note that this section directly reflects the views of the people who attended the focus groups, and has not been filtered in any way. Where possible fact checking has taken place, but there is the possibility that some feedback reflect personal viewpoints which may or may not be wholly accurate. However, people's perceptions reflect their own reality so if views are considered 'inaccurate' then this can be taken as a communication issue that needs to be addressed.

### **Access**

The focus in this area was around transport and the inability of local people not being able to use local services due to access issues, and the worry about losing the service because it is perceived as not being used. Even though it is often said, the importance of information and raising awareness about what is available locally is crucial and a constant challenge.

Participants at the consultations argued that transport is a health issue in this part of Donegal, not only transport to get to appointments locally but transport to Centres of Excellence for specialised treatment. This can add huge cost and stress to an already difficult situation. This issue also arose at the MD consultation. The Local Link service is a welcome addition to the area but the routes are too narrow e.g. the service doesn't go to Dunfanaghy. There used to be a small fund linked to the Social Prescribing Programme that would assist people as part of their engagement with the project but this has now gone. Communal cars, local people taxis etc. are no longer possible because of issues around insurance.

There is no transport to the Irish Wheelchair Association (IWA) in Derrybeg and this particularly affects young people with disabilities. Some young people end up going to the Falcarragh Day Centre for older people as there is nowhere else to go, but this is not appropriate. The IWA has a centre in Dore that is open one day a week, but lack of accessible transport from Falcarragh makes it difficult for people to use.

The challenge of accessing prescribed supports through the Social Prescribing Programme due to the cost of transport is limiting the benefits of the programme to only those that can afford to get to the prescribed activity.

### **Services & Community Connectivity**

The legacy of the recession is very strong in the area and there are long term consequences of young people moving away for economic reasons and not returning home. This affects not only the family but the entire community fabric and can often lead to feelings of isolation and loneliness. Most people want to be part of their community, but they don't necessarily know how to do this. They need support and help locally from someone who knows the area i.e. an open door in the community.

There is a significant older population in the area, more so than in other PCT areas. Rather than view this as a negative, older people need to be motivated to be engaged

more, to get involved and use local services. Consideration should be given to what they can give back, making them feel a valued part of the community rather than a burden.

With the withdrawal of services and funding during the recession, the community and voluntary sector shouldered much of the burden of service provision, stepping in to fill gaps as best as possible. There is an assumption by the state and statutory sector that local communities will do the same work for very little, but it is putting too much on an already overburdened sector.

Funding structures and approaches are constraining and end up pitting groups against each other as they compete for meagre funding. Too many programmes are run as pilots and then pulled from an area, even if they are successful. This raises local people's hopes and expectations only to have them dashed a short time later. If an agency is implementing a programme on a short-term or pilot basis, they should also be thinking about the sustainability and mainstreaming of the programme in the longer term.

Flexibility around service provision is needed in rural areas. The local school is at risk of losing a teacher but an 'opportunity cost' of living in Donegal needs to be calculated and the DES needs to be more flexible on some of the rules e.g. access to training/support, teacher/student ratios, TUS/CE timeframes (similar model as the Danish Islands). This will help people to stay and work in their community or County.

There are supports in place for young children, teens and older people but very little for the 26 – 45 age group (which is the one that has experienced the biggest decline since 2011). There are gaps in supports for people with ASD, and also a gap for young people after the Leaving Cert who don't go on to 3<sup>rd</sup> Level, as there is limited support for them in terms of next steps.

Children who are caring for a family member do not always see themselves, or identify themselves as carers. This can lead to loneliness and isolation and this group requires much more support than they are currently given.

## **Health Services**

Given the high proportion of older people in the area, it is no surprise that the provision of Home Care Packages is an issue that emerged strongly during the consultation. The demand for home care is increasing and outstripping supply. The HSE has policies that are designed to keep people in their home for as long as possible, but the general feeling is that the policy is not followed up with resources or commitment. In addition, the fact that the numbers of people with dementia are increasing as people are living longer, has not been realized with extra support and resourcing for this area.

There is a shortage of both nursing home beds and of respite care that would give carers a break (there is a high percentage of the population who are elderly and who have a disability). Staffing levels are currently 'very low' in the Falcarragh Community Hospital. There seems to be a lot of people 'off sick' which may be evidence of high stress levels and low morale. More efficient use could be made of local community hospital beds e.g. for recuperation to facilitate ease of family visiting and freeing up beds in the acute hospitals.

In the HSE, long-term sick leave and maternity leave are not covered, so other staff have to cover where there are gaps or work does not get done and this impacts on waiting lists. There are currently five Occupational Therapy vacancies in the area which are not being filled for a range of reasons. It is often cited that no-one will take a job in Donegal as recruitment is done on a national panel basis. This on-going staffing shortage and ill health of the health workers, coupled with high public expectations and the increased risk of litigation all adds to work stress levels.

The face of day-care services is changing as the people attending seem to be more dependent than heretofore and require higher levels of care. The model needs to move and change with this shift, as it is a very important service in terms of socialising and getting older people out of their houses.

Access to appropriate services can be blocked by age criteria. You have to be over 65 to access many Older People's services, but there are Older People under the age of 65 who require the same service.

### **Economy & Disadvantage**

The level of deprivation in the area is evidenced in the limited job opportunities and industry, and this is one of the reasons so many young people have left. Poverty related issues such as poor housing, fuel and food poverty, lack of access to transport and low educational achievement are also of concern. The lack of opportunities, the loss of a generation, the impact on family and community all impact on the mental health of individuals and the positive health and wellbeing of a community that faces isolation, ageing, disconnected families and increased dependency on public services. Jobs and job opportunities have a huge role to play in positive mental health and wellbeing. The lack of employment opportunities prevents people from returning back home if they have left for a period of time or left for further education purposes.

The current structure of the benefits systems makes it difficult for some younger people (20 – 34) to access training, particularly if they are living at home with their parents. These young people are 'off the radar' and are not eligible for support, yet they find it difficult to leave home without opportunities.

The labour market schemes such as TUS and CE are too short; unemployed people are getting good experience, contributing to the community and building up their confidence but many are 'only getting going' when the scheme ends. These schemes are lifelines for local communities but the means testing is a disincentive for many as there is a fear it may affect their benefits e.g. medical card and disability benefit. The whole focus of schemes is on labour market activation, but there are no jobs in the area to progress on to once the scheme finishes.

### **Mental Health**

The issues with mental health supports in the area are many and much of the problems lie with access:

- The Counselling in Primary Care (CIPC) service is limited to medical card holders and despite this, the waiting lists are described as long. People who do have a medical card end of having to pay privately for counselling
- The outreach service operated by Jigsaw is limited and overall the service seems to be very Letterkenny focused. The current waiting list is between 6 – 8 weeks.
- More activities for people with mental health problems are needed; young people coming to the Day Centre is not appropriate
- There is a lack of access to CBT for people who need short term counselling support. The current access is only 4 appointments per week and is completely inadequate
- There seems to be no recovery pathways in mental health services, everyone seems to be thrown in together, a mixture of people with severe and mild to moderate mental health issues
- There is significant stress for carers, particularly those caring for children with disabilities who have a lack of support and/or access to respite. More is needed in the community to address this deficit.

One of the current issues in the area is the temporary closure for refurbishment of the Day Centre in Falcarragh. Patients will have to go to Dungloe (24km away) for a similar service while the work is taking place. People who drop into the centre won't travel that far, even if they do have transport. The local centre in Falcarragh is meant to re-open in 2021 but there is a worry that this won't have happen, and once it is closed it will stay closed.

## **Healthy Ireland Priorities**

### Substance misuse

- There are inadequate supports and services for addiction and substance misuse which are prevalent in the area.

### Physical Activity

- There is a real need to promote outdoor healthy play for children at all levels but particularly early years e.g. park runs, 10 at 10, outdoor discos.

### Community Connectivity

- The use of the Irish language is important to connect the region and for people's health and wellbeing.

## **Vulnerable Groups**

A number of groups were singled out for special attention as being more vulnerable and at greater risk of health inequalities:

- People with dementia (this group is growing)
- Young people with physical disabilities
- Young mothers (lone parent or partner working away) needing support and childcare can be difficult to access
- Young people in the 20- 34 age group
- Young carers

- Older People living in isolation. This group finds it harder to access exercise facilities due to lack of access to transport and the cost of transport
- LGBTI+ people who lack local support and can feel isolated

#### **Positives identified in Derryveagh**

- The 'Good Morning Service'
- The local community hospital enables the possibility of different age groups/patients meeting and mixing and all this helps to break down barriers, build communities and reduce stigma
- Maternity services work well
- HSE clinicians feel valued by their managers
- The Social Prescribing Programme is good but it needs to be extended to meet the local need
- The local newsletter (Ull) is good but only covers Falcarragh
- Pobail le Chéile has done a great deal for the area but needs more staff to meet local need

#### **4. Recommendations from the Derryveagh Consultations**

##### **Improvement to mental health services:**

- Explore the feasibility of extending CIPC to non-medical card holders
- The provision of GP and Primary Care staff training on appropriate referral pathways into Mental Health and other secondary health services
- Consider how to provide activities and support for young people/people with mental health problems, as an alternative to the Day Centre (which is closing imminently for refurbishment)
- Increasing access to CBT which will also reduce the burden on secondary services

##### **Social Prescribing Programme:**

- Explore the feasibility of making Social Prescribing Co-ordinator a full time post, as it provides a much needed community building and health and wellbeing support, in addition to reducing the burden on secondary Mental Health services
- Provide a small access budget to broaden the use of the Social Prescribing Programme to include those that really need the support. This could be linked to a Good Volunteer driving scheme if feasible

##### **Review and Improve Homecare:**

- improve access to and quality of Homecare Packages and Home Helps

##### **Young people with disabilities:**

- provide improved services (for young people with physical disabilities)
- increase respite care for families with members who have a disability

##### **Primary Care Facilities:**

- improve local office facilities for Primary Care staff, many buildings are in a very poor state of repair
- consider the option of providing a Primary Care Centre in Dunfanaghy

### **Community Hospital**

- Make more efficient use community hospital beds e.g. for recuperation to facilitate ease of family visiting and freeing up beds in the acute hospitals

### **Labour Market and Jobs:**

- Work with the DEASP to explore if TUS/CE schemes timeframes can be extended in rural areas. These schemes keep people living in rural communities and local community services running
- Údarás to adapt the disused industrial estate in Falcarragh into smaller units to encourage local enterprise. Investigate whether there would be funding through the Town and Village Renewal Scheme or the new Rural Regeneration Fund to action this

### **Community Mental Health Supports:**

- Review and expand Jigsaw Outreach service (at least monthly in the area) to meet local need

### **Access:**

- Improve transport within the area and to/from Centres of Excellence outside Donegal
- Raise awareness of donegallibrary.ie which offers free access to online courses
- Increase the awareness of (and consequently access to) local supports and services building on the local directory produced by the Derryveagh Community Health Forum. A district wide bulletin (online and printed) would be of great use for sharing and accessing information around clinics, classes and other health and wellbeing issues and initiatives
- Local Link to review the approach to funding to ensure their service meets local needs as far as possible (e.g. disability access to centres/events)
- Explore volunteer driving assistance to address service gaps

### **Provide support to Carers:**

- Identify and provide improved support for young carers (link with DYS Young Carers Project)
- Explore the feasibility of have a local Career/Support Guidance Worker, someone that knows the area and lives in the area

### **Community Connectivity**

- Implement more intergenerational projects and initiatives which will benefit the entire community
- Engage more with churches in relation to general (secular)spiritual support
- Recognize and resource volunteers through reward or recognition schemes





## 2. Overview of Area<sup>19</sup>

The Fintown & the Rosses Primary Care Team area centres around the town of Dungloe and stretches to incorporate Fintown in the east. The area has the largest inhabited island in Donegal, Arranmore. A large part of the PCT is a Gaeltacht area where 55% of the population are Irish speakers, and the language is used extensively in some townland, although English is the everyday language of most of the locals, according to the 2014 Community Needs Analysis.

Dungloe acts as the service centre, and the following services are available in the area:

- 14 primary schools
- 2 post primary schools
- 2 libraries
- 4 day centres
- 1 Community hospital with 35 beds
- 7 health centres
- 4 public health nurses
- 1 Public Services Centre
- 1 Social Prescribing Project (part time)
- MABS - Outreach
- 1 Fire Stations
- 1 ambulance location
- No arts centre/ theatre
- 3 Youth services (2 Foroige and Club Óige Rannafast)

The area is well served by different by sports/ physical activity groups, active retirement groups, youth groups, arts & crafts groups, parent and toddler groups, a Men's Shed. A number of community/ resource centres operate in the area: Ionad Teampaill Chroine, a community centre in Dungloe that offers a range of community supports including classes; the Rosses Community Development Project based in Dungloe that runs a range of community events, hosts local groups, manages a local thrift shop and delivers a community adult education programme.

The area is serviced by a number of private bus companies, which provide a link to national Bus Éireann routes through Donegal Town, and to the north of the County and into Derry. The Local Link bus service runs routes from Dungloe to Letterkenny, from Burtonport to Letterkenny, from Dungloe to Fintown and Maghera to Dungloe. The Needs Assessment noted that people living on the island of Arranmore have good access to the mainland and lifeboats/ helicopter in case of emergencies.

Dungloe town (An Clochan Liath) has been identified as one of a number of 'Strategic Town' in the Donegal County Development Plan that performs 'Special Economic Functions' for the following reasons:

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<sup>19</sup> The statistical data in the section is drawn primarily from the Area Profiles developed by the HSE Public Health Department using Census 2016 data and other relevant health data sources.

- Tourism and Wild Atlantic Way
- Irish Language
- Centre for delivery of Local Authority Services

These are the areas of potential that will be built upon over the next number of years and a Local Area Plan has been drafted for the town to capitalise on that potential.

### **Population Structure**

The population of the Fintown & Rosses PCT was 8,069 in 2016 with nearly one in every four persons over the age of 65 (23%) and one in five under the age of 14 (19%). There has been a significant decline in the younger populations since 2011 with a 24% decrease in the 0 – 4 year old and a 7% decline in the 5 – 9 year olds, resulting in 176 fewer children in the area than in 2011. The decrease in the 0-4 year old age group is much higher than the County figure of 15%, and nearly three times higher than the national figure of 7%.

Much like the other PCT areas, there has also been a significant population decline in the 20 – 34 age bracket since 2011 with 19% decline in the 20 – 29 year old age group and a 29% decline in the 30 – 34 year old age group. This is much higher than the County (12%) and national figure (8%) for this particular cohort. This population shift indicates a loss of the younger working population during the period between 2011 and 2016. This trend in population decline continues through subsequent age groups, although not as severe, and the trend is reversed from the age of 50 onwards when the population in these older age cohorts shows an increase. The biggest population increase is in the 70 – 74 age group which has increased by 18% in the period. Unusually, there is a decline in the over 85 year olds which is different from other PCT areas. The number of people aged 85 and over has actually declined during the 5 year Census period with 194 people now falling into this age category.

In relation to projected population figures, it is estimated that the population will decline to 7,960 (1%) by 2025. This decline will feature in the young age groups with 1,196 less children in the 0 – 14 category which will account for 15% of the total population. The working age group will also constrict, particularly in the 35 – 45 age group with a population decrease of up to 40% in these age categories. The people aged 75 and over will increase significantly (up to 56% for the over 85 age group) resulting in over 2,000 people falling into the over 65 age bracket which will account for 26% of the PCT area population by 2025.

### **Age Dependency**

The demographics outlined above give rise to a particularly high age dependency ratio at 73%, which is the highest of all the PCT areas and much higher than the County (60%) and national (53%) average. This high age dependency ratio indicates that three out of every four people in the area are dependent on public services (the under 15 year olds and the over 65 year olds). This high age dependency ratio is driven primarily by the large older age cohort and the old age dependent ratio alone stands at 39%, much higher than the County figure of 25% and the national figure of 20%. This higher than

average old age dependent ratio has implications for service provision for this age cohort, particularly as it is projected to rise so steeply by 2025.

### Nationality and Ethnicity

There is a relatively high UK population in the Fintown & the Rosses PCT area accounting for 7% (555 people) of the population which is higher than in other PCTs. Unlike the other areas, there are no Polish or Lithuanian population and just 2% from elsewhere in the world. The majority of the population (89%) identify as Irish. There are no members of the Traveller Community living in the area.

### Socio-Economic Profile

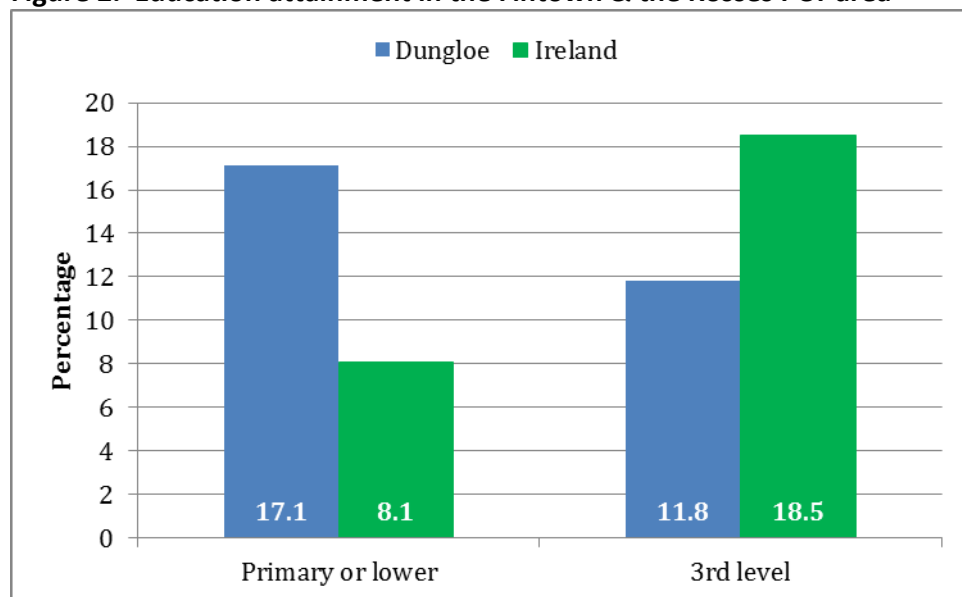
One in five of the population (20%) is categorised as either 'semi or unskilled'. This is one of the highest among all the PCTs and higher than the County (16.6%) and national (14.4%) average. At the other end of the spectrum, 4% falls into the 'professional' work category.

### Educational Attainment

A total of 17% of the population have been educated to primary level only or lower. This is among the higher rates compared to other PCTs (second only to Lifford/ Castlefin where 18% of the population have a primary education only). It is also higher than the County rate of 13.4% and national rate (8.1%).

12% of the population have a third level qualification which again is a low rate compared to other PCTs (coming after Lifford/ Castlefin where 9% of the population have a third level qualification and Killybegs and Carndonagh/ Clonmany where the figure stands at 10.5% and 11% respectively).

**Figure 2. Education attainment in the Fintown & the Rosses PCT area**



## Unemployment

The unemployment rate in the Fintown & the Rosses PCT area is 8%, which is similar to most of the other PCTs, and just slightly higher than the County figure of 7.3%. This rate has decreased significantly since 2011, but it is difficult to know whether the fall in unemployment is a result of job creation and opportunities in the area or the migration/emigration of the working population, along with an increase in the number of people ageing into retirement or the number of people on DSP labour market schemes such as TUS and CE which removes them from the live register figures.

## Occupations

The total number of people at work in the Fintown and the Rosses PCT area in 2016 was 3,002 accounting for 54% male and 46% female. The greatest numbers work in Professional Services, Commerce and Trade and Manufacturing (outside of the 'Other' category).

Industry	Total	Male	Female
Agriculture, Forestry, Fishing	268	228	40
Building & Construction	168	158	*
Manufacturing Industries	428	322	106
Commerce and Trade	530	295	235
Transport & Communication	138	109	29
Public Administration	175	75	100
Professional Services	774	210	564
Other	521	238	283

Note: \* As the number of women working in Building and Construction in the Fintown and the Rosses PCT area is 10 or less, this has not been reported above to protect privacy and confidentiality.

## Family Structure

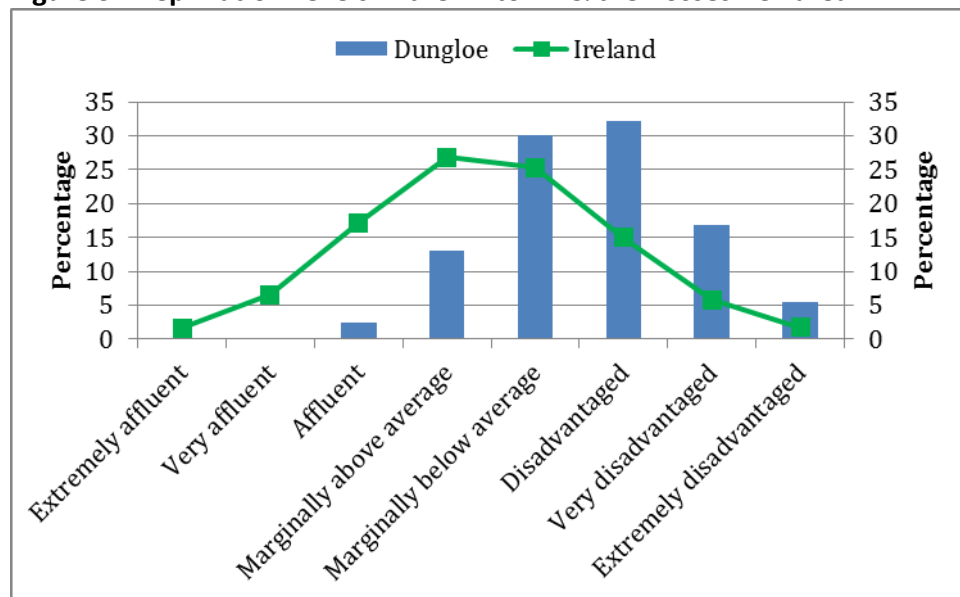
There are 2,130 families in the area with a relatively high proportion of those in the pre-school family cycle (11%) which is slightly higher than the County (9%) and national figures (10%). There is also a strong cohort of families in the primary and secondary education system (37%) which has implications for services and supports for these young people.

In relation to the type of families in the area, 18% are one parent families which is in line with trends in the County (18%) and nationally (18%).

## Deprivation

Deprivation data is driven by demographics, unemployment rates, educational attainment among other variables, so it is no surprise to find that half the population in the area are categorised as disadvantaged (54%) which can be broken down into 'disadvantaged' 32%, 'very disadvantaged' 16.8%' and 'extremely disadvantaged' 5.4%. This indicates that a significant proportion of the population in the area is living in or at risk of living in poverty. The figures are high compared to other PCT areas and interestingly, high deprivation figures are also seen in the neighbouring PCTs of Bunbeg/Derrybeg (56%), Derryveagh (54%). They are also much higher than the County figure of 38.6% and nearly double the national average of 22.5%.

**Figure 3. Deprivation Levels in the Fintown & the Rosses PCT area**



## Health Indicators

Two hundred and thirty two people (3% of the population) rate their health as 'bad' or 'very bad'. This is higher than the County figure (2%) and the national figure of 1.5%. Not surprisingly therefore, there is a high proportion of people with disabilities in the area standing at 18% or nearly one in every five persons. There is a correspondingly high proportion of carers in the area (6% or 468 people) again, higher than the County (4.5%) or national (4.1%) average.

## Connectivity

The area of Fintown & the Rosses is characterised by rugged terrain and is somewhat isolated on the west coast of the County with limited public transport options. Surprisingly however, one in every five people (22%) do not own a car. This is much higher than the figures in other PCT areas, and much higher than the County (14%) and national (15%) rates. The issue of access is central in this PCT area. In relation to digital connectivity, one in four people have no internet (26%) and 60% of the population have access to broadband, slightly lower than the County (62%) and national (71%) average.

### **3. Consultation Findings**

#### Overview

This section presents the findings arising from a consultation meetings held with the Community Health Forum members (3 participants). The Primary Care Team has not met for a while so it was not possible to hold a consultation with their members. They were invited to make their thoughts known through the online survey and 3 people took this opportunity. This section draws heavily from a detailed Community Needs Assessment that was done in 2014, where consultation took place through 12 focus groups (community, service users and clinicians). It is relatively recent and PCT members felt that most of the information was still relevant and should be incorporated into this report. The section also the incorporates findings of the Healthy Donegal Community Engagement process where meetings were held across the 5 Municipal Districts (MD of Glenties is the most relevant here) on health and wellbeing issues.

It is important to note that this section directly reflects the views of the people who attended the focus groups, and has not been filtered in any way. Where possible fact checking has taken place, but there is the possibility that some feedback reflect personal viewpoints which may or may not be wholly accurate. However, people's perceptions reflect their own reality so if views are considered 'inaccurate' then this can be taken as a communication issue that needs to be addressed.

#### **Access**

Transport. The Needs Analysis in 2014 raised the issue of transport and isolation where transport is limited. Some people feel isolated and cut-off from the community, and as people get older it is more difficult especially if there is no family close by. For some families with children with disabilities, the risk of isolation is even more acute, and it becomes more difficult to deal with their situation.

Not being able to drive due to illness or old age is a source of frustration for many e.g. not being able to do shopping or other things independently. The fact that taxis are not equipped to take wheelchairs compounds the issue. Due to cutbacks, respite services are limited and some people now feel isolated and forgotten.

All groups expressed concerns about the distance to the main hospital in Letterkenny and the procedure of having to call an ambulance, especially for the Islanders. Ambulance times arriving to the scene appear to fluctuate and it was queried as to why the emergency numbers don't route to one another.

#### **Services and Community Connectivity**

Family support. The importance of family support and education was raised. This needs to be done in a sensitive way and with peer support. It is important to actively encourage the parent through the child, by playing together and pointing out where there are advantages to play e.g. muscle development, fine motor skills. Children do not play outside enough and are not getting the chance to develop resilience skills. They need more free play rather than activity in clubs.

Parents often come to the local community project just to talk about their concerns as there is no one else to share their concerns with or to get advice from. There is the need for more formalised support, and there also needs to be more of a focus on separated fathers or fathers who work away. More outdoor spaces are needed where fathers and children can interact, as they can often find it difficult to reconnect.

Community and Voluntary Sector. The community and voluntary sector needs to be supported and resourced e.g. 'don't put us in your plan, put us in your budget'. Volunteers do not get the credit or the recognition they deserve, and there is a real issue about encouraging new volunteers as people are worried it will impact on their benefits as if they volunteer they are 'technically not available for work'.

The 2014 Needs Analysis reported that the community services all work independently of each other and there is not enough co-ordination between them. There are also significant gaps in community services at the local level:

- There is no 'Meals on Wheels' locally although it is much needed; the rules and regulations are very restrictive
- There is a lack of First Aid Courses in the area and some courses need a certain number before they can get funding or go ahead. Courses are run at times that are not convenient. The importance of having First Aid was raised as especially important living in a rural area, where access to hospitals and ambulance services is restricted
- There is a lack of sheltered housing for a number of groups; respite, older people, people with an Intellectual Disability and people with a Physical and Sensory Disability
- All groups highlighted the lack of amenities in the area to suit their needs; these included a local swimming pool, gym facilities, and defibrillators for the community centre
- Concerns were raised about funding in the community and any further cuts will have a direct impact on the lives of the people in the community
- There is a limited range of activities for the younger age group if a young person does not have an interest in sports
- There is a perception that some of the community does not know what is going on even though activities are advertised in the area. Some people felt that there is not enough collaboration between the areas and linkage between all the community groups

The local Befriending service is great, but there is an issue about training up local people as they often end up too busy to commit and the visits either fall off or they don't happen. It is also better if the ratio of visitor to client is 2: 1 and not 1: 1, as the conversation flows better and is also better from a safety and security perspective. Concern was expressed, as in other areas about changes to the Good Morning and Befriending services i.e. going national through ALONE with no opportunity to input at a local level.

## Health Services

Homecare. Access to homecare and the application process is difficult. There is a need for services in the area for the elderly when they come out of hospital and are not yet fit to return to their own homes and live completely independently. Changes to home help services has taken out the social care element, but this is often the first area where older people can struggle to live at home.

Adequate hours are not generally allocated. The HSE think that if the older person has a large family they should all help. This is not always possible due to adult children living in different parts of country or abroad, or family estrangement. Older people are being admitted to acute services as the national Primary Care policy is not being fulfilled, despite it being a lower cost option. The time slots offered are usually 15 minutes am and pm and this is often not enough. People are going into hospital when 90 minutes a day of home care support in the home would be better and cheaper. Other issues that were raised in relation to homecare included the use of agencies and concerns around cost and quality of care, and the created now that the services is now only for personal care.

Children's Services. Child psychologists and the early intervention team are no longer available for families with children who have disabilities. There are no preschool facilities for children with serious/rare conditions and some people expressed concern that families in this situation will lose their supports.

Forward planning. The group on Arranmore felt that there is a need for forward planning and a strategy for the future for the island. There is a need for planning that it is different and fit for purpose for the people on the island. Improving communication to inform people what is happening to prevent concern and unnecessary worry is required.

Waiting lists. Waiting for treatments was another issue of concern and frustration for many people. Concerns were voiced about cancer patients that have to travel a very long distance to go to Letterkenny Dublin or Galway. There are financial concerns, where newly diagnosed children are trying to obtain the Domiciliary Care Allowance (DCA) and, as with other HSE forms, the application is very difficult. Also, fear was expressed in relation to losing medical card entitlements and all the issues surrounding this.

NowDoc Services. There was some confusion and concern in relation to the NowDoc services and the speculated changes. All the groups highlighted issues about the NowDoc Services and the impact that it would have in the area if changes were implemented especially to the Islanders.

### Physiotherapy Services:

- There has been a significant increase in children presenting with complex needs and additional staff are required to meet this demand
- Falls history / falls prevention is a major concern, and there is a need to provide home visits for mobility assessments but this is not currently permitted in the service
- Dealing with re-referrals due to the lack of a pain clinic and psychology services for clients with chronic conditions is challenging

### Occupational Therapy Services:



- An early intervention team for special needs services in the area is essential. This should include a psychologist, speech and language therapy, occupational therapy and physiotherapy along with suitable space to work. Securing appropriate accommodation for paediatric services has been an ongoing issue for years and has only recently seemed to come to a more positive result with approval for accommodation in the Public Services Centre in Dungloe.
- The lack of cover for sick leave, maternity leave and career breaks has been identified as an issue, and has had a direct impact on services in Dungloe this year with no replacement staff being provided. This has an adverse direct impact on the waiting list and clients are left waiting for their appointments for long periods
- A Lymphoedema service has been set up but not prioritised due to difficulties in getting designated facilities e.g. administrative support is needed

#### Psychology Services

- It has not been possible to recruit for children's Psychology services in the area and services are therefore only accessible in Letterkenny

#### Speech and language Service:

- There is the need to develop Early Intervention and School Age Disability Team services (NW Network Level)
- The distance for clients attending services with only 2 Speech and Language Therapist clinics in NW area (Dungloe and Falcarragh). Fintown clients opt to attend in a variety of clinics; Dungloe, Glenties, Stranorlar or Letterkenny as alternatives
- Accommodation in the Dungloe Community Hospital is not suitable for the delivery of a predominantly paediatric service
- More Speech and Language Therapy resources in Irish are required, particularly standardised assessments

#### Physical and Sensory Services:

- Transport is an issue for clients with a Physical and Sensory disability due to the inaccessibility of most public transport in Donegal
- The lack of sick/maternity/career break cover in the HSE has impacted on all services in the Dungloe area

#### Intellectual Disability Services:

- There is a lack of Respite Facilities in the area. The Parents and Friends Association is currently in the process of building three 5 bedroom houses in Dungloe, and this provision will allow for Piermont House to be used as a Respite Facility for the area.

#### Other Gaps:

- There are gaps in social care for Older People which must be addressed to reduce the risk of loneliness and isolation
- There is a lack of services at night time in the case of emergencies and the distance to travel to Letterkenny University Hospital or the time it would take an ambulance to get to the area makes local emergencies potentially high risk

- Feedback from the hospital is slow in terms of appointments and provision of medical equipment
- There is little family support in the area
- There is little opportunity to carry out health screenings and health promotion work of primary care nursing services due to workload
- PHNs reported in the needs analysis that they are unable to do enough surveillance visits for older persons and vulnerable families due to lack of staff
- There is an over-reliance on medication; more talking therapies and other alternative treatments should be made available

### **Economy and Disadvantage**

Unemployment in the area especially for young people raised some concerns. Issues noted included:

- There is no one taking on people for work experience so it is difficult for them to get experience
- Education is difficult in some cases as the admission system is complicated
- Education is expensive especially if there is more than one child in the family going to attend college
- When CE schemes become available only a few are eligible to apply. Peoples' perception is that the system needs to change to support those that want to work or go back to college

Families raised concerns that it is difficult when one parent has to leave the County or country to find work and the other parent is home alone with the children. Some felt that this has a direct impact on the children too. Concerns were raised about the children's development. Comments included 'Unemployment in the area brings its own problems both mentally and emotionally.'

### **Mental Health**

- There is a lack of support groups especially for those who suffer from depression
- There is ongoing need for education on what good mental health is and mental health needs e.g. suicide, self-harm, anxiety and depression
- Younger service users are presenting, and there is a need to prioritise these young adults when planning and delivering services and to link more effectively with the Jigsaw service

### **Healthy Ireland Priorities**

#### Physical Activity

- There are not enough activities or facilities for children who are not interested in sport.

#### Substance Misuse

- More parental awareness is needed about the impact of alcohol, and support is required to move away from the alcohol culture.

### **Vulnerable Groups**

A number of groups were singled out for special attention as being more vulnerable and at greater risk of health inequalities:

- Older People who are not engaged in community groups and activities. If people are engaged there are lots of things to do, but it is getting to the hard to reach people at risk of loneliness and isolation that is challenging. There is the need to motivate people to get involved
- Teenagers are suffering with the pressure of exams. There is no access to the Jigsaw service locally, and local affordable counselling support is needed. Foroige does provide support (through Tusla) but it not discreet enough (it is located where peers/other people can you accessing the support)
- Adults aged 40 – 60 with mental health problems who have been medicated for years with no other intervention options offered to them
- Women at home with young families

#### **Positives identified in the Fintown – Rosses PCT area**

- The Men’s Shed is very good
- The Dolmen Centre in Portnoo is very good with a broad range of activities available
- The respite care in Dungloe Hospital and Aras Ghaoth Dobhair is good
- Dungloe Community Hospital, local GPs and PHNs praised this service in the 2014 assessment
- The Lifestart programme is good

#### **4. Recommendations from the Fintown & the Rosses Consultations**

##### **Primary Care Team**

- As part of PCT revival provide clarity on the role of the PCT and the CHF and how they work together, and how they fit with the clinical meetings
- Carry out forward planning with adequate resources to meet the increasing health and social care needs of older people

##### **Review Homecare**

- Undertake a County wide review of home care services, examining the approach, access and inclusion of social care to reduce loneliness and isolation

##### **Clinical Services**

- Liaise with parenting and preschool services to help prevent speech and language delay
- Improve respite care facilities
- Cardiac rehabilitation programmes need to be reinstated in the local community centre
- To support an effective ambulance service, initiate an awareness campaign to encourage people to keep their prescriptions in a jar in the fridge (or another such ‘different’ place), so that if an ambulance is called and person can’t explain what medication they are on, the first responder will know to look in the fridge for the prescription jar. This will save time and possibly lives.

- Review emergency services and develop local emergency resources (e.g. defibrillators in community centres)

### **Access**

- Look at alternative and creative ways to meet the transport limitations of the area e.g. volunteer driving
- Support the development of further rural transport links in collaboration with local communities and public bodies

### **Positive Mental Health**

- Resume Jigsaw Outreach service and make the service available from age 12 – 25
- Provide Foroige counselling in a more discreet place for client privacy e.g. CDP Rosses
- Provide education on what good mental health is and how to achieve/ maintain good mental health
- Provide more talking therapies to reduce the reliance on medication

### **Community Health and Wellbeing Supports**

- Develop family support services
- Provide training for parent and toddler group facilitators to support parents in understanding the role of, and importance of free play in child development.
- Implement Intergenerational projects with generations teaching generations e.g. gardening, technology, storytelling etc.
- Look at addressing the barriers to volunteering, and include a travel and subsistence budget in volunteer dependent projects so they are not out of pocket
- Develop 'drop in centres' that are not age limited; this may help address social isolation
- Develop youth social and health services in the area in partnership with Jigsaw and Worklink

### **Positive Ageing**

- Establish a County advisory group for ALONE services
- Introduce Meals on Wheels in the area with support to meet regulations (link with existing service to support them in getting started)
- Develop a 'care and repair' scheme for the area
- Provide funding for personal alarms

### **Develop the Social Prescribing Programme**

- Develop the project in the area with more and better links with GPs
- Put Social Prescribing on GP Training as a module
- Meet with the Donegal Clinical Society to encourage GPs to engage with Social Prescribing

## 4.4 Ardara – Glenties Primary Care Team Area Profile

### 1. Background

Ardara/ Glenties Primary Care Team (PCT) area is in the South-West of Donegal and bordered by Killybegs PCT to the south-west, Dungloe PCT to the north, Donegal PCT to the south east and the sea on the west coast.

**Figure 1. Ardara/Glenties PCT area**



The Ardara/ Glenties Primary Care Team has been in operation for 7 years since late 2011. It started out as a very active team with GP involvement, HSE administration and facilitation support, and worked well initially. However, it has fallen off in the last number of years for the same reasons as other areas: cancelled meetings, lack of apparent HSE interest and support' overstretched HSE staff' and the withdrawal of HSE administration support. More recently the PCT has not been meeting with the last scheduled meeting being in September 2017, which was cancelled. There is no Community Health Forum in place. Interim community representatives were appointed with a view to formally electing community representation when the CHF was up and running. This proved difficult as there is a low level of community capacity and community infrastructure in the area, and there was never a groundswell of support or a demand for a Community Health Forum. Health and Wellbeing related projects in the area have included health screening events.

### 2. Overview of Area<sup>20</sup>

The Ardara/ Glenties PCT covers two distinct areas; the town of Ardara and surrounds, and the town of Glenties and surrounds. Both are bustling, scenic popular tourist towns winning several tourism awards in the past, and Ardara is designated as a Heritage Town. They are separated by a distance of 10 km on the N56 route. One of the primary industries in the area is tourism and there are other traditional local industries such as tweed and knitwear production and retail outlets.

<sup>20</sup> The statistical data in the section is drawn primarily from the Area Profiles developed by the HSE Public Health Department using Census 2016 data and other relevant health data sources.

Public services are based around the two towns and the following services are available:

- 8 Primary Schools
- 1 Post Primary Schools
- 2 Libraries (restricted opening hours)
- 1 Fire stations
- 3 Day Centres
- 1 Primary Care Centre and 1 x health centres
- 2 public health nurses
- Local Community Radio (Owenea FM)
- Social Prescribing Programme
- The Dolmen Centre
- 2 Men's Sheds
- 2 Garda Stations

A Primary Care Centre opened in 2012 in Glenties and a Health Centre also operates in Ardara with GP's and Public Health Nurses operating in both.

There is one Family Resource Centre (FRC) in Downstrands covering the large area of Ardara, Glenties, Portnoo and Rosbeg, and two community centres. The FRC provides a range of after school activities for children, hosts a Foroige Club, provides services for parents and a range of other classes and activities for the local community. The Centre has also been instrumental in getting a local youth drop in centre off the ground in Glenties called 'The Hub' which offers after school drop in sessions, youth programmes and information and support to young people. The FRC also operates a Child and Family Counselling Service.

The area is well served by sport/ physical activity groups centreing around GAA, football, watersports, walking, climbing, basketball, cycling, and there are a range of local community groups set up around heritage and tourism, music, drama and dancing.

For older people, Ardara has a Sheltered Housing complex contained 25 self contained apartments. In Glenties, there are 16 community houses available along with a day care centre. There are a number of Care of the Aged groups and Carers Groups in the area and a Community Alert Scheme.

Public transport is provided by commercial bus services with routes to Letterkenny, Ballybofey, Dungloe, Ardara, Killybegs and Donegal Town. Local Link provides services in and around both Ardara and Glenties and a weekly service from Ardara to Donegal Town on a Thursday. There are no rail links and the closest airport is Donegal Regional Airport at Carrickfinn, 40 km away that services Dublin and Glasgow.

## **Population Structure**

The population of the Ardara/ Glenties PCT area is 4,667 with a decline in population of 4% since the Census in 2011. The birth rate (0-4 age group) has declined by 10%, a little above the national average but lower than the county figure of 15%. Two in every five people (40%) are either under the age of 14 or over the age of 65.

The most significant population shift is in the 20 – 29 age group where there has been a 35% decline in the 20 – 24 age cohort compared to the national figure of 8% and twice as high as the county figure of 18%. This means that one in every three of this age cohort has left the area.

There have been significant increases in the 65 – 69 (29%) and 70 – 74 (30%) age group, but a fall off in the numbers of people aged 74 – 84 which does not reflect the trend in other areas in the County. There has been a slight increase in the over 85 year olds with 124 people of this age now living in the area.

In relation to population projections for this area, it is predicted there will be no change in the numbers of people living in the area by 2025. There will however be significant changes within the various age brackets. The 0-4 year old age group will decline by-14% and the 5-9 age group by-16% reducing the number of children in the 0 – 9 age bracket. The proportion of the population under the age of 15 by 2025 will be 22%. From age 15 onwards, the population in the subsequent age brackets will increase with the biggest increase coming in the 20 – 24 age bracket at 56% (doubling the current number of this age group in 2025).The population projections show a decline in the numbers of people in the 30 – 39 age group. The next biggest population shift however comes in the 70+ age group which sees significant increases come 2025. The numbers of people in the 75 – 79 age bracket alone will double in this time period (increasing by 56%). The proportion of the population who will be over 65 in Ardara/ Glenties by 2025 is calculated at 25% (1,170), or one in every four people in the area.

### **Age Dependency**

Given the population statistics presented above, it is no surprise that there is a high age dependency ratio of 64% (the ratio of the number of people aged under 15 and over 65 year olds as a % of the working population). This is above the County figure of 60% and the national figure of 53%. What this means is that for every 1 person working in the area, there are 2 people dependent on public/ state services. This has significant implications for services in the area i.e. greater numbers of people dependent on public services but a shrinking of the working population that helps to pay for them. The old age dependency ratio is particularly high at 33% compared to the County figure of 25% and the national figure of 20%. The young age dependency ratio however is relatively low (19%) compared to other PCT areas reflecting a smaller young person population (under the age of 15) in this area.

### **Nationality & Ethnicity**

The majority of the population across the area identify as 'Irish' with 10% identifying as being from elsewhere, primarily the UK (3.8%) with a further 2.5% from elsewhere in the EU. There are no members of the Traveller community living in the area.

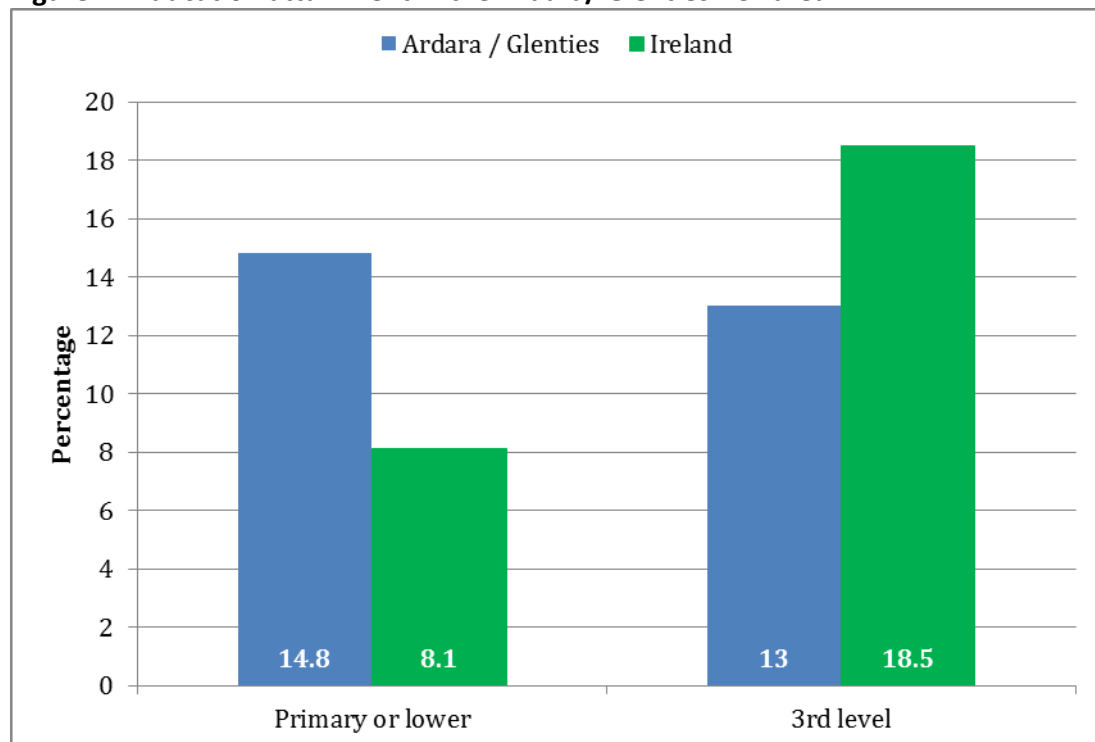
### Socio-economic Grouping

Nearly one in every five persons (18.2%) falls into the semi or unskilled category which is above the County (16.6%) and national (14.1%) average. The proportion of people falling into the 'professional' category stands at 5% of the population.

### Educational Attainment

The percentage of the population educated to primary level only is 14.8%, slightly higher than the County figure of 13.4% and much higher than the national figure of 8%. At the other end of the education continuum, 13% of the population have a third level qualification, and while this figure is improving from the last Census period, it is still lower than both the County (14%) and national figure (18.5%).

**Figure 2. Education attainment in the Ardara/ Glenties PCT area**



### Unemployment

The rate of unemployment in Ardara/ Glenties area stands at 7% which is similar to the County and CHO 1 figure. The rate has declined since the last Census in line with the national trend, but it is difficult to know whether this decline is attributable to (a) more jobs being created in the area (b) people emigrating from the area as evidenced in population stats or (c) more people entering retirement or (d) people moving onto labour market schemes. It is likely that it is a combination of all three factors.



## Occupation

The total number of people at work in the Ardara-Glenties PCT area in 2016 was 2,618 accounting for 53% male and 47% female. The greatest numbers work in the Professional Services, Commerce and Trade and Manufacturing (outside of the 'Other' category).

Industry	Total	Male	Female
Agriculture, Forestry, Fishing	246	228	18
Manufacturing Industries	372	251	121
Commerce & Trade	507	260	247
Professional Services	670	521	149
Building and Construction	192	177	15
Public Administration	166	73	93
Transport and Communication	122	92	30
Other	343	158	185

## Family Structure

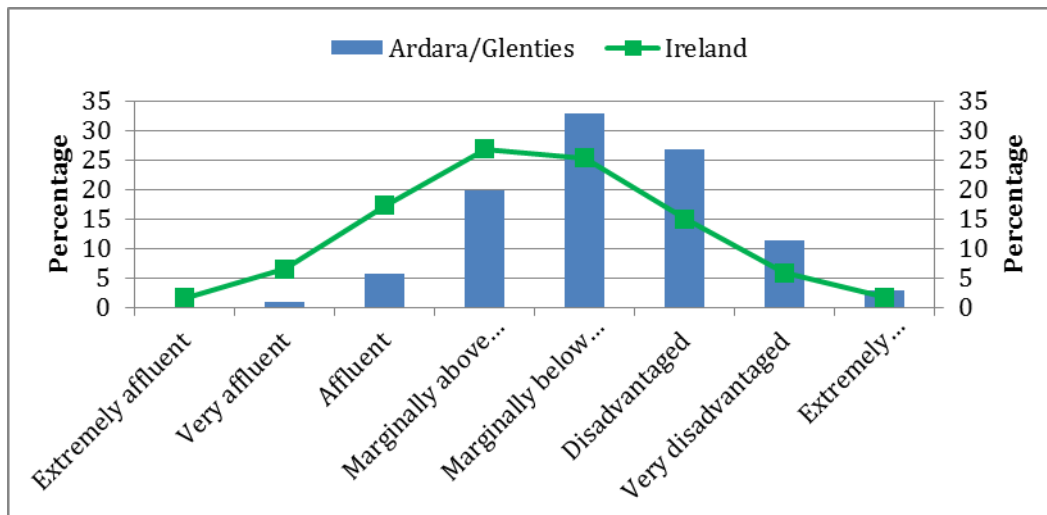
There were a total of 1,789 families in the Ardara/ Glenties area in 2016. A significant number of these families had children in the early school and pre-adolescent categories (24%), which is higher than the County figure of 20% and the national figure of 23%. This has implications for service and support provision for children and families of this age group.

Looking at the type of families in the area, 52% were couples with children and 18% were one parent families. This is one of the highest rates across all the PCT areas (the highest rate in Ballyshannon/ Bundoran and Lagan Valley but is consistent with County and national rates.

## Deprivation

Just over 40% of the population in the Ardara/ Glenties PCT area is classified as 'disadvantaged (26.7%), very disadvantaged (11.3%) or extremely disadvantaged (1.7%). This is nearly double the national average of 22.5% and also higher than the CHO 1 figure of 32.2%). The 'very disadvantaged' percentage (i.e. one in every 10 people) is high compared to national figure of 5.8%.

### Figure 3. Deprivation Levels in the Ardara/ Glenties PCT area



### Health Indicators

Nearly 2% of the population (88 people) rate their health as ‘bad’ or ‘very bad’ which is similar to the figure across Donegal and the CHO 1, area but higher than the national figure of 1.6%. There is a slightly above average proportion of people with disabilities in the area (15.6%), above the County and national figure of around 14%. The figure for the number of carers in the area stands at 234 people (5%) which is also higher than the County and national average.

### Connectivity

The distinctly rural nature of this area and limited public transport means a heavy reliance on the car as a mode of travel. However, 12% of the population do not own a car. In terms of digital connectivity, nearly one in every four people do not have internet access (23%) with 65% of the population with broadband.

## 3. Consultation Findings

### Overview

One consultation meeting was held with the PCT in this area with 6 people in attendance and another PCT member made her views known through a teleconference with the consultant. Given there is no CHF in the area, a wider community consultation was not possible. Further views from the area were elicited through the online survey which provided an additional 3 responses. This section also incorporates findings from the consultation meeting held as part of the Healthy Ireland Community Engagement process where meetings were held across the 5 Municipal Districts (the MDs of Glenties most relevant here) on health and wellbeing issues in Donegal.

It is important to note that this section directly reflects the views of the people who attended the focus groups, and has not been filtered in any way. Where possible fact checking has taken place, but there is the possibility that some feedback reflect personal viewpoints which may or may not be wholly accurate. However, people’s perceptions

reflect their own reality so if views are considered 'inaccurate' then this can be taken as a communication issue that needs to be addressed.

### **Access**

(a) Transport. The people living in the area are isolated from services and rely on public or private transport to get them to and from appointments. The limited Local Link service is welcome but not all the vehicles have wheelchair access. Some people with behavioural problems have been asked not to use the Local Link service, which can leave these individuals very isolated. Equally, the Bus Eireann service does not cater for people with disabilities. The Glenties Day Centre have their own bus (joint funded by HSE and St Vincent de Paul) which has good wheelchair access. The Social Prescribing Programme works very well in the area but some people cannot access the service as they don't have transport to and from the prescribed activities.

(b) Information. With the CHF not functioning, there is a vacuum around information sharing between Primary Care professionals in the first instance and then to the wider community. The Municipal District consultation suggested a district wide bulletin or newsletter both online and printed, that would be of great use for sharing and accessing information around classes, health and wellbeing supports, and community services.

### **Services & Community**

The Social Prescribing Programme is great in the area, but as mentioned above many people cannot access activities as they have no transport. Many of the activities take place in the Downstrands FRC in Portnoo and the Social Prescribing Co-ordinator has no budget for travel.

The condition of the paths and pavements in Ardara is poor, making it particularly difficult for wheelchairs, buggies or anyone with mobility problems to get around the town, leaving some people confined to their houses. This issue has been repeatedly raised with the DCC Roads Department but to no avail. There is a very good Community Development Committee in Glenties which links in with the Council around lighting, pavements, bridges etc.

St. Shanaghan House offers supported accommodation for vulnerable adults, but it could be used more effectively. Some people who see their GP don't need to be sent to Emergency Department, they just need monitoring. Short-term local care could be provided in a supervised environment. Another service that could be provided is step down care linking in with Home Helps and GPs. The single bed apartments could support and prepare people for going home in a non-hospital environment. This idea has been floated before and was well received by top management but it needs commitment to make this happen. A formal proposal to make better use of the accommodation by opening one more day each week and to broaden their services to include older people, and to offer step-up/step-down respite accommodation (and reduce the pressure on secondary services), was submitted to the HSE more than 6 months ago, but to date no response has been received.

There is a real need to promote early years development in the area promoting healthy play outdoors, activities and pre-schools and schools.

## Health Services

Homecare packages is a huge issue in the area and it seems to be a constant battle to get what people need. Issues include:

- One size does not fit all and more flexibility is needed in the service
- A more consistent service across the County is required
- Clarity is required on the Home Care policy to both HSE staff and the public so it is clear who is entitled to what
- The application form is 18 pages long and needs to be reviewed and shortened
- Accessing Homecare for people with mental problems is nearly impossible
- People are being left in their beds for more than 15 hours leading to concerns over skin integrity
- The role of the Home Help is currently limited. Training should be offered to allow them to administer medication, help people up if they fall etc.

The Primary Care Team is not working effectively in the area and this is part of the reason there is poor communication between HSE staff at Primary Care level. In the past, 'all the right people' (OT, Physio, community Mental Health nurse, GP, PHN, SLT) were around the table and issues could get resolved or at least aired. That is not happening any more and is leading to delays and mis-communication. The administration support that had been vital to clinical members of the team (one day a week) was withdrawn some time back so too much of clinicians time is now spent on paper work, sorting appointments etc. rather than on their professional clinical role.

Respite care for adults and children is very limited, particularly for those with Intellectual Disability (ID). Seaview House in Mountcharles is not open all the time due to staff shortages. The ID service covers everyone from the age of 18 – 75 but people with all different types of needs from mild to severe, are put in together and no attempt made to meet the needs or potential of the individual. It is like a 'dumping ground'. There used to be a good system in place that dealt with dual diagnosis of ID and mental health problems, good links between the consultant Psychiatrist and the Community Mental Health nurse but this is no longer the case.

Morale among Day Centre staff is very low and many staff on their days off spend time fundraising for the centre so that they can purchase the necessary equipment, as the HSE will not provide basic equipment required to effectively operate the service.

Other issues relating to the health services raised include:

- HSE Appointment Letters are not always easy to understand. The details are not clear and there are too many instructions for some people to follow, leading to increased risk of missing the appointment (DNA)
- The local health centre has a 2 week wait to renew a prescription. This is a particular issue for vulnerable adults/people with ID
- The GP surgery in Ardara is very hard to access for some people as it is at the top of a hill and there is no wheelchair access. This is particularly hard for some older people
- The HSE does not provide cover for maternity or sick leave. This exacerbates already long waiting lists and also suggests that the role is not needed or valued

- There is not one emergency respite bed in the County
- Many HSE buildings are not fit for purpose e.g. Ardara Woodland Centre and the Cleary Centre in Donegal Town had to temporarily closed for refurbishment as it was uninhabitable.
- Promoting home births and follow up supports in baby care and breastfeeding is important but nursing support is getting increasingly scarce and their time is limited.
- There is no Psychology or Speech and Language Therapy available for people with Intellectual Disabilities

## **Mental Health**

The long waiting lists for AMHS and CAMHS and Psychology are unacceptable. At community level, more GROW and AWARE meetings locally will support improved mental health.

## **Economy and Disadvantage**

Employment provides a real purpose in life and important social links and therefore plays a huge role in good mental health. There is a need for the Local Enterprise Office, IDA, Enterprise Ireland and Udaras to look at disadvantaged areas and plan for their development to provide local job opportunities that would help serve to lift the whole area. Labour market schemes provide lifelines for many communities in providing and supporting essential local services but there has to be something at the end of them for people to move into.

## **Vulnerable Groups**

A number of groups were singled out for special attention as being more vulnerable and at greater risk of health inequalities:

- People with Intellectual disabilities as discussed above.
- People with Mental Health problems in terms of accessing supports and services taking so long that they are often left unsupported and vulnerable to 'self medication' with drugs or alcohol, or their problems exacerbating as they are getting not help
- Young people who are not getting enough exercise linked to overuse of screens and lack of outdoor playing time

## **Positives identified in Ardara/ Glenties**

- The Physiotherapy department is working well; waiting lists are within target and they can get equipment when needed
- The Self Harm Clinical Care programme (SHCCP) at the Emergency Department in Letterkenny University Hospital is very positive but needs to be extended to weekends and longer opening hours to reflect need
- The Primary Care Suicide Crisis Assessment Nurse (SCAN) service is very good
- The new Community Mental Health service building 'Ard Nua' in Donegal Town is very good and has brought all the allied professionals together

- The Hub Youth Centre in Glenties is a great asset. It is near the school and offers a broad range of activities/supports (LGBTI Group, after school, careers guidance, IGNITE Programme, Foroige, Youth Clubs).

#### **4. Recommendations from the Ardara/ Glenties Consultation**

##### **Primary Care Teams.**

Investment of both time and funding is required by the HSE in the Primary Care Teams if they are going to work

- a PCT Facilitator Role needs to be put in place to drive the process
- Staff cannot make the time to attend meetings because of other work commitments and yet are 'allowed to go', but no time is given within their role for this to happen as other priorities take over.
- The PCT needs to be more than a talking shop and become a space where Primary Care issues are identified and resolved either directly or by referral to PCT/HSE management.
- Review the current approach for PHN administration as it is not working at the moment
- Improve access to the GP surgery in Ardara
- Carry out a County wide review of reasons for Did Not Attends (DNA) for health appointments. The current policy is that if a person does not attend an appointment without prior notice, they are automatically put to the 'the back of the queue'. Account needs to be taken of unavoidable circumstances that mean people cannot attend.

##### **Home Care Packages.**

This area needs a complete review to see how it could be improved and there must be a consistent approach across the county. Suggestions include:

- Home Care co-ordinators spending some time on the ground to see how things work in reality
- There needs to be clear communication and clarity about each persons role in the Home Care process
- Trusting the professional clinicians who are working in the community with the individuals requiring the service
- Clarity on policy around who is entitled and to what
- Review the 18 page application form to make it more accessible and useable
- Train home helps to do additional tasks like administering medication, assistance with falls etc.
- Include home assessments with home care package assessment e.g. smoke alarms, trailing wires etc., and provide guidance on what the client can and cannot do for themselves

##### **Disability Services.**

- Improve age and disability level appropriate supports and services to people with Intellectual Disabilities e.g. respite and Day Centre services, in line with the New Directions policy
- Review prescription renewal times and align with national policy to reduce stress and anxiety for people with ID and mental health problems

- Provide Psychology and Speech and Language Therapy services for adults with Intellectual Disabilities
- Improve respite services in the County
  - o Staff Seaview House to meet the need, so it can remain open all the time. Apparently recruitment has taken place, but staff have not been appointed
  - o Provide emergency respite beds in the county (not one at present)
  - o Do not cancel planned respite. People and families are getting very late notice of respite being cancelled and this leads to cancelled plans which is unfair on families. Improved planning and notification is needed.

#### **Older People Services.**

- Provide St. Shanaghan's with bus transport to get people out and about (beyond the Day Centre).
- Review St. Shanaghan's proposal to provide additional and extended services
- Many families are stuck in the home with the person they are caring for leading to loneliness and isolation; respite is essential as carers need a break
- HSE designate Respite as a 'non-essential service' but this needs review as it is essential for the health and wellbeing needs of the individual and the family.

#### **Mental Health.**

- Reduce waiting lists for all mental health services
- Review the Psychology Assessment process as it is extremely difficult to get required Psychological assessments done
- HSE management to facilitate access to past reports which will be beneficial to the individual that was assessed and still requires support.

#### **Transport**

- Review Local Link Priorities so that people with certain conditions are able to access the service
- Improve transport links to other parts of the County
- Explore whether appointments in Dublin/ Galway can be scheduled no earlier than mid-morning for people who have the farthest to travel, (so people can arrive on time and not incur cost of travelling the day before and overnight expenses.
- Explore the piloting of a Volunteer driving assistance scheme

#### **Information**

- Primary Care and other local supports and services need to be promoted locally in terms of what is available, at what times, where services are located, and what people are entitled to. A PCT wide bulletin or newsletter both on-line and printed would be of great use for sharing and accessing information around classes, health and wellbeing supports, community services.

#### **Positive Mental Health**

- Provide more GROW and AWARE mental health supports locally

#### **Physical Activity**

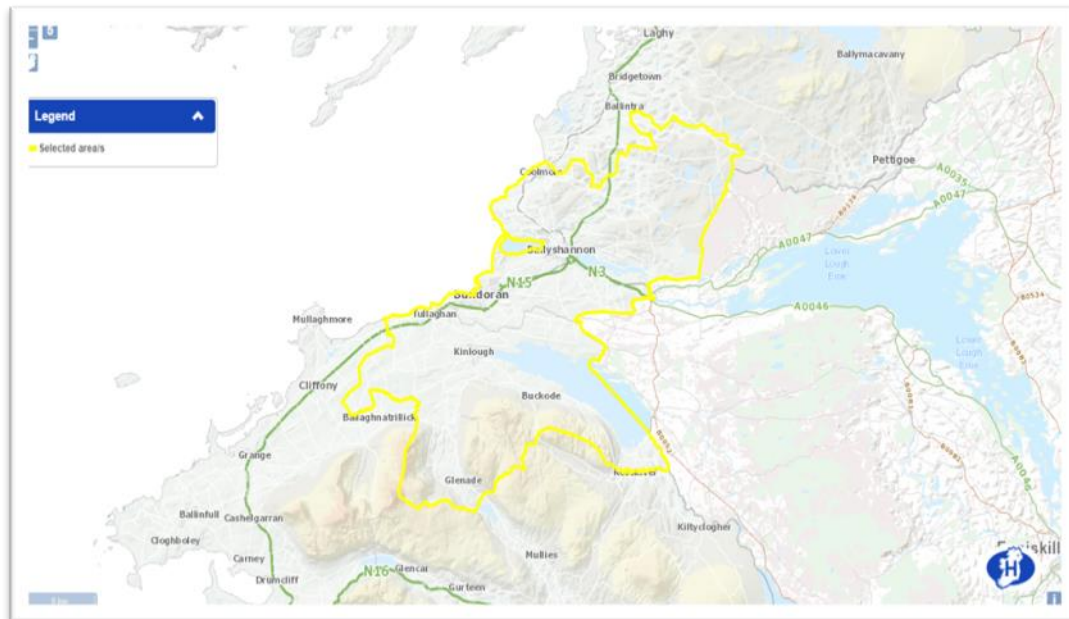
- Improve pavements and footpaths in Ardara and Glenties

## 4.5 Ballyshannon – Bundoran Primary Care Team Area Profile

### 1. Background

Ballyshannon - Bundoran Primary Care Team area is located to the south of the Donegal County stretching from Laghey to the north and covering the towns of Ballyshannon and Bundoran. It stretches down as far as Tullaghan and borders the counties of Leitrim and Fermanagh to the east and south.

**Figure. 1: Ballyshannon- Bundoran PCT area**



The Ballyshannon/– Bundoran Primary Care Team was established In 2007 and worked quite effectively up until recently. It has administration support but had a HSE Facilitator which helped drive the process. It met monthly and members included Physiotherapists, Occupational Therapists, Speech and Language Therapists, Public Health Nurses, Dietician (attended occasionally) and Community Health Forum representatives.

A Community Health Forum is well established in the area and meets monthly. The PCT and CHF have worked well together over the years and undertaken a number of joint and individual projects including:

- Annual public health screenings and information dissemination at marts, supermarkets, football matches, agricultural shows and other events
- Cookery demonstrations around healthy eating
- Mental health awareness (fridge magnets with information about where to go for help)
- Paediatric first aid training
- Support for a youth 'Be Healthy, Be Happy' Programme run by Foroige
- Parenting courses
- Stress Control workshops and training

The area is served by Bus Eireann and Expressway services as well as a number of private bus companies linking the main urban centres. The Local Link service runs a number of



routes from Ballyshannon to Donegal Town, Sligo to Rosstown, Kinlough via Bundoran to Ballyshannon and Sligo to Bundoran.

## **2. Overview of Area<sup>21</sup>**

Ballyshannon/ Bundoran PCT is unusual in that it borders a number of other counties in the Republic, adjacent to Leitrim to the south and also borders counties in Northern Ireland. The area naturally looks towards Sligo (which is a half-hour drive away), for secondary services, as it is closer than Letterkenny. It shares a natural hinterland with the county of Fermanagh. Both Ballyshannon and Bundoran are the largest towns in the area and are separated by 10km along the main N15 road into Donegal from Sligo.

Ballyshannon has a newly acquired Primary Care Centre housing HSE administration staff along with Primary Care services including GPs, PHNs, facilities for physiotherapy, chiropody, occupational therapy, dental treatment, ophthalmology, speech and language therapy, orthopaedics and X-ray, as well as some other specialist services.

Bundoran is probably better known for its tourism industry and is well-resourced with gym, swimming and leisure facilities. A new community centre was recently opened providing a much needed facility for the area.

The following services are available in the PCT area:

- 7 primary schools
- 2 post primary schools
- 2 libraries
- 1 day centres
- 2 health centres
- 3 public health nurses
- 1 Public Services Outreach Centre
- No Social Prescribing Project
- No MABS (Donegal Town nearest)
- 2 Fire Stations (Fire service management in Co. Donegal have recommended the amalgamation of fire services at Ballyshannon and Bundoran, and the closure of the fire station at Ballyshannon)
- Ambulance Control Centre and First Responders Group
- 2 arts centre/ theatre
- 2 Community Centres
- 1 Leisure Centre
- 1 community hospitals
- 1 Mens Shed
- 2 garda stations

## **Population Structure**

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<sup>21</sup> The statistical data in the section is drawn primarily from the Area Profiles developed by the HSE Public Health Department using Census 2016 data and other relevant health data sources.

There are 10,031 people living in the Ballyshannon/ Bundoran PCT area. The proportion of people in the 0-4 age category has decreased significantly by 16%, since 2011. This is a significant drop, and while similar to the County figure, it is much higher than the national figure of 7%. Unlike other areas, Ballyshannon/ Bundoran has not experienced the steep decline in the age group between 20 and 34. While there is a decrease, the highest being in the 30 – 34 age group at 21% (and still higher than the national figures), it is not as severe as in other PCT areas where population decreases are felt by anything up to 35%. This still reflects a significant shift in this particular age cohort resulting in a loss of part of the working age/ reproducing generation.

Population increases are recorded in the 65+ age group with a 23% increase in the 70 – 74 age group. A total of 17% of the population are aged 65 and over and the majority of people in the older age categories are women.

Population projections until the year 2025 show that the area will experience 3% rise in population with the majority of changes occurring in the older age group. It is expected that the 0 – 9 year old age group will decrease by 18% and will account for 17% of the population by 2025. The 20 – 29 age group is projected to increase, as much as 49% in the 20 – 24 age bracket alone, but the numbers of people in the 30 – 44 age bracket will decline in the same time period. The greatest increases are predicted for the older population (65+) where the number of people in the 75 – 79 age group and the 80 – 84 age group will effectively double. This means that 21% of the population will be aged 65+ (one in five) by 2025.

### **Age Dependency**

The age dependent population (0-14 and 65+ age group as a percentage of 15 – 64 year olds) is 61%, which is in line with County figures and higher than the national figure. The young dependent population is 33% which is lower than the County and CHO 1 average but the older dependent population is higher than the other averages at 28% due to the significant numbers of older people in the area. A high age dependency ratio has implications for service provision in the area i.e. more people dependent on public services.

### **Nationality & Ethnicity**

Eleven per cent of the population in the Ballyshannon/ Bundoran PCT area identifies with a nationality other than Irish. This can be broken down across the UK (3%), Polish (2%) and other nationalities (2.4%). Visitors to the area accounted for 4%.

There are a significant number of Travellers living in the area; 82 in total which accounts for 0.8% of the population. This is higher than County average figure of 0.4% and CHO 1 figure of 0.5%.

### **Socio-Economic Profile**

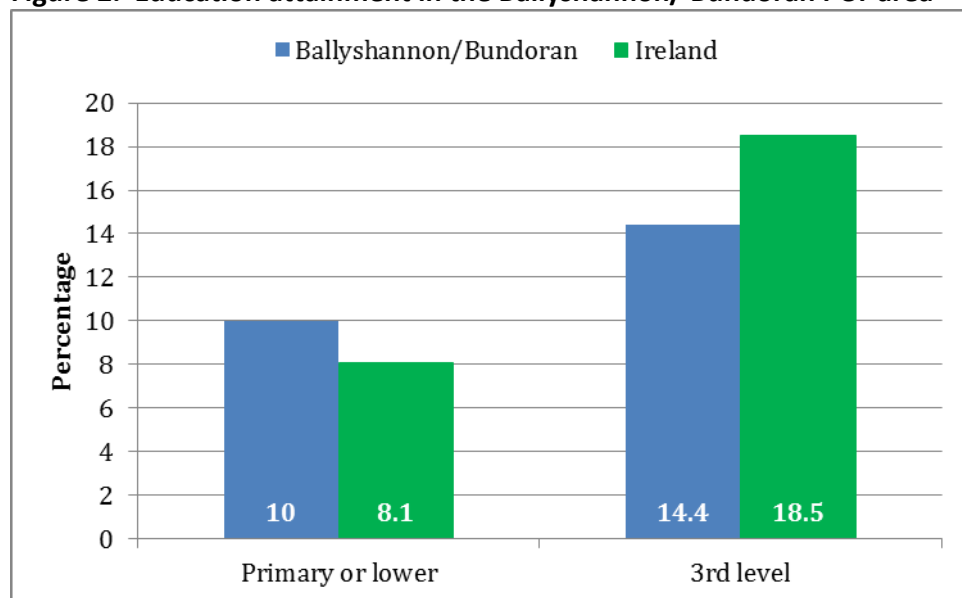
The area has a lower proportion than other areas of people falling into the semi skilled/ unskilled work category (15%) and conversely has 5% of people falling into professional category which is higher than some of the other PCT areas.

### Educational Attainment

One in ten people (10%) in Ballyshannon/ Bundoran PCT area have been educated to primary level only. This compares favourably with other PCT areas where the rate of educational attainment is poorer. In fact, this PCT area (after Letterkenny) records the smallest proportion of people leaving school with primary education only across the County and across CHO 1 area.

The positive picture continues with regard to third level educational attainment. Fourteen percent of the population have a third level qualification and this is in line with County and CHO 1 figures, although lower than the national figure of 18.5%.

**Figure 2. Education attainment in the Ballyshannon/ Bundoran PCT area**



### Unemployment

The unemployment rate has fallen significantly since 2011 showing that 7% of the population in Ballyshannon/ Bundoran was unemployed in 2016, in line with County and CHO 1 figures. It is difficult to know however whether there actually are more people at work or whether it is the result of the migration/ emigration of the working age cohort, a reflection of the shift into retirement or uptake of labour market schemes which takes people out of unemployment statistics. It is likely that it is a combination of all of these factors.

### Occupations

The total number of people at work in the Ballyshannon-Bundoran PCT area in 2016 was 1,541 accounting for 54% male and 46% female. The greatest numbers work in Professional Services, Commerce and Trade and Agriculture, Forestry and Fishing (outside of the 'Other' category).

Industry	Total	Male	Female
Agriculture, Forestry, Fishing	214	196	18
Building & Construction	79	72	*
Manufacturing Industries	207	130	77
Commerce and Trade	255	133	122
Transport & Communication	59	44	15
Public Administration	86	32	54
Professional Services	343	85	258
Other	298	146	152

Note: \* As the number of women working in Building and Construction in the Ballyshannon-Bundoran PCT area is 10 or less, this has not been reported above to protect privacy and confidentiality.

### Family Structure

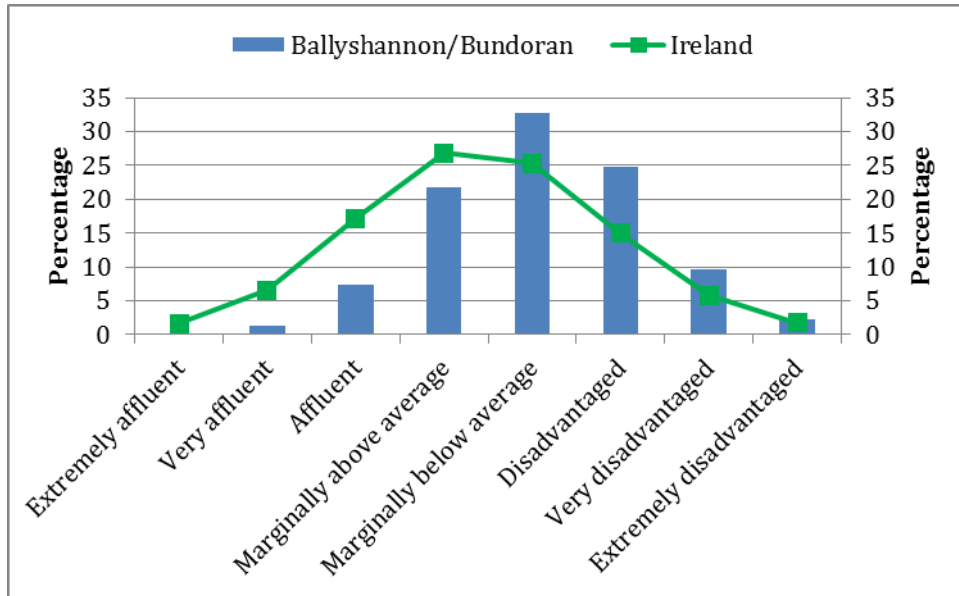
There are 2,415 families in the Ballyshannon/ Bundoran area with a relatively high proportion of people categorized as 'empty nesters' (14%), and 'retired' (12%), higher than the County and national averages. There are slightly lower levels of the pre-school (8%) and early school ages (10%) with pre-adolescent and adolescent families in line with County and national averages at 11% and 14% respectively.

Looking at the type of families in the area, 19% are one parent families which means that one in every five families with children is headed by one parent. This is the highest rate across all PCTs (along with the Lagan Valley PCT area) and the majority are headed by single mothers.

### Deprivation

Just over a third of the population (37%) in Ballyshannon/ Bundoran is classed as 'disadvantaged', 'very disadvantaged' and 'extremely disadvantaged'. This is just below the County figure of 38.6% and well above the national figure of 22.5%. Nearly 12% of the population is considered either 'very' or 'extremely disadvantaged'.

### Figure 3. Deprivation Levels in the Ballyshannon/ Bundoran PCT area



### Health Indicators

One hundred and eighty two people (2% of the population) rate their health as either 'bad' or 'very bad' which is line with County and CHO 1 figures (2%) but a little higher than the national figure of 1.6%. The proportion of carers in the area (5%) is slightly higher than County and national averages, and there are 1,549 people with disabilities in the area (15%), again slightly higher than the County figure of 14.4% and the national figure of 13.5%.

### Connectivity

A significant proportion of the population (13%) do not own a car which is one of the highest among the PCT areas posing questions about other available transport options. Over one in four people (27%) do not have internet access which again is one of the highest across PCT areas and higher than County (25%) or national averages (18%). Just 60% of the population has access to broadband which is lower than the County and national averages.

## 3. Consultation Findings

### Overview

This section presents the findings arising from one consultation meeting held with Ballyshannon/ Bundoran CHF (4 participants) and one consultation meeting held with the Primary Care Team (4 participants). The online survey was also issued to PCT members and received 4 responses. It also incorporates the findings of the consultation meetings held as part of the Healthy Ireland Community Engagement process where meetings were held across the 5 Municipal Districts (MD - the Donegal Municipal District most relevant here) on health and wellbeing issues in Donegal.

It is important to note that this section directly reflects the views of the people who attended the focus groups, and has not been filtered in any way. Where possible fact

checking has taken place, but there is the possibility that some feedback reflect personal viewpoints which may or may not be wholly accurate. However, people's perceptions reflect their own reality so if views are considered 'inaccurate' then this can present as a communication issue that needs to be addressed.

### **Access**

Transport. The lack of transport options away from the main routes and connections between services make it difficult to get to appointments. The NowDoc service for the area is located in Mountcharles (just outside Donegal Town and 30km from Ballyshannon and 36 km from Bundoran), and people who do not have transport cannot get there. It is very unusual for doctors to come to the house although with some GPs there seems to be a little more flexibility, and a GP will sometimes meet closer to home. Taxis that can accommodate people with disabilities are in short supply, are expensive and often don't turn up on time.

Information. There is a lack of information on individual rights when applying for benefits, and Citizen's Information and MABS do not seem as helpful as in the past. Many forms are now online, and lack of access to the internet is having an impact for some people. Further, many older people who do have access to the internet may not have the capacity to do their business online.

### **Services and Community Connectivity**

Children and technology featured strongly in these discussions. There was a general view that children are being too sheltered and not encouraged outside to play, which helps with risk taking, builds confidence, coping skills and resilience. These vital skills are not being developed as children progress through childhood, and is likely to be one of the reasons anxiety levels are on the increase and coping and resilience skills are low in some children. While the trend in the increased use screens, phones, technology etc. cannot be reversed, greater education is needed for parents and children about how to manage and use the technology responsibly.

The Meitheal Project for supporting families is starting to pick up momentum in the area. It is a very good initiative as it gets the services around the table working with the family and the child who are at risk.

If there was greater investment in health and wellbeing in the early years with children, it would reduce the drain on resources as they progress through their lives. This was the view of the MD consultation. It was also felt that behavioural issues left unchallenged now will result in serious problems in later years.

One of the real gaps in the area is the lack of sheltered housing for older people, and this is particularly important as the population continues to age. Meals on Wheels is not available across the entire area and not on all days of the week.

The waiting list to see a social worker in the area is unacceptably long. There is a lot of staff movement among Tusla Social Workers at the moment because of the Child Protection workload and there is an ongoing review where cases are being handed to other agencies where appropriate. However, this work has meant a backlog in the system and access to a social worker can take months. Further, the thresholds for access

to a social worker have increased, meaning that many of the referrals may not qualify and be worked through the Meitheal system. Greater responsibilities are being put on community services without sufficient investment in resources.

## **Health Services**

Homecare and the availability of home help is one of the biggest issues in the area. This is similar to discussions with other areas in Donegal. It was felt that older people are being discharged from hospital without the necessary community supports in place. Families are less likely to be around to help as they have either moved away or are working and/ or have young families. From an OT perspective, the service goes to great trouble to get the necessary equipment into the homes but people are not being discharged, so the equipment is sitting in the house unused. No account is taken of geography in the Home Help scheduling, no travel time is included, but in a rural area it can take a long time to get from one place to another. This has to be factored into time allocated in a homecare package. There is poor communication between acute and primary care services during the transition phase from hospital to home and vice-versa.

The issue of more vulnerable members of the community missing appointments for reasons they cannot help was raised. As a result of this, they often end up going to the bottom of the queue when the reason for their non-attendance could be very valid e.g. transport, illness, literacy.

The Primary Care Team is not operating effectively with people unsure of their roles on the team. Members are getting frustrated as the same issues arise again and again (e.g. homecare), but they don't seem to be communicated anywhere and with no HSE facilitator or management representative on the PCT there is no feedback route. Questions were asked about the point of meeting if no one seems interested in hearing what the team has to say. There was great enthusiasm in the beginning, GPs were involved but it is hard to see the value in it now. Clinical meetings used to be held on a monthly basis but this was too long a wait to get response so now clinicians follow up via phone calls as needed. There will be case conferences for more complex cases and this works well. GP's are engaged in this aspect of primary care team working.

The medical card and the related procedures and processes was raised. Letters issued recently regarding change of circumstances are causing confusion; people do not think they need to reply as they don't think it applies to them and their card is subsequently cancelled. If a young person is living at home, unemployed and not paying rent, they are not eligible for a medical card. Forms in general are very complicated especially for people with literacy issues and people who are not digitally competent. There was the feeling that this complexity was deliberate to deter people from applying for what they have a right to.

Waiting lists for different disciplines was raised, with people noting that you can wait up to 15 months to see a consultant, irrespective of what the health issue is. A wait for an ambulance can be up to two hours, and if a previous call out has to wait at the Letterkenny University Hospital Emergency Department as the paramedics can't transfer the patient, it makes the wait even longer.

Respite for families caring for people with disabilities or other health issues is very limited. At a County level, there is 2 weeks per month available for all of the people in

Donegal requiring respite. The MD consultation reported that families are finding it very difficult to access respite accommodation for their loved one and it only seems to be addressed when the situation reaches crisis point.

HSE frontline staff are severely overstretched, with increasing requests to complete documentation, training, surveys, statistics and assessments. The bureaucracy is overwhelming.

Some detailed issues were made around specific services:

- OT finds it difficult to get specialist equipment for people in their home, especially for palliative care patients and these referrals are increasing
- Waiting lists for OT are long; there are more than 60 people on the list in this area. The priority patients are seen quite quickly, the lesser the priority, the greater the waiting list (P2 patients are meant to be seen within 2 weeks but it could be months and P3 patients could be waiting more than 12 months. The service is understaffed and facing recruitment problems in terms of getting people to come to the area, as faced in other parts of the County
- There are inadequate supports for people with weight management issues

### **Economy and Deprivation**

Participants in this process felt that the true level of unemployment is masked by labour market schemes such as TUS and CE. The focus seems to be on getting people off the live register rather than to get real and meaningful jobs. While the schemes provide much needed support to community services and are valued for this, they are not long enough at one year and people are then forced to leave. They should be extended to provide much needed experience for the individual and much needed support to the community.

The issue of housing arose in this area, and particularly the access to good quality rented accommodation is very difficult. A lot of private rented accommodation is in a very poor state and families are living in sub-standard accommodation. There are many empty homes and yet still a shortage of properties to rent.

Food poverty is prevalent among some sections of the community as people struggle to make ends meet. The more nutritional food can be seen to be more expensive and many people lack the life skills around budgeting and cooking from scratch. The increase in low cost processed food is linked to childhood obesity.

### **Mental Health**

Mental health featured strongly in this consultation as in the other areas. The communities of Ballyshannon/ Bundoran are particularly concerned about young people and children facing pressure in their lives through social media, alcohol and drugs. The pressure seems to be starting earlier and earlier and leads to anxiety as children lack the skills and maturity to cope with these complex issues. Waiting lists for mental health services are far too long.



## **Healthy Ireland Priorities**

Substance Misuse. Greater understanding is needed around the hidden harm of alcohol and drug misuse, including over the counter and prescribed medication, and support needs to be in place for when people ask for help.

Physical Activity. Children need more physically activity and more time devoted to just being outside running around (see point above).

Positive Ageing. The Good Morning and Befriending services are great but a worry now they are being taken over nationally is that there will be little opportunity for local input.

Sexual Health. There are unrealistic expectations in relationships that is driven by, among other things, access to pornography. There needs to be greater education, discussion and information about sexual health, consent and young people.

## **Vulnerable Groups**

A number of groups were singled out for special attention as being more vulnerable and at greater risk of health inequalities:

- Older people. Loneliness and isolation a real concern as families are not around as much, and home help time is limited
- Young adults with disabilities
- Travellers and Roma. The biggest issue is with accommodation and the inadequate accommodation provision that causes undue stress
- Homeless people. The only hostel in the area is in Letterkenny, which is usually full and the real numbers are hidden as people are 'couch surfing'
- People living in poverty. There is a lot of hidden poverty, as people are living with relatives, friends or staying in very poor quality private rented accommodation
- Refugees/ resettled people who are facing integration and language challenges which causes isolation and fear
- People living in rural areas with increased risk of isolation (all ages)
- New mothers who do not have local/ family support and reduced support from Primary Care
- Palliative care patients

## **Positives identified in the Ballyshannon/ Bundoran PCT area**

- The Joint CHF/ PCT projects
- OTs have no problem getting standard equipment for people at home
- The CHF has received funding to pursue local initiatives
- Youth projects do great work in the area
- Lifestart provides good early years support (good in Bundoran, less so in Ballyshannon)
- The new Health Promotion role for the area is very welcome
- Acute services are usually very good when you get into them

#### **4. Recommendations from the Ballychannon/ Bundoran Consultations**

##### **Homecare:**

- Review and improve the provision of homecare in the area. With such a significant older population, many of the older residents are not getting the care or attention they need. Many people are not being discharged from hospital because the supports are not in place in the community, and yet are willing and able to go back home with a minimal amount of support
- Develop a patient information pack for homecare patients when they are discharged from hospital with useful numbers and support contacts

##### **Primary Care Team Investment**

- Provide clarity on the role of the PCT and link this to a wider reinvigoration and investment in the PCTs

##### **Childrens Services**

- Ensure there are sufficient resources in place at the local level to allow the Meitheal project to work effectively
- Work with community projects and schools to help develop the coping and resilience skills of children and young people

##### **Reduce Bureaucracy**

- Simplify HSE and DSP forms where possible
- Ensure forms and information are available in hard copy and offline for people who do not have internet access or don't have the capacity to use it
- Review the checking/review process for medical cards
- Review the reason for DNAs and consider not always putting people to the bottom of the queue if they miss an appointment.

##### **Service Improvements**

- Improve respite services for adults and children in Ballyshannon
- Increase OT staff in the area to help reduce waiting lists
- Provide specialized OT equipment in a more timely manner to meet patient need
- Develop and improve the Meals on Wheels service

##### **Vulnerable Groups:**

- Donegal County Council to provide support to Travellers in securing adequate social housing more quickly taking account of need
- Intercultural sensitivity training for HSE staff and signage in more languages
- Implement the ethnic identifier on HSE and other agency systems

##### **Alcohol and Substance Abuse:**

- Training for frontline staff around sensitivity when people ask for help in relation to alcohol/drug misuse
- Raise awareness of the link between substance misuse and poor mental health

### **Positive Mental Health**

- Provide more Stress Control programmes

### **Access**

- Better Information and Co-ordination
  - Publicise the opening hours of NowDoc and other out of hours services as people are not aware of them
  - Develop better joined up thinking within and between agencies, especially HSE and Tusla, where there is a big disconnect. Families are having to tell their stories over and over again and it puts people off accessing the supports and services they need
  - Follow up on patients impacted by the Cervical Screening issues in the County
  - Collate all the local CHF initiatives and see what skills/resources/supports are needed for these to be rolled out across the County

## 4.6 Donegal Primary Care Team Area Profile

### 1. Background

The Donegal Primary Care Team (PCT) encompasses the town of Donegal and stretches from Inver bridge to the West, as far as Pettigo to the East and north through the Barnesmore Gap with the coastline to the southwest. It borders the PCT areas of Ballyshannon/ Bundoran to the south, Killybegs to the west, Finn Valley to the north/north east and Dungloe to the north west.

**Figure. 1: Donegal PCT area**



The Donegal Primary Care Team has not met now for over a year. Regular members included: Physiotherapist, Occupational Therapist, Speech and Language Therapist, Dietician, Community Health Forum representatives, Public Health Nurses, Community Mental Health Nurses, Director of Nursing at Donegal Community Hospital, Director of ID services and Physical and Sensory Services. When functioning, the Team met monthly and had HSE administration support and an HSE Facilitator.

The Community Health Forum in Donegal was established in 2012 supported by the Donegal Family Resource Centre. Meetings took place, but it never really took off the ground like other Community Health Forums, as it was deemed difficult to engage local organisations and individuals.

The CHF and PCT have however completed a number of joint projects over the years:

- Carers support project
- Information and health screening events
- Mental health awareness events
- Social Prescribing Programme

## 2. Overview of Area<sup>22</sup>

The Donegal PCT covers a large geographic area. Donegal Town is the only significant urban centre and serves as the service/ shopping district for the area with the following services available in the PCT area:

- 10 primary schools
- 1 post primary schools
- 1 full time library
- 1 Community Hospital (29 beds providing palliative care, respite care, convalescence, rehabilitation, assessment and some continuing care)
- 1 Day Centres
- 5 Public Health Nursing Services
- 1 council Public Services Centre
- 2 Community Centres (Donegal Town and Mountcharles)
- 1 Fire stations
- 1 Garda stations
- 1 MABS
- Part time Social Prescribing Programme
- 1 arts/ theatres (donegal craft village)
- 1 Community Centre
- 1 Men's Shed

Two Family Resource Centres are located in the area (Donegal Town and Pettigo), offering various family and community supports and services such as after school clubs, counselling, parenting courses, community group supports, the Good Morning Service for older people and the Social Prescribing Programme. There are two community centres in the area, one in Donegal Town and the other in Mountcharles.

The area is well served by sports/ physical activity groups, youth projects, carers groups, womens groups, mental health support groups, addiction support groups, family support services and senior citizen groups.

There are a number of public bus companies operating in the area - Bus Eireann (inter-city and regional service), private commercial bus companies and Local Link which runs a service from Donegal Town and Glencolumcille and another route from Donegal Town to Ballyshannon with stop offs in between.

Donegal Town has been identified as one of a number of 'Strategic Town' in the Donegal County Development Plan that performs 'Special Economic Functions' for the following reasons:

- a Development Centre with a focus on tourism
- tourism and the Wild Atlantic Way
- Centre for delivery of Local Authority Services

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<sup>22</sup> The statistical data in the section is drawn primarily from the Area Profiles developed by the HSE Public Health Department using Census 2016 data and other relevant health data sources.

These are the areas of potential that will be built upon over the next number of years and a Local Area Plan has been drafted for the town to capitalise on that potential.

## **Population**

There were 11,773 people living in the Donegal PCT area in 2016. Twenty percent were under the age of 14 and 18% over the age of 65. The birth rate is declining along with rest of the County and national trends (8%), but not as much as in other PCT areas. The greatest population shift has occurred, as in other areas, in the 20 – 34 age where nearly 300 people aged between 20 – 24 have left the area. Another significant population shift is in the 65+ age bracket, where population increases were experienced and nearly 300 people moved into the 65+ age bracket. The increase in the 60 – 64 age bracket alone (24%) is higher than the County average (17%) and the national figure (24%).

The projected population change figures show that this trend of increasing older numbers of people, and a decreasing birth rate will continue into the future. Over the next ten years the population in the over 70 year old age bracket is expected to increase by up to 47% (projected 471 more older people), whereas the decrease at the younger end of the spectrum will decline by up to 18% (projected 188 less young people aged under 15). Interestingly, the haemorrhage of the 20 – 34 year old age cohort will be stemmed according to population projections with increases expected in this grouping.

## **Age Dependency**

The shifting demographics detailed above points to a high age dependency ratio of 62%. This is not as high as some of the other PCT areas but above the County and (60%) and national average (53%). The old age dependent population is particularly high at 29% well above County (25%) and national figures (20%). This reflects the large numbers of older people in the PCT area. The young dependent population is 33%, a little lower than the County and national average.

## **Nationality & Ethnicity**

Eleven percent of the population in the Donegal PCT area identify with a nationality other than 'Irish'. 423 people (4%) are from the UK and 222 (2%) are Polish. The remaining nationalities are from elsewhere in the EU and the rest of the world with 4% visitors. Forty five people who live in the Donegal PCT area identified as Travellers in the 2016 Census which amounts to 0.4% of the population.

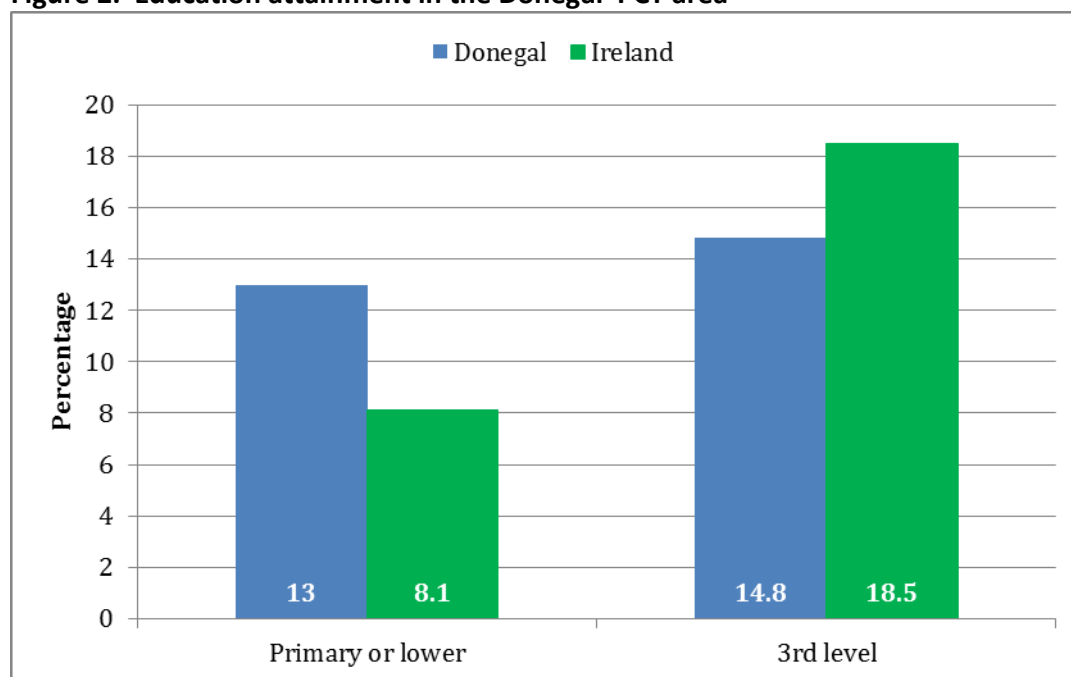
## **Socio-Economic Profile**

A significant proportion of the population fall into the 'professional' work category in the area (6%) and this is higher than the County and CHO 1 figure (although lower than the national figure of 8.1%). A further 17% fall into the unskilled or semi-skilled work category and is in line with County and CHO 1 figures.

## Educational Attainment

The proportion of people who have attained primary level education only is 13% which is similar to other PCT areas and County figures, but above the national figure of 8.1%. Looking at third level attainment, Donegal has a relatively high proportion of people who obtained a third level qualification (15%) which is above the County figure and one of the higher third level attainment levels among the PCTs.

**Figure 2. Education attainment in the Donegal PCT area**



## Unemployment

The rate of unemployment fell to 6% (642 people) in Donegal Town in 2016 and this is one of the lowest rates recorded across PCTs (outside of Killybegs which recorded a rate of 5.8%). It is also below the County and CHO 1 average figures but slightly above the national figure of 5.6%. This rate has decreased significantly since 2011, but it is difficult to know whether the fall in unemployment is a result of job creation and opportunities in the area or the migration/ emigration of the working population or the increase in the number of people ageing into retirement or the number of people on labour market schemes (TUS/ CE) which takes them off the unemployment register. It is likely it is a combination of all these factors.

## Occupation

The total number of people at work in the Donegal PCT area in 2016 was 5,927 accounting for 52% male and 48% female. The greatest numbers work in Professional Services, Commerce and Trade and Manufacturing (outside of the 'Other' category).

Industry	Total	Male	Female
Agriculture, Forestry, Fishing	422	390	32

Building & Construction	300	279	21
Manufacturing Industries	775	517	258
Commerce and Trade	1173	657	516
Transport & Communication	271	217	54
Public Administration	464	193	271
Professional Services	1611	425	1186
Other	911	426	485

### **Family Structure**

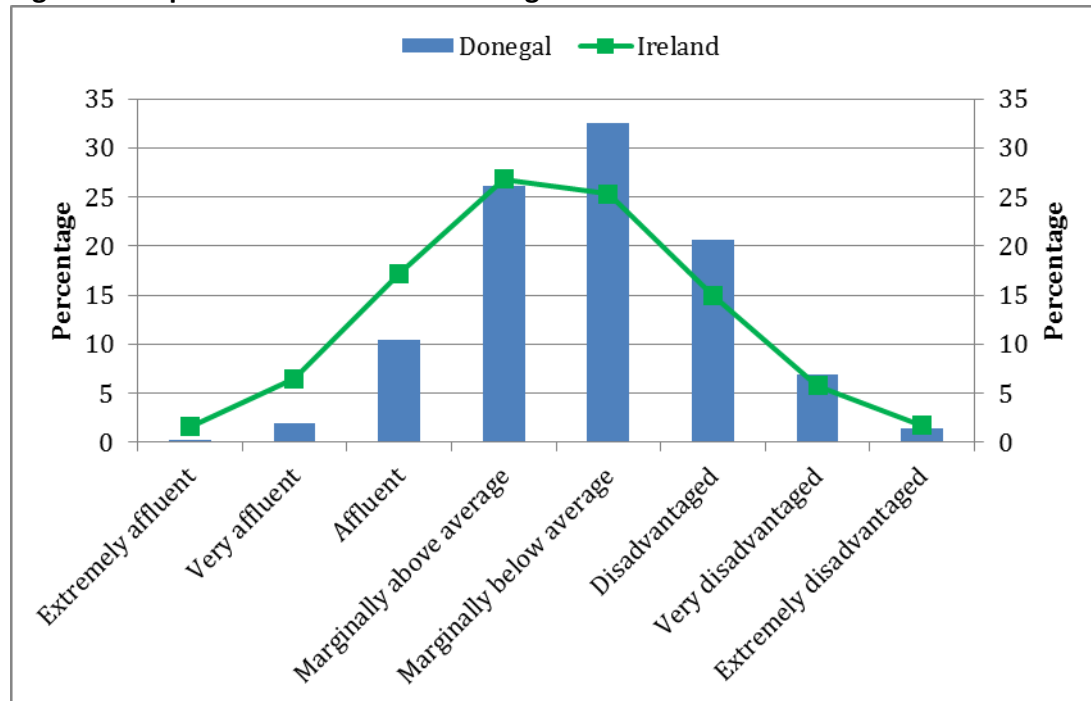
There are a total of 3,775 family units in the Donegal PCT area. Nearly a quarter of these fall into the 'retired' and 'empty nest' category. There are almost 1,000 adolescents (pre-adolescent and adolescent) in the area corresponding to 23% of the population which is in line with County and national trends. Looking at the types of families in the area, 15% of all families are one-parent families, slightly lower than the County (18%) and national (18%) figures.

### **Deprivation**

The deprivation scores for Donegal are lower than other PCT areas and the County average, at 29% of the population ranking the same as Moville (29%) and Letterkenny (21%). It indicates that nearly one in every 3 persons in the area is either ranked as 'disadvantaged' (20.6%), 'very disadvantaged' (6.9%) or 'extremely disadvantaged' (1.4%) indicating that a significant proportion of the population is either living in poverty or at risk of living in poverty.



**Figure 3. Deprivation Levels in the Donegal PCT area**



### Health Indicators

Only 1% of the people of Donegal PCT area (168) rate their health as 'bad' or 'very bad', below the County (2%) and the national average (1.6%), and is lower than all the other PCTs in the area. The proportion of people with disabilities is 14%, similar to the County figure but the number of carers is slightly higher than the average at 5%.

### Connectivity

One in every 10 people do not own a car in the PCT area. As regards digital connectivity, one in five do not have access to the internet (22%) with 67% having access to broadband. Compared to the other areas, this is a relatively high proportion of the population.

## 3. Consultation Findings

### Overview

This section presents the findings arising from two consultation meetings – one with the Donegal Primary Care Team with three members in attendance and one with the CHF with 6 people in attendance. Three people also filled out the online survey. It also incorporates findings from the consultations held as part of the Healthy Ireland Community Engagement process where meetings were held across the 5 Municipal Districts (the MD of Donegal most relevant here) on health and wellbeing issues.<sup>23</sup>

<sup>23</sup> It is important to note that this section directly reflects the views of the people who attended the focus groups, and has not been filtered in any way. Where possible fact checking has taken place, but there is the possibility that some feedback will reflect personal viewpoints which may or may not be wholly accurate.

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### **Access**

Transport. There is a lack of connectedness in and between public transport services. The main routes are satisfactory and Local Link has improved but could be better. Some people can't access the Day Centre as they do not have access to transport.

### **Services and Community Connectivity**

The issue of isolation was discussed with a view expressed that many people are chronically isolated and the more isolated a person is, the harder it is to reach them and therefore the more isolated they become. The limited transport options have an impact on this issue.

There is a growing number of older people in the area and supports and services need to be planned to meet this growing need. There is sheltered housing in Trinity Court in Newtowncunningham (outside of the PCT area) for older people and those with long term conditions. While the concept is good, it is a difficult transition for people as it is 'not a home' and there is a cost involved. Units are now being offered to other people including those with Intellectual Disability and this can potentially cause problems. The idea of self-contained supported accommodation for older people (such as they have in Dundalk) is a better idea with an 'acute' unit when needed.

Family dynamics have changed and many new families are moving to the area but have no network or back up support, and this can lead to depression, anxiety, isolation and post natal depression. Post-natal depression is not always recognized as PHNs don't visit as much in the first weeks as much as they did in the past because of their own large workload. There is little support for the first two years before the child goes to pre-school but this changes significantly when children enter pre-school where there is a lot more support.

### **Health Services**

The consultations in Donegal Town provided a number of detailed issues in relation to primary care services:

Recruitment. It is difficult to fill vacancies as recruitment is done centrally by the NRS using a panel system. Applicants are looking to get on a panel and not necessarily to get the job they apply for, or go to the area where the job is located. Someone may be

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However, people's perceptions reflect their own reality so if views are considered 'inaccurate' then this should be identified as a communication issue that needs to be addressed.

covering a senior post for a long period of time but cannot apply for the senior post because they are not on a senior panel. Also if you are on one panel, you cannot be on another, so the way the system works is restrictive and works against local circumstance and need. This process means that people may accept a job in Donegal as a 'stop gap' and move away as soon as they get the job they really want. This system has led to too vacancies that cannot be filled, and a different approach needs to be taken for the County.

**Supporting Long Term Conditions.** Early intervention is important for long-term conditions such as dementia, MS and others. It is essential in order to provide education for carers and for those with the condition, so they can plan and manage into the future. There is a need to educate carers around the needs of the patient. However, 'one size does not fit all', and local professionals need to have some element of flexibility.

When stroke patients are discharged from hospital, there is some support but it is patchy. A designated adult Speech and Language Therapist to work with stroke patients, neurological patients, conditions such as Muscular Dystrophy etc. is required.

**Occupational Therapy Service.** This service is consistently understaffed with posts remaining unfilled. As a result the team is working in crisis all the time, existing staff are overworked and stressed and they often can only get to cases when they get to the emergency stage when needs are most complex. Earlier intervention and therapy can prevent this but current workloads and staffing levels means this does not happen. The waiting list is over one year and while additional junior staff have been brought in to assist with waiting lists, it makes little difference to the patients who require higher levels of care. OTs also need more clerical support as at present they are spending much of their professional time on administration, and this is a growing workload due to new rules and regulations. All notes are still handwritten (notes/appointments/waiting lists).

**Physiotherapy Service.** As with the OT service, this has been understaffed for years, and waiting lists continue to grow. The waiting list is the longest it has been in 15 years in the experience of one Physiotherapist. It is very hard to do the job properly with the appointment times allocated, and professional judgement should allowed to be used on who needs more/less time.

**Primary Care Changes.** There is no clarity on the new CHO structures, what staff will be in place and reporting lines. It often feels that some of the HSE management don't understand the clinical element of the role. The Primary Care Team needs investment for it to work and to meet its potential.

**Home Help.** This service is useful for personal care, but given the rising older population, there is the need to think more broadly and strategically in relation to isolation and loneliness. Day Centres are not the solution for everyone. The service offered is Home Help or the Day Centre, with nothing in between. Some people see the Day Centre as the 'grim reality' of getting old and would prefer alternative solutions with opportunities to keep active.

**Importance of local judgment and flexibility.** There were strongly held views that local judgment and flexibility is continually being eroded. Clinical staff are competent and capable but are getting tied up in bureaucracy and rules and regulations. Everything has

become more difficult and time-consuming, and less personal. Any local control is being taken away and budget/finance and service decisions are taken in Dublin or Galway with no account being taken of local circumstances or need. This disempowerment impacts detrimentally on staff morale, capability, skills, experience and motivation. There is an argument to be made for transparency and consistency across the service, but some local decision making and flexibility is needed to make the system human and workable in the local context and to use the professional skills and judgement of professional clinicians.

#### Service Gaps:

- there is no neurological service in the County. A patient has to go to Dublin, Sligo or Galway and the waiting list can be up to 3 years which is completely unacceptable
- Bariatric Services (essentially weight loss surgery). There is nothing for bariatric patients in the north west; there is 1 clinic in Galway and this is a growing area of need within Donegal.

#### **Economy and Deprivation**

There is a lack of housing availability in the area and it is very difficult to find rented accommodation. Abbot Pharmaceuticals will soon be coming to the town and employing 200/300 people but there is concern over where the new employees will live.

The Community Welfare Officer role has moved to the Department of Social Protection which has changed the role; the nature of the support has changed and there is less local knowledge and support. St. Vincent de Paul is stepping in a lot more to fill up the gaps locally where they can.

While tourism is a big industry in the area, a lot of it is seasonal work and there is not as many full-time permanent job opportunities. It is great that the unemployment rate is reduced, but it does not reflect the true situation. The view is that a lot of people are on labour market schemes which brings down the live register numbers. It was however acknowledged that the Wild Atlantic Way has had a big positive impact on the area.

#### **Mental Health**

Social anxiety is a huge issue across all age groups (20s – 80s) and it is increasing, especially in younger people in their 20s. Young adults are often living with parents for much longer and this in turn has an impact on their mental health, their coping, resilience and life skills. Furthermore, increasing numbers of school age children are accessing play therapy due to anxiety arising for many different reasons e.g. family breakdown and the impact of social media.

There is a 6 month waiting list for CBT so the Community Mental Health Nurse is referring people to Community Counselling supports in the Community and Voluntary sector e.g. through the Family Resource Centres. For children under the age of 18, it is difficult to get an initial assessment from HSE mental health services as the waiting lists are over 18 months. Jigsaw waiting lists have also increased, and outreach support has reduced.

Another issue identified is that many people don't know where to go if someone is suicidal. The hospital ED is not the best place for someone in a mental health crisis.

### **Vulnerable Groups**

A number of groups were identified as being more vulnerable and at greater risk of health inequalities:

- Older people. Isolation and fear is increasing, as people are unprepared for growing older. There is also fear around burglaries, loss of independence, going into a home, loss of family networks and worrying about not being able to drive any more. All these concerns adds to the risk of isolation and loneliness for this group
- Carers of people with dementia and especially young carers, of which there are a many in the area
- Bariatric patients in relation to access to supports and services

### **Positives indicated in the Donegal area**

- Family mediation through the Donegal Town Family Resource Centre is working well
- Parentstop 'Parenting when separated' courses. The courts refer people to this and judges will often insist in mediation before it comes to court
- Pieta House have a 14 week programme for people with suicidal thoughts
- The Family Resource Centre have increasing numbers of personal alarms distributed
- The St. Vincent de Paul home visits (just going in to say hello to Older People weekly/ fortnightly)
- Long term care provides good OT and Home Help support
- Local Wellbeing Courses
- Social Farming (but it is not as active as it was)

### **Healthy Ireland Priorities**

#### Physical Activity:

- Children not going out to play enough has an impact on fine and gross motor skills, falls, scrapes and cuts etc. which helps to build resilience and coping skills (and the immune system).
- Sport club coaches need to be aware of the issues for young people in relation to the 'win at all costs' mentality and the impact on children not picked for the team. Awareness and support is needed around the importance of participation concentrating on 'games rather than sports'.
- More proactive health education and promotion and language stimulation for parents is needed perhaps starting in pre-school.

## **4. Recommendations from Donegal Consultation**

### **Clinical Services**

- Give local staff more autonomy and accountability to meet the needs of their patients and to use their professional skills and judgement
- Provide bariatric supports and services in the County
- Computerise OT notes/file system and look at administration support for staff

- Develop and deliver a tailored OT training programme for carers
- Undertake a county wide research project into appointment DNAs to understand the reasons, and put in place a policy that takes account of issues beyond the patient's control, and ensures they do not automatically go to the back of the queue. This should include the right to challenge.

### **Home Help**

- Review Homecare supports and the role of the Home Help to provide more social care, as well as personal care to reduce isolation and loneliness. Company is so important and long term strategic thinking needs to be given to this issue given the ageing population projections

### **Mental Health**

- Increase access to bereavement support for suicide bereavement e.g. through the Suicide Bereavement Liaison Officer (SBLO). The current 3 days per week available is not enough
- Improve access to AMHS and CAMHS and Psychology and reduce the waiting lists. Look to creatively fill the vacant posts - the 'can't get people to come to Donegal' refrain needs to be change. A review of terms and conditions to see what will attract people to the region needs to be carried out
- Increase Pieta House Outreach Services
- Reduce Jigsaw waiting lists and improve County outreach service
- Increase access to Community counselling (TUSLA/FRC)
- Increase access to Counselling in Primary Care
- Reduce the waiting list for CBT
- Increase awareness of the signs and symptoms of post-natal depression with the public and GPs

### **Access:**

- Improve rural transport links and connections
- Clarify and communicate current HSE structures within PCT areas, Donegal and CHO 1

### **Positive Ageing:**

- Ensure the change to ALONE (Good Morning/Befriending) has a local advisory committee to take account of local differences and challenges
- Prepare people for growing older. Many are not prepared and suffer as a result. The Irish Hospice Foundation 'Think about' booklet is a good model to help people start putting things in place and switch the emphasis to the positive.

### **Physical Activity**

- Roll out Donegal Sports Partnership 'Building Positive Clubs' initiative to all clubs in the County
- Develop and deliver physical activity programmes for Older People

**Positive Mental Health**

- Inform and educate parents around the impact of too much screen time/social media access has on their children, particularly at a young age. Set up a PCT area/ County forum to advise parents on language stimulation
- Bring the Rainbow service back to the area
- Increase access to mediation for couples (and reduce the current waiting list)

## 4.7 Killybegs Primary Care Team Area Profile

### 1. Background

Killybegs/Rossan PCT area is located on the south west coast of the County and stretches across the areas of Glencolmcille, Kilcar, Carrick, Killybegs Town, Dunkineely and Bruckless. It borders the PCT area of Ardara/Glenties to the North East, Bunbeg to the North and Donegal to the west.

Figure. 1: Killybegs PCT area



The Killybegs Primary Care Team has been set up now for approximately 7 years and has alternated between very productive periods, and some less productive periods. As with all the Primary Care Teams, much depended on the people involved, and their interest, availability and broader workload. There is HSE admin support but no HSE Facilitator. Regular members included: Public Health Nurse, Physiotherapist, Speech and Language Therapist, Community Hospital Manager, Community Representatives, GP (attended at the outset but not since autumn 2015) and an Occupational Therapist (staff shortages in this area led to inconsistent attendance). The Killybegs Primary Care Team, up until April 2017, met monthly (sometimes every two months depending on the time of year)

The Community Health Forum (CHF) in the Killybegs PCT area was formally established in 2017, although meetings of local community groups and individuals interested in health promotion had been taking place for a number of years before this, and there were a number of interim community representatives (4) participating in the Primary Care Team before the CHF was formally established. The CHF meets monthly (sometimes bimonthly depending on the time of year).

The Killybegs PCT and the CHF have worked very well together and have undertaken a number of joint projects over the years:

- Annual public Health and Wellbeing events including health screening, health promotion, demonstrations (such as CPR), information on local health and community services
- A 'Kids Health Development' event targeting parents of children aged 0-6



- A Killybegs Health Profile (a pilot to this project) with support from the HSE Public Health Department
- Carers Event
- Community Directory

## 2. Overview of Area<sup>24</sup>

The Killybegs Primary Care Team area has an extensive coastline which is home to a strong fishing and tourism industry. Killybegs town is the largest urban centre in the area, located just off the N56 National Secondary Road, and is the largest fishing port on the island of Ireland. The town serves as the service/ shopping centre for the area and the following services are available:

- 10 childcare/pre-school facilities
- 14 primary schools
- 1 post primary school
- 1 Library
- 1 Community Hospital
- 2 Day Centres
- 5 Health Centres
- 4 Public Health Nursing Services
- 1 Ambulance and ambulance helicopter can now land in Kilcar and Glencolmcille if required
- First Responders were running successfully in Glencolmcille until HSE changed method of contact to text messages and there is no coverage in the area. Now there are difibulators placed in different locations throughout the parish of Glencolmcille. and Kilcar.
- 1 Community Hospital
- 6 Community Centres
- 2 Fire station
- 3 Garda stations (limited opening times)
- Killybegs Tourism College (part of LYIT)
- Foroige Youth Project
- No MABS service (nearest is Donegal Town)
- Social Prescribing Programme
- 3 Men's Sheds

Community Centres are located in the urban Centres of Killybegs, Inver, Kilcar, Bruckless and Dunkineely, and the area is well served with sports/physical activity groups such as rowing, GAA, walking, soccer and other fitness classes run in the various centres. Finally, there are a range of community groups providing supports on mental health, substance abuse, domestic violence, active retirement, safety and security and gardening. There is also a local community radio station, South West Donegal Community Radio, serving the area.

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<sup>24</sup> The statistical data in the section is drawn primarily from the Area Profiles developed by the HSE Public Health Department using Census 2016 data and other relevant health data sources.

There are a number of local bus services operating between Killybegs and the rest of the County, Letterkenny, Donegal Town, Sligo and Galway and a number of bus services connect Killybegs with Dublin. Up to 6 private taxi operators also provide transport services in and around the town. The Local Link bus service runs daily services from Glencolmcille through Killybegs to Donegal Town. There are no rail links and the closest airport is Donegal Regional airport at Carrickfinn, 58 kms away that serves Dublin and Glasgow.

Killybegs Town has been identified as one of a number of 'Strategic Town' in the Donegal County Development Plan that performs 'Special Economic Functions' for the following reasons:

- a Development Centre with a focus on the establishment as an Innovation Hub for marine resources, including food, energy and ocean energy
- Marine – Port and fishing related industry
- Tourism and the Wild Atlantic Way
- Tourism associated with cruise liners
- Area of important archaeological heritage

These are the areas of potential that will be built upon over the next number of years and a Local Area Plan has been drafted for the town to capitalise on that potential.

### **Population Structure**

The 2016 census showed that the population of Killybegs in was 7,540, a slight decrease from what was recorded in the 2011 census. While the decrease might be slight (2%) across the board, a further look at the data shows there was a significant population decline in the 20 – 34 year old age bracket (26%), much higher than the rest of Donegal, CHO Area 1 and the State. This reflects a significant amount of movement in this cohort away from the area to other areas within Ireland or leaving the country. This has a significant impact not only on the economy as the potential working population leaves, but also on the social fabric of the area as the loss of so many young people has knock on effects on families, communities, sporting and social clubs and also has implications for the levels of future service provision.

The number of children aged between 0-4 years (442), has also declined since 2011 (although not so drastically as the other age cohorts) with a decrease of 16% in this age group. This is a little higher than the County figure of 15% and the national figure of 7%.

The 5 – 9 age bracket is also showing a decline from 2011 figures of 7%, but the number in the older teenage group between the ages of 10 – 19 has grown with 1,036 young people living in the area (an increase of just over 5%).

While the proportion of the very young age groups is declining along with the working age population, the older age groups are increasing with 20% (1,485 people) of the population aged 65 and over. In fact, the number of people in the 65 – 69 age group has nearly doubled since the 2011 census with an increase recorded of 49%. This is double the County, CHO 1 and State figures of 17%, 22% and 22% respectively which has implications for older persons services and supports.

A total of 190 people in the area are over 85 years of age and this has increased by 16% since 2011. The majority of the people in this age bracket are men (134 male and 56 female) which goes against the accepted truth that women generally live longer than men. The implications of this gender breakdown are that older men are traditionally more difficult to engage in health or other community services and this provides a challenge for service provision to this particular group.

Population projections for the area show that by 2025, the Killybegs PCT will experience a slight increase in the numbers of people in the area. The decline in birth rates is expected to continue however, with a predicted 20% decrease in the 0-4 year olds and a less severe decrease (15%) in both the 5 – 9 and 10 – 14 age bracket. It is expected that there will be a large increase in 20 – 24 year olds, rising by 70% in this age bracket alone. The population in the older age brackets will start to decrease from the age of 30 onwards, and the next significant increases are seen at the age of 70+ years of age. In fact, there will be a significant increase, particularly in the 75 -79 age group, which is projected to increase by 77%. In total, by 2025, it is expected that there will be 1,369 people over the age of 70 which will correspond to 18% of the population.

### **Age Dependency**

Given the population picture detailed above and the loss of a significant proportion of the working age population, it is no surprise to discover that the Killybegs PCT area has a high age dependency ratio of 66%, higher than the County figure of 60% and the State figure of 53%. What this means in real terms is that for every 1 person working, there are 2 people dependent on public/state services. The high age dependency ratio has significant implications for service provision in the area.

The old age dependent population in Killybegs (33%) is much higher than the State average of 20% reflecting the older demographic profile outlined above and also higher than the County figure (25%) and CHO 1 figure (24%). The young dependent population (0-14) is more in line with what is recorded elsewhere (33%).

### **Nationality & Ethnicity**

The majority of the population of the Killybegs PCT area are Irish (92%) according to the 2016 Census with UK (2.9%), Polish (0.4%) and Lithuanian (0.2) nationalities the next most prevalent. The 'Elsewhere in the EU/ Elsewhere in the World) category amounted to 1.3% with the remaining proportion of the population either visitors or not stated (3.2%). Eleven people identified as a member of the Traveller community in 2016.

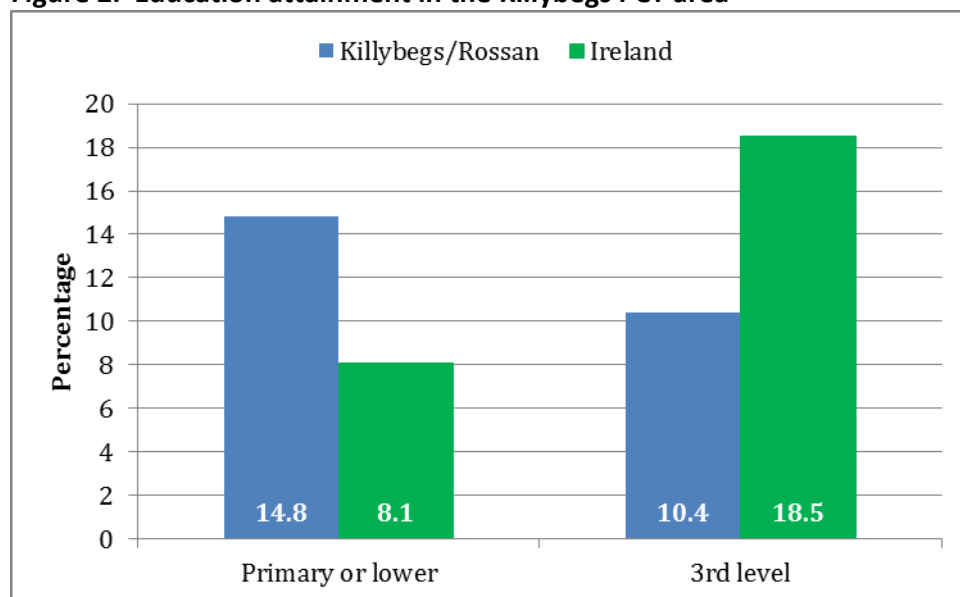
### **Socio-Economic Profile**

Nearly 1 in every 4 people in the Killybegs PCT fall into the 'semi or unskilled' category (23.5%). This is much higher than the rest of the County (16.6%), and the national average of 14.1%. Conversely, the proportion of people falling into the category of 'professional classes' is just 3.4% lower than the County (5.6%) and State (8.1%) average.

## Educational Attainment

The percentage of the population that are educated to primary level only is 14.8% which is higher than the County (13.4%) and the State (8.1%). At the other end of the education continuum, one in every ten people (10.4%) in the Killybegs PCT area has a third level qualification, and while this figure is steadily improving from the last census period, it is still much lower than the County figure of 14% and the national figure of 18.5%.

**Figure 2. Education attainment in the Killybegs PCT area**



## Unemployment

The picture of falling unemployment nationally is reflected in the Killybegs PCT area as well, with rates falling from a high of 36% in 2011 to 6% in 2016. While this is welcome, it is difficult to know whether this is attributed to more jobs available in the area and therefore more people at work, or whether it is down to emigration and migration given the significant decrease in the number of people living in the area aged between 20 – 34, whether it is a reflection of the number of people who have moved into retirement age or whether it is reflecting the Government (DSP) schemes that remove people from the live unemployment register. It is probable that all four scenarios have affected the decrease in unemployment.

## Occupations

The total number of people at work in the Killybegs PCT area in 2016 was 2,817 accounting for 56% male and 44% female. The greatest numbers work in Professional Services, Commerce and Trade and Manufacturing (outside of the 'Other' category).

Industry	Total	Male	Female
Agriculture, Forestry, Fishing	333	308	25
Building &	216	204	12

Construction			
Manufacturing Industries	456	322	134
Commerce and Trade	564	283	281
Transport & Communication	141	108	33
Public Administration	144	64	80
Professional Services	638	136	502
Other	325	151	174

### **Family Structure**

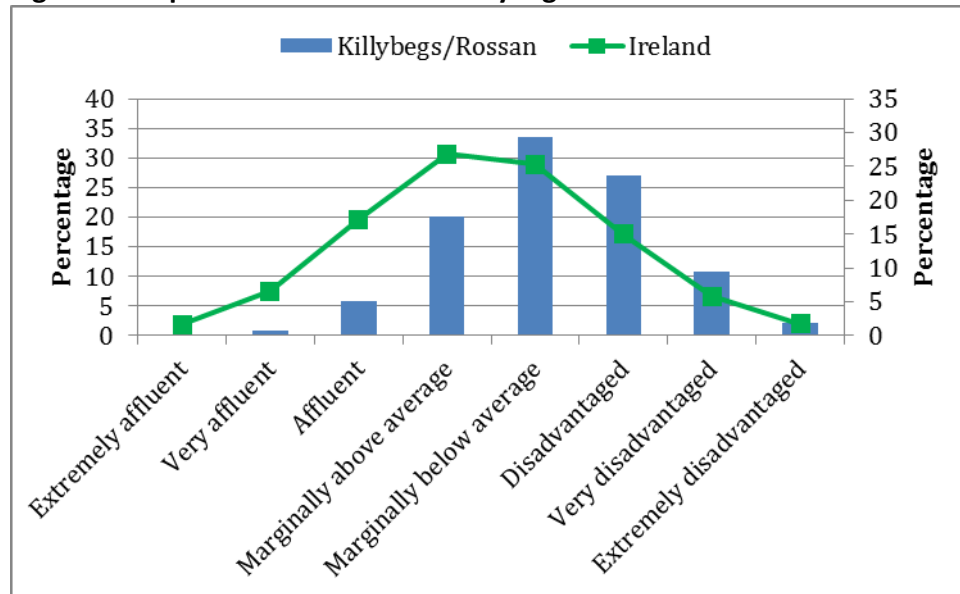
There is a total of 1,940 families in the Killybegs PCT area. A quarter of these are retired & 'empty nest' families, and a quarter are families with pre-adolescent or adolescent children. A further 25% are made up of families in the pre-school/ early school phase (19%) and pre-family units (6%).

Looking at the type of families in the area, 54% were couples with children and 15% of all families with children were headed by a lone parent. This is slightly lower than the County and national figures of 18%. The majority of lone parent families were headed by single mothers (13%).

### **Deprivation**

The proportion of the population classified as 'disadvantaged' is 40% (nearly one in every two persons) and this is broken down across 'disadvantaged' 27.1%, 'very disadvantaged' 10.7% and 'extremely disadvantaged' 1.7%. This is nearly twice the levels of disadvantage recorded at national level (22.5%) and also higher than the County figure of 38.6%. This data shows that a significant proportion of the population (nearly half) either lives in poverty or are at risk of living in poverty.

**Figure 3. Deprivation Levels in the Killybegs PCT area**



### Health Indicators

113 people who live in the Killybegs PCT area (1.5%) consider their health either ‘bad’ or ‘very bad’. This corresponds with the national rating but is lower than the percentage seen across the County (2%). The percentage of carers in the area amounts to 4.5% of the population, similar to the rest of the County and the CHO 1 area. The proportion of the population with a disability is higher than the national average (13.5%) with 14.2% declaring a disability in 2016.

### Connectivity

Just over 10% of the population do not own a car in the Killybegs area which is of significance given the other limited transport options available. Regarding technology, 63% of people in the area have access to broadband with one in four (24%) reporting no internet connection. For many older people, it is irrelevant whether there is broadband in their area or not, as many do not have the capacity to engage meaningfully with the digital age and yet, many services are being moved online and this risks isolating an already vulnerable group.

## 3. Consultation Findings

### Overview

This section presents the findings from the two focus groups which were held in the PCT area; one with members of the Community Health Forum with 5 people in attendance and one with members of the Primary Care Team (4 participants). Two people took the opportunity to make their views known on the online survey. It also incorporates the findings of the consultations held as part of the Healthy Ireland Community Engagement process in February and March 2018, where meetings were held across the 5 Municipal

Districts in Donegal (the MDs of Donegal and Glenties most relevant here) on health and wellbeing issues in Donegal.

It is important to note that this section directly reflects the views of the people who attended the focus groups, and has not been filtered in any way. Where possible fact checking has taken place, but there is the possibility that some feedback reflect personal viewpoints which may or may not be wholly accurate. However, people's perceptions reflect their own reality so if views are considered 'inaccurate' then this can be taken as a communication issue that needs to be addressed.

## **Access**

The word access cropped up repeatedly in the discussions and while it was mentioned in relation to accessing services (discussed below), it was primarily centered around transport and information on supports and services.

Transport. There are limited public transport options available for people living in the Killybegs PCT area. Census data tells us that 12% of the population do not own a car meaning that 1 in ten of the population are reliant on other forms of transport. While Local Link offers a welcome service in the area, this is limited both in terms of times and routes. People who do not own a car or drive, are therefore relying on family and taxis for both local and longer distance travel.

The rural nature of the PCT means that access to transport is central not only for every day services such as banking, post office, shopping, but also for attending appointments for health and other services. It also has a significant impact on community connectivity and increases the risk of isolation and loneliness.

Information. Access to information about services in the area is a constant source of frustration for service providers. Community providers say they advertise, promote and inform through various communications channels; print media, radio, social media, parish notices, posters and word of mouth, but attendance at events, programmes or projects is generally still low. Communication and engaging the local population is something that needs to be constantly worked on.

If services and supports are not used, then they will be withdrawn from the area and this is a real concern. People consulted for this project say there are a lot of good services in South West Donegal, but they are not used to the full potential. Discussion took place about the disconnection between communities in the area (see below).

## **Services and Community Connectivity**

One of the themes arising from the discussion was around the disconnection between communities in the area. There was a general sense that people do not connect and engage well with services in the area, particularly if they live in the outlying rural areas of the PCT (transport is an obvious barrier here). There are a number of outreach services offered in Killybegs, but people often end up going to Sligo or Letterkenny, even when they have an equivalent service locally. If the service is not used, then it is withdrawn and lost to the whole community. The Municipal District (MD) consultation

flagged up that people who are most vulnerable are often low in confidence and motivation find community engagement a challenge.

Community spirit in Killybegs was also discussed, and the general view was that it was absent or low in the area. This can be attributed to many factors: the primary industry in the area (fishing) means that work can be fluid or seasonal with people leaving for periods of time; many people living in Killybegs are not originally from the area and if they don't get involved in the local community, it can dilute community spirit. The issues of access and transport (as mentioned above) also contribute to this.

The fishing industry can be particularly stressful on family life, both when the worker is away and at home. His or her partner may not be from the area and therefore does not have the support of extended family, and is left to manage alone and can often be disconnected from the local community.

Engaging parents and schools in local community services has proven difficult. It is particularly difficult to get parents from the more outlying rural areas engaged in services and supports e.g. a family services event was recently held where all the Primary Care professionals were present and only 20 families attended. Donegal Youth Service hosted a sexual health event for all secondary schools in Donegal and only 50 people attended.

Early intervention with children is crucial to prevent problems as children grow up. Early intervention needs to stretch across behavioural issues, mental health and physical health. Children are often lacking the basic skills to engage in activities i.e. balance, gross motor skills and fine motor skills. Behavioural issues are being left unchallenged leading to difficulties when children are transitioning through the education system. In addition, access to screens/social media from a young age is negatively impacting on their physical and emotional development e.g. eye muscle development, speech development and increased anxiety levels.

The issue for the community and voluntary sector in the area is not necessarily around community infrastructure, but community capacity and engagement. The recession has had a huge impact on the sector throughout the county, and the cuts over the past number of years and the change or withdrawal of community supports has left its mark. There is a feeling that as state services have been withdrawn or cut from the area, the responsibility has been left with the community and voluntary sector to step in and fill the void but with no additional resources. The funding that is available often leads to competition between groups which in turn has an impact on community spirit and connectivity. It is really difficult for groups to apply for, secure and report on funding with the increased level and complexity of paperwork and bureaucracy. Funding is often 'year on year' and it would be much more suitable if it was multi-annual, thereby allowing the sector to plan more effectively. The exclusion of funding for operational expenses also makes it very difficult for groups to deliver supports and services.



## Health Services

The community is well served by the local Community Hospital, which now has a much needed x-ray unit. However, the strains on the health service that is being felt all over the country also manifests itself in the Killybegs PCT:

- the Kilcar Primary Care Centre has been closed 'until further notice'
- The Home Help service is inadequate and it is exceptionally difficult for people to get home care support in their own home leading to either (a) people occupying beds in the local hospital when they could be cared for at home and thus freeing up beds for other patients, and (b) older people at home not being able to access extra support as they age, and without this support, may not be able to continue to live in their own homes. This not only affects their quality of life but can also increase their health risks e.g. risk of falling, poor nutrition. It also goes against the national policy of keeping older people in their own homes with the support they need for as long as possible
- There has been a high turnover of GPs at the local health centre, meaning that people have to repeat their story over and over to different locums. It makes it difficult to build a relationship and have continuity of care
- The Primary Care Team, which had been working well, is no longer meeting regularly. Meetings are being cancelled at the last minute and health professionals are finding it difficult to make time for meetings with their workload (the HSE does not give release staff for the meetings). The PCT is the only local policy vehicle to get services improved/established in the area, and without the PCT driving local health issues, very little is happening. There is no link back to the community and the CHF cannot find out what is happening as meetings are cancelled resulting in a significant communication gap. For example, the HSE took over the top floor of Clara House to provide facilities for people with Intellectual Disabilities over 2 years ago, and to date nothing has happened on this
- The Social Prescribing Programme is operational in the area as a result of the past efforts of both the PCT and the CHF, but the service is not adequately resourced to meet the need in the area. There is evidence that Social Prescribing can reduce the burden on secondary health services, supporting the people with mild to moderate depression and anxiety in their community
- There is now only 1 ambulance for the Killybegs area (reduced from two)
- All hospital admissions seem to be channeled through the Sligo and Letterkenny University Hospital EDs, resulting in very long waiting times. This could be reduced by improved local services e.g. a minor injuries clinic
- Access to coronary care is difficult in this area  
It is a one hour drive to the nearest hospital (Sligo or Letterkenny) and with the reduced ambulance service in the area, if anything serious happens to someone, there are at an increased risk

## Mental Health

The waiting lists for counselling are very long, and it is difficult to get access to counselling if the person is not eligible for the Counselling in Primary Care (CIPC) service, without paying for the service privately. For young people in particular, the Jigsaw

thresholds for support are low, so they are being referred to CAMHS where there is a waiting list of up to 2 years for non-emergency cases. The MD consultation spoke of a lack of services to deal with mental health, with some community supports (such as Social Prescribing) receiving inappropriate referrals because of the lack of alternative primary care support, and the long waiting list for secondary mental health services.

Services are seeing an increase in the levels of anxiety among primary school children and believe this has much to do with dependence on screens and use of social media, which has an impact on their social and physical ability and on mental health.

### **Healthy Ireland Priorities**

**Physical Activity.** The closing of the local hotel swimming pool was mentioned as a particular blow to the town, the nearest pool now being in Donegal Town. This is particularly felt by families with children who have special needs, as they used the facility frequently.

While there are many sporting groups in the area, the weather has a significant impact on other type of non-competitive physical activity opportunities such as walking groups, gardening groups etc.

### **Vulnerable Groups**

A number of groups were singled out for special attention as being more vulnerable and at greater risk of health inequalities:

- People with disabilities:
  - Over age 18 - there is nowhere for adults with additional needs to go during the day apart from Letterkenny one day a week
  - No in-home support for the families of people with disabilities
  - Limited leisure activities - to get to a cinema is a big undertaking for a family with a member with additional needs and it is a pity that the cinema proposal for Donegal Town did not obtain planning permission
- Children (0 – 5). The MD consultation raised the importance of early intervention with young children to prevent problems arising as they grow up
- Older People (over 65). This age cohort accounts for a large population (20%) in the Killybegs PCT area, one in every five people. Life has changed significantly for them, not least with the technological developments where everything is moving online, and the withdrawal of services locally such as banks and post offices, and the closure of shops in the local area. The transport barrier only compounds this isolation

### **Positives identified in Killybegs**

- A lot of initiatives being rolled out by the community in the area
- A very good strategic, hardworking community health forum in the area
- The tourism industry
- Killybegs provides a range of neighbourhood services to its residents and to the wider surrounding hinterland including a number of community and cultural services, recycling facilities, public service, financial, post office, An Garda

Síochána, fire station, Killybegs Harbour, Killybegs Community Hospital as well as primary, post primary and third level education facilities.

- Cruise ships docking at Killybegs Harbour

#### **4. Recommendations from the Killybegs Consultations**

##### **Primary Care Team**

- The local Primary Care Team needs to be revived and resourced as a matter of priority, with clinicians supported to attend by allowing time for meetings. GPs must be actively encouraged to begin attending again. This will ensure that it has the support it needs to flourish (HSE chairperson, administration support), and to ensure that there are resources in place to support innovative projects/programmes that respond to local health needs. It can also ensure that there is a policy channel to feedback issues to management level. As the national policy requires that the majority of care is delivered at Primary Care level, then the HSE needs to invest in this
- If/When the PCT is back operating, there are a number of issues that need to be addressed:
  - Examine the issues surrounding the closure of Kilcar Primary Care Centre and see if there is any way they can be addressed
  - Look at the issue of a lack of a permanent GP at the local health centre (could be due to issue of lack of rural GPs nationwide), and see if there is any way this can be addressed. Continuity and consistency of care is crucial at primary care level
  - Examine the issue of local respite services (including residential respite) for people and families with members with disabilities, and determine and assess the level of demand in the area, what is currently available and consider how the gaps can be filled
  - Explore the possibility of having a local minor injuries clinic (to take pressure off the hospital Emergency Departments), and reduce travel/waiting for the injured person
  - Look at the issue of Home Help locally (or as part of a County wide review)
  - Get local services for people with Intellectual Disabilities set up at Clara House as promised two years ago

##### **Information and Communication:**

- There needs to be an improvement in communication between the Primary Care health services and the public, with support from the community sector; greater awareness of services, location and times of services, and where to go for help. The recent launch of the Community Health Directory can provide a useful platform from which to build
- Have one point of contact for the whole PCT who has local knowledge of what is available locally (supports, services, events, form filling, community/PC links, working with priority groups, targeting vulnerable people etc.)
- Explore the feasibility idea of a mobile Health and Wellbeing unit that can travel around the area, and begin to start engaging and building relationships. (Link with CAWT Community Health Project being run by DLDC)

**Physical Activity:**

- Put in place an education and information campaign for parents around the benefits of outdoor physical activity for young children. This could be linked into the Donegal Sports Partnership and community/ voluntary/ sporting groups locally be involved.

**Positive Mental Health:**

- Ensure that the Social Prescribing Programme is able to meet local needs. This is a particularly important intervention for people with mental health problems
- Work with schools, community supports and mental health services to improve the resilience and coping skills in young children to help reduce anxiety levels

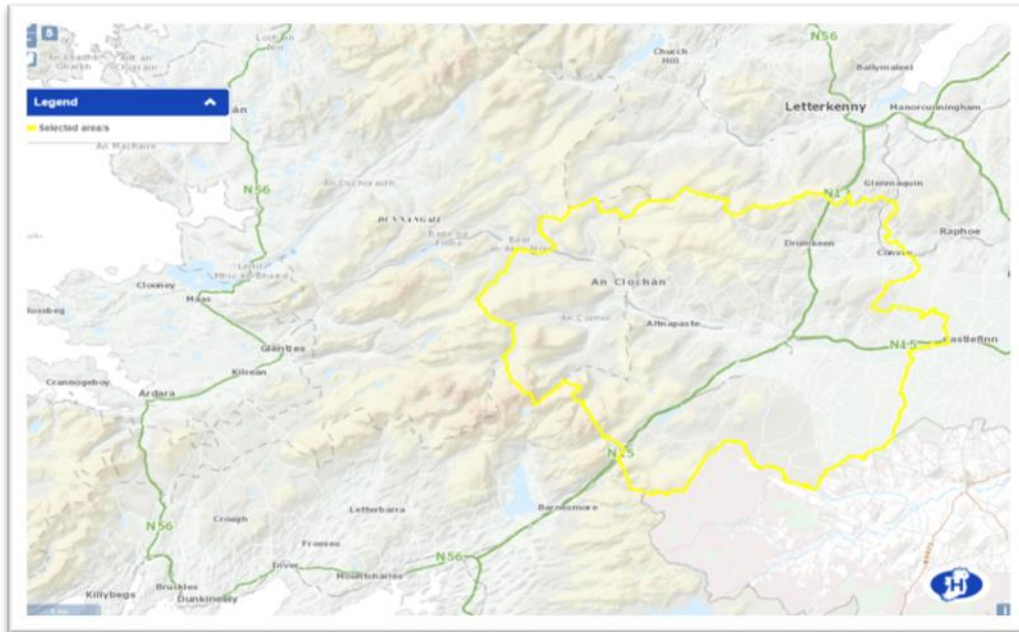
**Community Connectivity:**

- The Community Health Forum should act as an umbrella group with regard to funding applications relating to health and wellbeing activity in the area so that there is a connected and strategic attempt to address issues across the area. The CHF can help to connect Community Groups and would avoid groups competing for funding

**4.8 Finn Valley Primary Care Team Area Profile**

The Finn Valley PCT is centred around the towns of Ballybofey and Stranorlar, located in the south east part of Donegal. The PCT borders Letterkenny PCT area to the north, Donegal PCT area to the south, the Dungloe PCT to the west and the Lifford/ Castlefin PCT to the east.

**Figure. 1: Finn Valley PCT area**



The Finn Valley Primary Care Team has been in place over 10 years and the Team meets bi-monthly. The PCT commitment and activity has been sporadic since its establishment, and while progress has often been slow and frustrating, the Team has stuck with the process. However, meetings have been increasingly cancelled it has been many months since a meeting has taken place. The process is supported by a HSE administrator and a HSE Facilitator.

The Finn Valley Community Health Forum was established in 2007 and is one of the more active groups, meeting every month. It has initiated a number of health and wellbeing related projects in the area over the last number of years, some in conjunction with the Primary Care Team and other community groups. They include:

- a Community Directory
- Mental Health Services Pathway (developed by the PCT)
- An annual Health and Wellbeing Event in association with the Finn Valley Centre
- A weaning project for expectant and new parents (in association with the PCT)
- A Community Needs Assessment Report (June 2011)
- Women and Men's Health Programmes
- A Community Gardens Project

## 2. Overview of Area<sup>25</sup>

The Finn Valley Primary Care Team area encompasses both urban and rural features; the twin towns of Ballybofey and Stranorlar are central to the area and it is the third largest urban centre in the County after Letterkenny and Ballyshannon. The area also includes the more rural townlands of Drumkeen, Convoy, Cross-roads/ Killygordon and Glenfinn. The twin towns serve as the shopping centre, and the following services are available in the PCT area:

- 11 Primary Schools
- 3 secondary schools
- 1 libraries
- 1 Community Hospital in Stranorlar which provides short term (respite, convalescence and rehabilitation) and long term care. In all, a total of 78 residents can be accommodated in three units (male unit, female unit, dementia specific unit).
- 1 Primary Care Centre
- 1 Arts centre

There is no community centre, although there is an Enterprise Centre that provides space for local enterprise and community projects i.e. BASE, and a large leisure centre and athletics facilities (Finn Valley Athletic Centre). A Family Resource Centre will shortly be opening in the area (through Springboard). The area is well served by sports/ physical activity groups, youth projects, arts and theatre groups, carers groups, a Men's Shed, women's groups, a community garden, mental health groups, addiction support groups and senior citizen groups.

Inter-city and local bus services run through the town as it is on the main (the N15/ N14) transport corridor between the north and south of the County/country. The Local Link service also operates in the area running routes from Ballybofey to Derry (via Castlefin), Stranorlar to Derry (via Convoy) and Ballybofey/ Stranorlar to Letterkenny.

The Twin Towns of Ballybofey and Stranorlar have been identified as one of a number of 'Strategic Town' in the Donegal County Development Plan that performs 'Special Economic Functions' for the following reasons:

- Development Centre focussing on the towns as a Centre of Excellence for Sport and Recreation
- Educational Hub
- Proximity to Northern Ireland border and associated cross border context
- Extent of retail offering

These are the areas of potential that will be built upon over the next number of years and a Local Area Plan has been drafted for the Twin Towns to capitalise on that potential.

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<sup>25</sup> The statistical data in the section is drawn primarily from the Area Profiles developed by the HSE Public Health Department using Census 2016 data and other relevant health data sources.

## **Population Structure**

The population of the Finn Valley PCT area in 2016 was 14,631. The birth rate is declining the area with a 14% decrease since 2011. This is in line with the changes experienced at County level but well above the national figure of 7%. Much like the other PCT areas, there is significant decrease in the 20 – 34 age group although not as severe as in other areas. The decrease in the 24 – 34 year old age bracket was 19% meaning that one in every five person of this age left the area between 2011 and 2016. This is a little lower than the county figure of 21%.

The numbers of people at the older end of the age spectrum has increased with an additional 325 people moving into the 65+ age bracket accounting for 15% of the total population in the area. This is a lower proportion than many other PCT areas. The biggest increase was in the 70 – 74 year olds (21%) and the 75 – 79 year olds (25%). This is in line with County, CHO 1 and national figures. There has been a small increase in the number of people over the age of 85 (237 people in the area). The majority of people in the older age groups (from 75 years onwards) are women.

In relation to the projected population in 2025, it is anticipated that the population will rise to 15,190 (an increase of 4%). These increases are evident in the older age bracket, as the 0 – 9 year old age bracket are predicted to decrease by 20% meaning that there will be 457 less young people in this age cohort by 2025. Increases are projected for the 20 – 29 age group and the over 50 age group. In fact, the cohorts that will experience the biggest increase is the 70+ population, where there will be a substantial increase in the number of people in the 75 – 79 age bracket (increasing by 53%). It is projected by 2025 that there will be 2,759 people in the over 65 age category which will represent 18% of the population.

## **Age Dependency**

Reflecting the demographic shifts above, the age dependent population stands at 59% which is one of the lowest dependency ratios recorded across all of the PCTs (Letterkenny and Lifford/ Castlefin being lower). It is also slightly lower than the County figure of 60% and higher than the national figure of 53%. The older dependent population figure is relatively low (23%) compared to other areas, and lower than the County figure, reflecting the proportion of the population that falls into the over 65 age category. The youth dependent population however is slightly higher (36%) than the County average (35%) reflecting the significant younger population in the Finn Valley area.

## **Nationality & Ethnicity**

The vast majority of people identify as Irish (91%) with 3% of the population from the UK, 1% from Poland and the remaining 2.6% from elsewhere. There were 21 people from the Traveller community living in the Finn Valley area in 2016 which accounts for 0.1% of population, much lower than County (0.4%) or national (0.7%) figures.

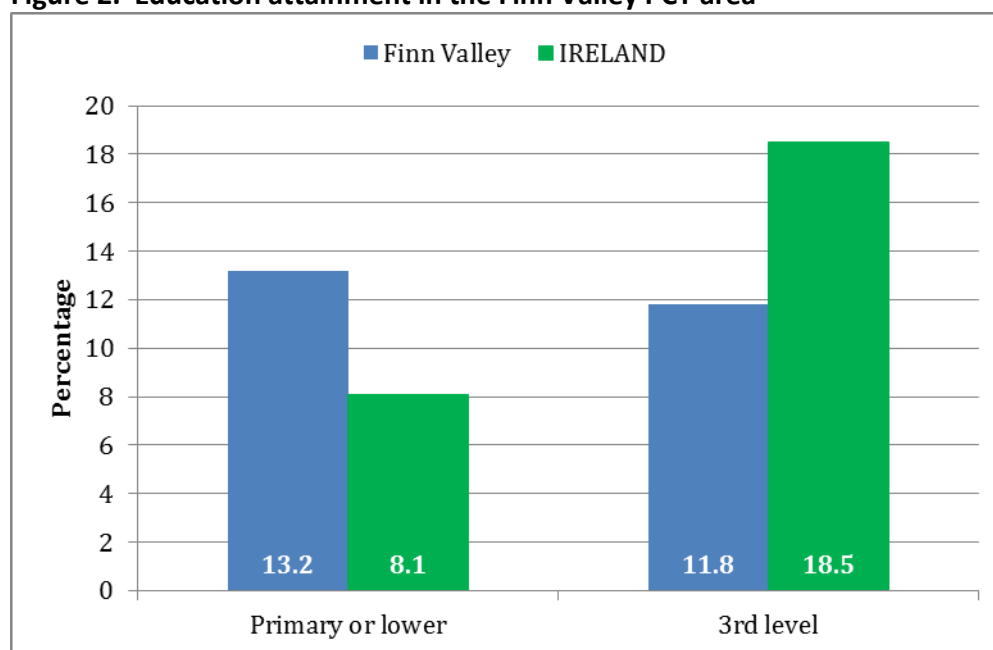
## Socio-Economic Profile

The proportion of people falling into the semi-skilled and unskilled work categories stands at 17% in the Finn Valley area which is slightly above County (16.6%), CHO1 (16%) and national (14.1%) figures. At the other end of the spectrum, the proportion of the Finn Valley population falling into the 'Professional' work category stands at 5%, just slightly lower than County and national figures.

## Educational Attainment

Educational attainment levels in the Finn Valley area have improved since 2011 with 13% of the population obtaining a primary education only. This compares favourably with attainment figures in other PCTs and is also slightly lower than the County figure of 13.4% but still much higher than the national figure of 8.1%. It appears however that trends are moving in the right direction and 12% of the population now has a third level qualification. Compared to other PCT areas, there is still some catching up to be done and it is also below the County figure (14%) and national figure of 18.5%.

**Figure 2. Education attainment in the Finn Valley PCT area**



## Unemployment

The rate of unemployment in Finn Valley in 2016 stood at 7%, along similar trends seen at County level (7.3%) but still higher than the national figure of 5.6%. This rate has decreased significantly since 2011, but it is difficult to know whether the fall in unemployment is a result of job creation and opportunities in the area or the migration/emigration of the working population or the increase in the number of people ageing into retirement or the number of people on labour market schemes (TUS/ CE) which takes them off the unemployment register. It is likely it is a combination of all these factors.



## Occupations

The total number of people at work in the Finn Valley PCT area in 2016 was 2,854 accounting for 46% male and 54% female. The greatest numbers work in Professional Services, Commerce and Trade and Manufacturing (outside of the 'Other' category).

Industry	Total	Male	Female
Agriculture, Forestry, Fishing	266	234	32
Building & Construction	157	145	12
Manufacturing Industries	343	265	78
Commerce and Trade	561	287	274
Transport & Communication	142	112	30
Public Administration	159	75	84
Professional Services	640	132	508
Other	586	293	293

## Family Structure

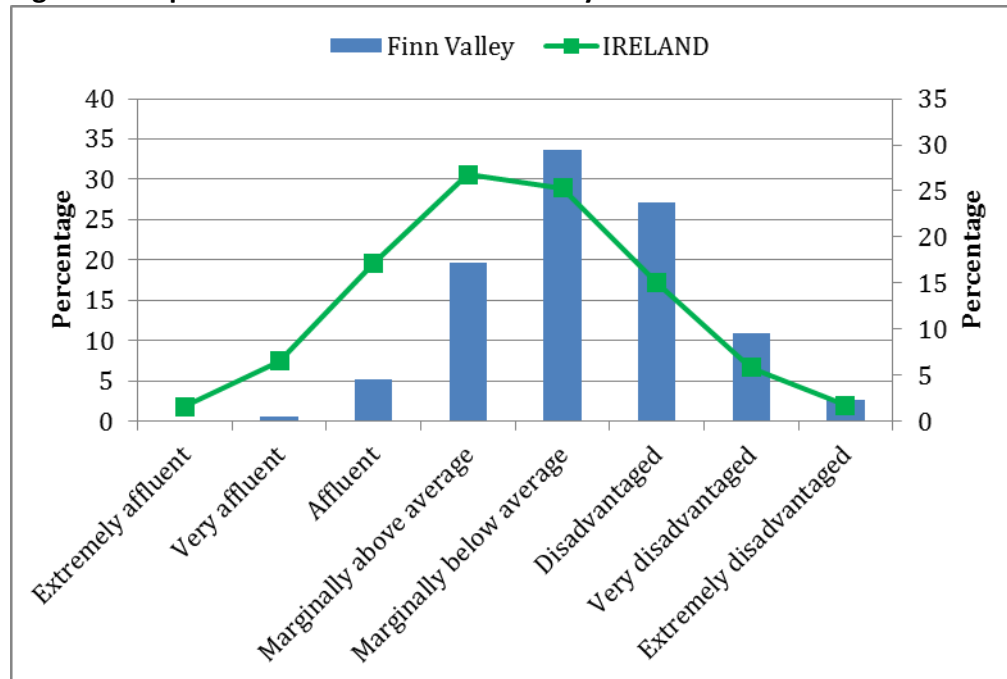
There were a total of 2,032 families in the Finn Valley area in 2016. A quarter of those (23%) fall into the 'empty nest', 'retired' family cycle category. There are significant number of families in the pre-adolescent, early-adolescent phase (25%) and 8% of the family population in pre-school which is similar to County and national figures.

Looking at the type of family units, 17% are one parent families with the majority of these being single mothers. This is in line with CHO 1 figures but slightly lower than County and national figures (18%).

## Deprivation

Forty one percent (nearly one in every two people) are categorised as 'disadvantaged' in the Finn Valley Area (combining 'disadvantaged' 'very disadvantaged' and 'extremely disadvantaged'). This is higher than the figure for the County (38.6%) and nearly double the national figure (22.5%), One in ten of these people are 'very disadvantaged'.

**Figure 3. Deprivation Levels in the Finn Valley PCT area**



### Health Indicators

Two hundred and eighty five people in the Finn Valley area rate their health as 'bad' or 'very bad' (2% of the population). This corresponds to County and CHO 1 figures and is higher than the national figure of 1.6%. The Finn Valley area records one of the highest proportion of people with disabilities (16% or 2,273 people), higher than the County (14.4%) and national figure (13.5%). It is one of the highest recorded across all the PCTs (Derrybeg/ Bunbeg, Derryveagh and Fintown & the Rosses record higher figures at between 17 – 18% of the population). The percentage of carers is also high at 5% or a total of 662 people in the area.

### Connectivity

A particularly stark figure in this area profile is the proportion of people who do not own a car at 17%. This is the highest rate recorded across all PCT's and is essentially nearly one in every 5 households having no access to their own transport. It is also higher than the County figure of 14% and the national figure of 15%. This has significant implications for transport provision in the area and access for people to services and supports. The proportion of the population who have broadband is 61% corresponding generally with County wide figures and one in five people do not have access to the internet.

## 4. Consultation Findings

This section presents the findings from the Focus Group meeting with the Community Health Forum members (11 participants). It was not possible to organise a consultation with the Primary Care Team so members were invited to give their thoughts via the online survey in which four people participated. It also incorporates relevant findings from a previous Needs Analysis carried out in the area in 2011, and although the information is rather dated, some of the issues identified during that research project

are still valid today and will be referenced where relevant throughout the section. Finally, the consultations held as part of the Healthy Donegal Community Engagement Process with the 5 Municipal Districts in the county are also included (the consultation with the Stranorlar MD the most relevant here).

It is important to note that this section directly reflects the views of the people who attended the focus groups, and has not been filtered in any way. Where possible fact checking has taken place, but there is the possibility that some feedback reflect personal viewpoints which may or may not be wholly accurate. However, people's perceptions reflect their own reality so if views are considered 'inaccurate' then this can be taken as a communication issue that needs to be addressed.

### **Access**

The limited transport options is linked to issues of isolation. The Local Link focus is on getting to Letterkenny but there are rural areas around the PCT where people cannot get in or out to the urban centres. The MD consultation pointed to the problems community projects have with transport as they cannot get people into their service or they cannot get the service out to the people, particularly in the most isolated communities.

### **Services and Community Connectivity**

There is an issue in the local area about a disconnection within the community and between community groups themselves. Outside of the CHF meetings, it is very difficult to find out what is going on. The reason for this is cited as a lack of community spirit e.g. landlords will increase rent if they hear that a 'funded community group' is looking for premises. There seems to be have been an increase in anti-social behaviour in the area with many people afraid in their own homes and this cannot be good for community engagement and connectivity.

Housing or the lack of it, also gives rise to concern and much like other PCT areas, people reported a shortage of social and private housing in the area. The perception was that the Council was 'picking names out of a hat' and allocating inappropriate accommodate to people and families. The lack of communication about the imminent arrival of the resettled Syrian families was criticized as it has the potential to create resentment as they will be prioritised for housing. This is something that could have been dealt with easily at the outset with proper communications to ease the transition for both the families and the local community.

There are gaps in community service provision which include:

- There is no Social Prescribing Programme, as no budget is available and there was no location for the Co-ordinator to be based. This will hopefully change when the FRC comes on board
- Planet Youth is a great service good but it has a small capacity and the only other youth group in the area is in Killygordon (4m from Stranorlar)
- There is no befriending service for older people in the area

- There are not enough non-accredited life skills courses available, everything course seems to be linked to labour activation

The volume of paper work, new rules and regulations is taking its toll on voluntary community groups who find it far too onerous with too much stress and pressure involved to apply for and then comply with grant conditions. It is one of the reasons people think it is so hard to get volunteers. People just want to do some good and give back to their community and they say the state is making it really difficult and not supporting them in that objective. Accessing funding is getting more difficult resulting in competition between groups when they should be working together. Funders are now looking for impact assessments, but the impact of the work of many community groups is intangible and hard to measure, yet the evidence points to the fact that an active well connected and engaged community is more positive for health and wellbeing.

### **Economy and Disadvantage**

Issue was taken with the 2016 unemployment rate and, much like in other areas, participants felt that the numbers were massaged through labour market schemes so they would look more favourable. Account is not taken in these figures of the loss of young working population from the area.

The 20 – 30 year old age group who have not moved away and don't have a job see little future for themselves with fewer opportunities. This has a significant impact on their mental health and self-esteem and is potentially storing up problems for the future. The abolition of apprenticeships during the recession did not help the situation and now it is like there is a lost generation with minimal employment and career opportunities.

Farmers are also a concern (35 – 40 age group). Farming is a very difficult, challenging and not very profitable job, and farmers are often isolated and have many pressures. Recently efforts have been made to link with this group through the Mart in order to raise awareness of health prevention and screening services and supports. There are further plans to link again around mental health issues.

### **Health Services**

Issues related to Health Services include:

- There was concern about the continuing reduction of GPs and a worry that there will be a shortage in the future
- The threat of closure of St. Joseph's Community Hospital hangs over the area and the number of beds was reduced by 10 in 2017. The population is ageing and there appears to be no future planning to address this demographic change
- There are waiting lists for places in the Day Centre
- It is difficult to get the required equipment for people with physical and sensory conditions, and the issue of access to buildings and information for this group is also a concern. It is reported that some people with disabilities are resorting to sleeping on their sofa as they can't upstairs to their bed, while they are waiting to get their houses adapted

- People with fibromyalgia and arthritis have the same issues in relation to access, equipment and transport
- There is a need to strengthen community health via a functioning Primary Care Team (this arose at the MD discussion), linking community supports and clinicians to plan local supports that are needed (a 1 hour lunch time meeting is not adequate to do this)
- There is the need for county wide support and co-ordination of community health and wellbeing interventions, training, ideas and methods
- The waiting lists for Physiotherapy are too long
- Many people are unaware of the health supports and services available to them
- More supports for obese people are required

The issue of homecare was raised as in all other PCTs. It was felt that it was a long bureaucratic process and people are stuck in hospital waiting to be discharged (unfairly labelled 'bed blockers'), as the support needed for them to go home is not there. Communication between client, the service and the family is poor and the time allocated is too little. The Home Help barely has enough time for each client and no time for any social interaction which, if factored in, could have a significant positive impact on mental health and isolation issues facing many people. It makes no economic sense as home help costs are low compared to the cost of residential care. More needs to be done to support people in their homes e.g. Meals on Wheels, Befriending services, phone contact service, activity groups etc.

### **Mental Health**

As in other PCT areas, the long waiting list for CAHMS was raised. There is a local 'Listening Ear' service in the community but it is not enough and it gets many more requests than it can manage. There is no access to mental health information or supports after 5pm and people are told to go to the ED at Letterkenny University Hospital if they need assistance, which is not the right place for someone in a mental health crisis. The MD consultation anecdotally reported high suicide and self-harm rates in the area.

Children and young people are more stressed than they used to be as a result of exam pressure, social media, body image, sexual health and orientation. Younger children are also exhibiting signs of anxiety, and where there is substance misuse issues in the family, this can exacerbate the issue.

Participants working with older men reported that they had 'never seen so many men with depression'. The men are hesitant to go to the GP and prefer to come to the Men's Shed instead, where leaders do not have the capacity to deal with their issues.

### **Healthy Ireland Priorities**

Physical Activity. There are no green areas in the area for outdoor/leisure activities; no town park, only 1 small playground and no cycle paths. It is vital to have and maintain accessible, low cost family facilities that positively impact on health and wellbeing such as parks, cycle tracks, walking routes and park runs.

Substance misuse. Substance misuse and addiction is seen as a real issue and was also identified in the 2011 Needs Assessment. There are no HSE addiction services in the area (the closest is Letterkenny) and yet the supply of drugs and alcohol is increasing.

### **Vulnerable Groups**

A number of groups were singled out for special attention as being more vulnerable and at greater risk of health inequalities:

- Younger people with mental health problems
- 20 – 30 age group of long term unemployed people
- LGBTI+ young people
- Carers and young carers
- Young lone mothers
- Farmers
- People with substance misuse and addiction issues

### **Positives identified in the Finn Valley area**

- The new FRC will be a hub to help to link people and community groups and be a platform for securing additional services in the community
- The Friday Club (over 55 years) is good and does not struggle for volunteers. This is a very active group
- The Ballybofey and Stranorlar Women’s Group is very active with more than 65 members

## **4. Recommendations from Finn Valley Consultation**

### **Mental Health**

- Reduce CAMHS waiting lists
- Improve 24 hour access to Mental Health services for emergency cases (not through the ED)

### **Primary Care Team**

- Invest in the Primary Care Team so that proactive planning can take place linking community supports and clinicians so they can combine their knowledge, skills and resources to address the needs of the local population

### **Clinical Services**

- Reduce waiting lists for Physiotherapy

### **Community Health Initiatives**

- Implement a Social Prescribing Programme in the area (linked to the new FRC)

- Ensure mPower (Social Prescribing for older people) is implemented in the area and linked to Long Term conditions, and to the CHF
- County wide support is needed for the support and co-ordination of community health and wellbeing interventions e.g. skills, training, projects

### **Community Hospital**

- Keep St. Joseph's Community Hospital open and adequately funded to meet local need.
- Provide sufficient spaces at the Day Centre(s)

### **Home Care**

- Undertake a review of homecare in the area to improve the service to meet identified needs

### **Access**

- Review current transport provision in the area and see what can be provided, not just along main route to Letterkenny but other rural routes, and explore other creative options around rural transport such as volunteer driving etc.

### **Physical Activity**

- Ensure the Health and Wellbeing goals in the Local Economic and Community Plan (LECP) include outdoor amenities planned for the Finn Valley area capitalising on the natural resources and ensuring they are accessible and affordable for people
- Ensure health promotion messages and supports offered through health and wellbeing services are linked into local mart and other farmer information meeting points

### **Positive Mental Health**

- Provide training to Men's Shed managers to have the capacity to support men and/or provide them with information on where to access help/services for anxiety and depression
- Set up a Men's Walk and Talk Group
- Ensure the resettled Syrian families are given the support they need and a proper communications mechanism is put in place to bring the communities together around this. The Syrian Resettlement Worker should link in with CHF around the arrival and support to the new families coming to the area

### **Community Connectivity**

- Provide more affordable and accessible activities for young people in the area (the leisure centre is expensive) that are not just focused on sport
- Work with the Donegal Education and Training Board to see if they can offer more life skills learning opportunities
- While labour market schemes are beneficial to the local community, what is needed is support for small and local indigenous businesses so that permanent jobs can be sustainably created
- Review the barriers to volunteering with a view to addressing these in order to encourage more people to become involved and connected with their community

- Provide a local Community Welfare Support Worker and local career guidance supports

### Positive Ageing

- Set up a befriending service for older people in the area

### Healthy Eating

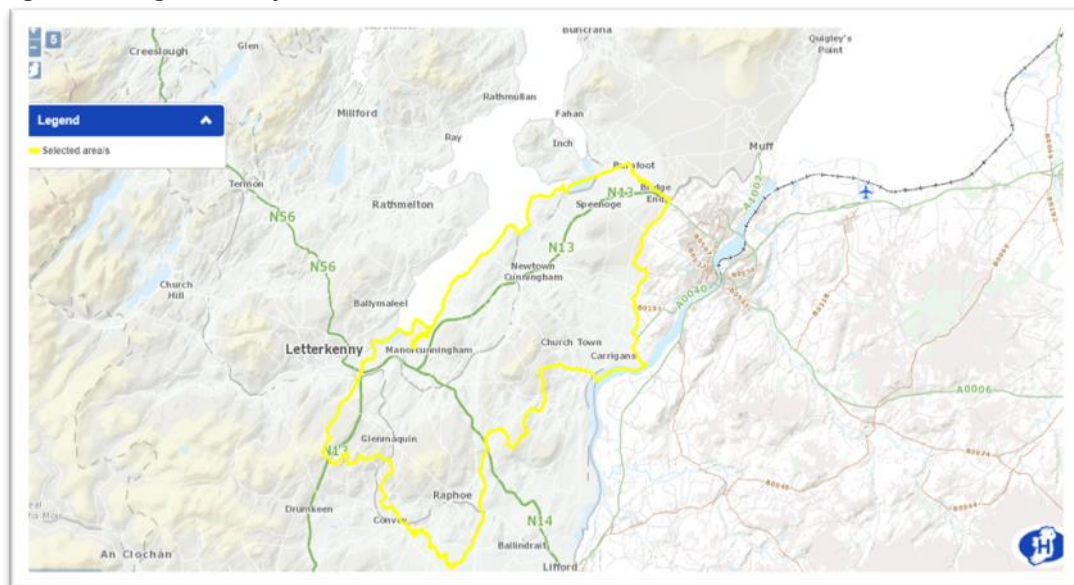
- Provide improved local supports for people who are obese

## 4.9 Lagan Valley Primary Care Team Area Profile

### 1. Background

Lagan Valley Primary Care Team area is on the eastern side of Donegal County and includes the towns of Raphoe and Manorcunningham. It stretches as far north as the bottom end of Inishowen and as far south as Convoe. It has a border with Northern Ireland to the east, to Inishowen PCT to the north and surrounded to the south and east by Lifford/ Castlefin PCT area, Finn Valley PCT area and Letterkenny PCT area.

**Figure. 1: Lagan Valley PCT area**



The Lagan Valley Primary Care Team has been established since 2006 (12 years), and is one of the more established Primary Care Teams. It has HSE administration support, an HSE facilitator and meets monthly. Members include: 3 Community Representatives (Raphoe Family Resource Centre, St. Johnston/Carrigans Family Resource Centre and Trinity Court Housing), Public Health Nursing, Occupational Therapy, Physiotherapy and Speech and Language Therapy.

The Community Health Forum in Lagan was also set up in 2006 and is very active, meeting monthly. The PCT and the CHF have undertaken a number of joint projects:

- Baby and Me event
- Drug and Alcohol conference



- Walk and Talk Groups
- Community Drug and Alcohol Awareness Workshops for 14 -16 year olds
- Men's Health Project

## 2. Overview of Area<sup>26</sup>

The Lagan Valley PCT area is a relatively populated area on the eastern side of the County that shares a border with Northern Ireland. The main towns and villages in the area include Raphoe, Manorcunningham and Convoy with the larger urban centres of Letterkenny and Derry in close proximity. The main N13 route goes through the area but bypasses the towns on its way to Derry. Services in the area include 2 primary schools, 11 post primary schools, 1 library, 1 Community hospital and 1 Fire Station.

There a number of community centres in the area offering various family and community supports and activities including two Family Resource Centres in Raphoe and St. Johnston/Carrigans, and a Community Resource Centre in Manorcunningham. The area is well served with sporting, physical activity and social groups, as well as a range of community groups providing activities and supports e.g. mental health supports, Community Gardens, Heritage Groups.

The main N13 route from Letterkenny to Derry runs through the area, and Bus Eireann operates a service along this route. Local Link run four routes across the area; Ballybofey – Castlefinn – Derry, Stranorlar – Convoy – Derry, Ballybofey – Raphoe – Letterkenny, and Carrigans – Letterkenny and Cloghan – Convoy – Letterkenny. The City of Derry Airport is the closest to the area approximately 45 minutes drive away. With the border in such close proximity, there is significant cross border activity for economic and social purposes. Brexit is likely to present significant challenges.

### Population Structure

There were 12,714 people living in the Lagan Valley PCT area in 2016, and unlike other PCT areas, there is a significant younger population, with 24% of the population under 14 years of age (one in every four people). There are significantly fewer older people compared to other PCT areas with just 13% of the population over the age of 65.

There has however been a decline in the younger population since 2011 with a 15% decrease in the population aged between 0-4. This is higher than the County figure of 10% and the national figure of 7%. The next significant population shift of note is in the 20 – 34 year old age group. One in every five people (21%) aged between 25 – 29 has left the area between 2011 and 2016 and decreases were also recorded in the other age cohorts (20 – 24 age group at 18% and 30 – 34 age group at 16%). It should be noted that the population changes in this age group are not as severe compared to some of

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<sup>26</sup> The statistical data in the section is drawn primarily from the Area Profiles developed by the HSE Public Healthy Department using Census 2016 data and other relevant health data sources.

the other PCT areas, but they are a little higher than County and national figures, leading to a reduction in the younger working population in the area.

In the older age categories, there has been an increase in the over 70s but again this is not as severe as in other areas, with the largest increase in the 75 – 79 year old age cohort at 12%. The increases are far less than those experienced at County level and national level for this age group which is a reversal of the trend. The majority of people in the older age brackets are female.

The population projections for the Lagan Valley PCT show that the number of people in the area will increase by 5% overall by 2025. It is projected that the birth rate and younger age cohorts will decline significantly by this time with the 0 – 4 year olds decreasing by 27% (259 children) and the 5 – 9 year olds decreasing by 30% (339 children). The 15 age bracket and upwards will increase with the number of 20 – 24 year olds predicted to double (57%) by the year 2025. The cohorts aged 30 and up will decrease up until the age of 44, after which the trend is reversed and the population begins to increase again. These population shifts pose particular challenges around job and education opportunities for this younger age cohort. From the age of 44, population age brackets are projected to increase with particular increases recorded in the 70+ age group. It is predicted that there will be an additional 463 people in this age bracket with surges in the numbers of people over 80s where the population will increase by 64% resulting in 545 people over the age of 80 in Lagan Valley PCT area.

### **Age Dependency**

The age dependent population (0-14 and 65+ as a % of 15 – 64 year olds) is 60%, in line with County and CHO 1 figures and other PCT areas. Reflecting the strong young population in the area, the young dependent population ratio is high at 40%, much higher than the County (35%) and national (32%) figures. It is also one of the highest among the other PCT areas. The old age dependent population reflects the smaller number of older people in the area at 20% which is the same as the national figure, but lower than the County figure of 25%.

### **Nationality & Ethnicity**

The majority of the population in the Lagan Valley area identify as Irish (94%) with a further 3% from the UK. There are relatively small numbers from the rest of the world. A number of people identify with the Traveller Community; 33 in total which accounts for 0.3% of the population, slightly lower than the County average of 0.4%.

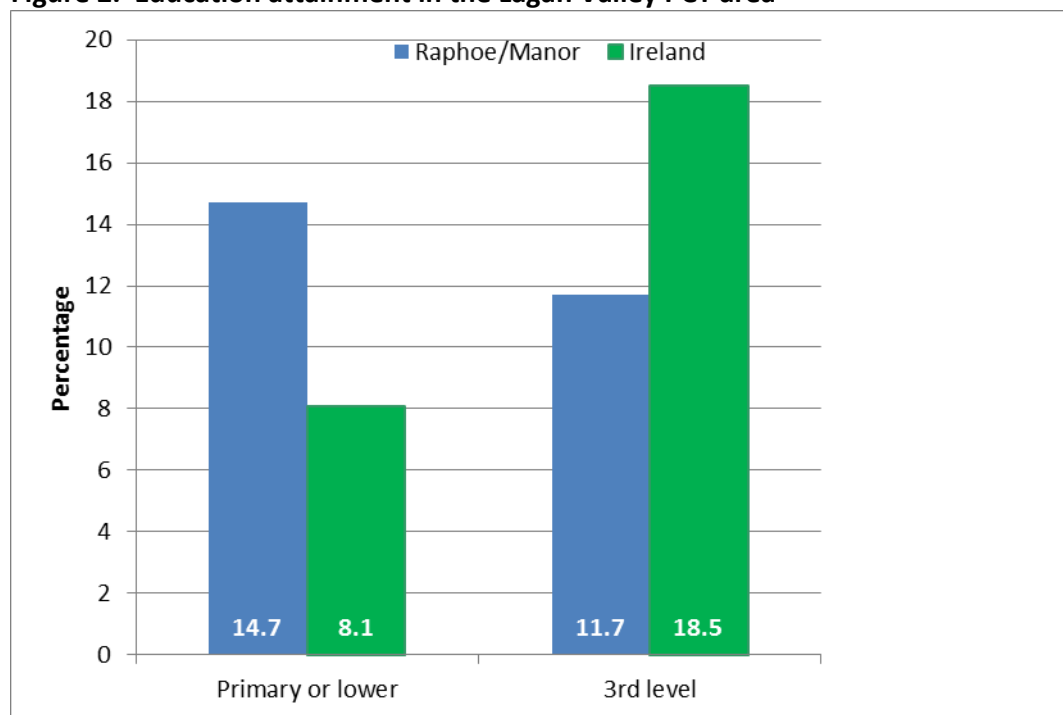
### **Socio-Economic Profile**

A total of 16% of the population falls into the 'semi-skilled and unskilled' work category which is in line with County figures (16.6%) and a little higher than national figures (14.1%). Quite a significant proportion of the population are categorised as 'professionals' (7% or 838 people) which is one of the highest among the other PCT areas, higher than the County figure of 5.6% and close to the national figure of 8.1%.

### **Educational Attainment**

The percentage of the population educated to primary level only is 15% which is higher than the County (13.4%) figure and much higher than the national figure of 8.1%. The proportion of people who attained a third level qualification accounted for 12% of the population which is somewhat lower than attainment levels in other PCTs and lower than the County figure of 14% and national figure of 18.5%.

**Figure 2. Education attainment in the Lagan Valley PCT area**



## Unemployment

The unemployment rate in Lagan Valley PCT area in 2016 was 7% which is line with County and CHO1 figures but higher than the national rate of 5.6%. This rate has decreased significantly since 2011 but it is difficult to know whether the fall in unemployment is a result of job creation and opportunities in the area, or the migration/emigration of the working population along with an increase in the number of people ageing into retirement, or the number of people on Government (DSP) schemes that remove people from the live unemployment register.

## Occupations

The total number of people at work in the Lagan PCT area in 2016 was 3,870 accounting for 55% male and 45% female. The greatest numbers work in Professional Services, Commerce and Trade and Manufacturing (outside of the 'Other' category).

Industry	Total	Male	Female
Agriculture, Forestry, Fishing	296	272	24
Building & Construction	245	229	16
Manufacturing	548	387	161

Industries			
Commerce and Trade	710	378	332
Transport & Communication	208	158	50
Public Administration	179	90	89
Professional Services	892	219	673
Other	792	403	389

### Family Structure

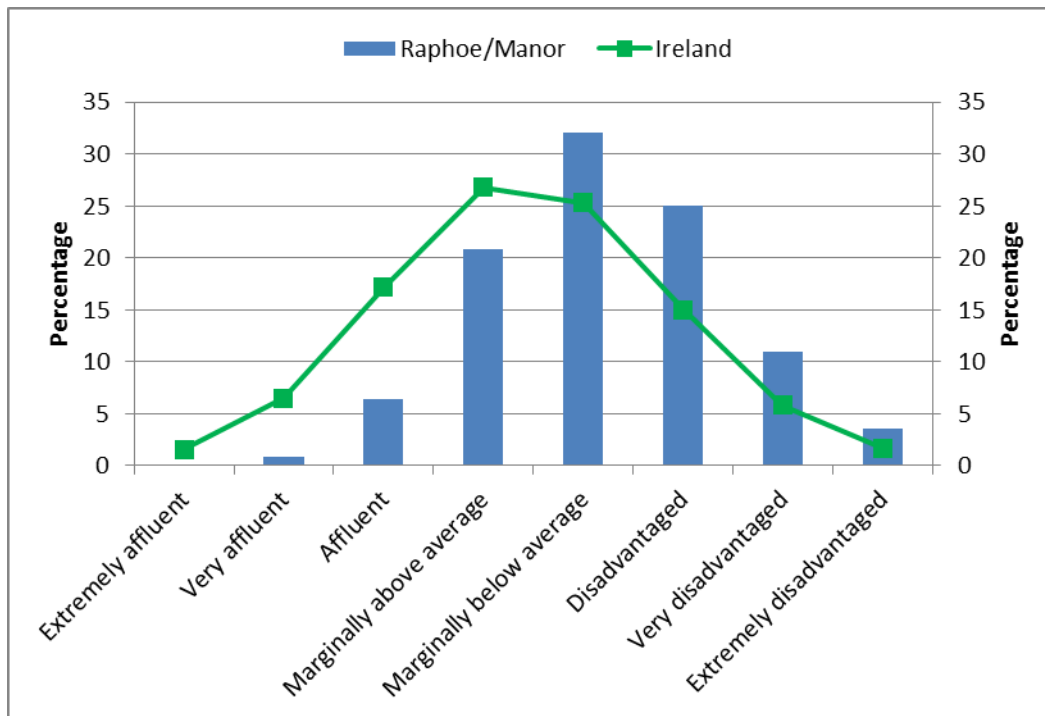
There are 2,390 families in the Lagan Valley PCT area with 33% of these families with children in the primary and secondary education system. Another 10% of them are in the pre-school phase of family life (233 families) and this is higher than the County figure of 9% but in line with the national average. One in five families are in the 'retired' or 'empty nest' phase.

Looking at the type of families in the area, nearly one in five families (19%) are one parent families which is the highest out of all the PCT areas (Ballyshannon/ Bundoran PCT has the same proportion) and higher than the County and national figure of 18%.

### Deprivation

The proportion of the population considered 'disadvantaged' in the Lagan Valley area stands at 40%, and this can be broken down across 'disadvantaged' 25%, 'very disadvantaged' 11% and 'extremely disadvantaged' 3%. Compared to other PCTs in the area, it is average but it is higher than the County figure of 38.6% and much higher than the national figure of 22.5%. What this means is that nearly one in every two people in the area are living in poverty or at risk of living in poverty.

### Figure 3. Deprivation Levels in the Lagan Valley PCT area



### Health Indicators

One hundred and ninety eight people (2% of the population) rate their health as ‘bad’ or ‘very bad’ which is in line with County and CHO 1 figures, but a little higher than the national figure of 1.6%. The proportion of the population who say they are disabled is 13% (1,710 people) slightly lower than the County figure of 14.4% but in line with national figures of 13.5%. There are 509 carers in the area (4% of the population) which is in line with County and national averages.

### Connectivity

The number of people who do not own a car is the highest across all PCTs in the Lagan Valley area with one in four people (26%) saying they ‘do not own a car’. While the terrain in the area is not as isolated or rugged as in the west of the County, there are still issues about getting to and from the larger service centres of Letterkenny, Derry and beyond. This percentage figure is much higher than the County figure of 14% and national figure of 15%.

Looking at the issue of digital connectivity, one in every three people do not have internet access (30%), which makes it one of the areas with poorest digital connectivity compared with the other PCT areas. A total of 55% have broadband which is lower than the County average of 62%.

### 3. Consultation Findings

## Overview

This section presents the findings from two separate consultation meetings; one with the Primary Care Team (8 members in attendance) and the other with the Community Health Forum (6 members in attendance). The Primary Care Team also completed a separate survey in March 2018, the findings of which have been included in this section. Finally, this section also incorporates findings of the Healthy Donegal Community Engagement process where meetings were held across the 5 Municipal Districts (MD of Stranorlar is the most relevant here) on health and wellbeing issues.

It is important to note that this section directly reflects the views of the people who attended the focus groups, and has not been filtered in any way. Where possible fact checking has taken place, but there is the possibility that some feedback reflect personal viewpoints which may or may not be wholly accurate. However, people's perceptions reflect their own reality so if views are considered 'inaccurate' then this can be taken as a communication issue that needs to be addressed.

### **Access**

(a) Transport. Local transport options are limited in the area and this limited access plus the cost has an impact on young people in the area in terms of access to third level education. There is currently a pilot Local Link service running from St. Johnson to Letterkenny town and to the hospital, which will end in July 2018.

**(b) Information.** People both in and outside of the HSE don't understand the overall structures and who does and is responsible for what. This leads to confusion, duplication and wasting time. The mental health services is particularly difficult to navigate in this regard.

### **Services and Community Connectivity**

Poor literacy is an issue in the area (reading and numeracy). If parents have difficulty with reading and writing, the chances are the children will face the same challenges.

Young people and the use of social media is emerging as a real concern as this group is more vulnerable to bullying, peer pressure and grooming. There appears to be an absence of parental awareness and understanding of this issue, and what they can do to guide and support their children. Also linked to screens and social media, young people are losing the ability to socialise with other people, which is also having a big impact on family life.

Given the proportion of the younger population in the area, there are limited services for young people in the area, with Newtowncunningham mentioned as being particularly poor in this regard if someone is not interested in sports or scouting. This is directly linked to anti-social behaviour such as vandalism, under-age drinking and drug taking. There is no community development organisation in the Newtowncunningham area so there are very few programmes run there.

### **Health Services**

Home Care. There are not enough Home Helps in the area (similar issue to other PCTs) with demand outstripping supply. When people are discharged from Letterkenny hospital, there are no home care supports or 'step-down' care put in place, and no communication with PHNs or other Primary Care staff to let them know that a person with significant care and coping needs is being sent home. The time of discharge is often on Friday afternoon when home helps are not available, and prescriptions can't be collected. The Home Help concentrates on personal care but the social aspect is equally as important and the isolation felt by older people can impact on their mental health. Home Helps need more training e.g. to help people when they fall. At the moment, they cannot help anyone, have to ring the ambulance and then there is the lengthy wait in ED, rather than trying to keep care and treatment at Primary Care level.

Other issues include:

- Home Help appointment scheduling does not always allow adequate travel time between appointments
- People need different help at different times and this is not reflected in the care e.g. people with arthritis need more help in the morning as they are stiff and less later in the day. These needs are not accommodated.

Concern was also expressed about the number of private Home Help companies and while some are very good, some seem to be less capable. Issues include:

- the workers are on different terms and conditions from HSE home helps and is seen as 'privatisation of the service by stealth'
- The clinical governance of private providers and how this is overseen
- If someone is looked after by a private provider, they could potentially see 1 of 6 people when their main carer is away which can be very upsetting, especially when it comes to intimate care.

Intellectual Disability (ID). There have been changes in the way payments are made to people with ID and they are now made directly to the individual. It is then up to the individual to arrange their own support which is a big responsibility. For children with intellectual disability, there is a real need for access to NEPS and assessment of need for support in school. They are entitled to this support but are not getting it.

Older Persons Care. There is a high caseload for people caring for patients aged 65 years and over and a significant proportion of them live at home with very complex needs. They require access to supports like homecare, day centres and respite, and the demand for these services will only increase as the population continues to age. When people reach age 65 and move into a different service they can lose a lot of the support they have been getting up until this point.

Primary Care Team. The Primary Care Teams and Community Health Forums are brilliant concepts and great in theory, but there has been a real lack of visibility and support from people who make decisions about them. If they are going to work to their potential, they must have the resourcing and commitment to make them sustainable and effective e.g. greater administration support and someone to drive the process. There is no feedback from PCT meetings to HSE management or vice versa, and this makes the whole process very frustrating.

The HSE seems to pay 'lip service' to the PCTs. On the ground, they don't have access to the proper facilities, or equipment; jobs are not supported/funded or filled, the PCT has to meet during lunch time as it is not given the space or time it needs if it is to be really effective and support people (including GPs) to attend. At the moment, there is no GP or practice involvement which is a big loss.

PCT members are doing their best but some expressed their view that they may step back from it as when issues are raised, nothing is done, no-one is listening and it is getting very frustrating. There is an increased workload for all disciplines resulting in limited time to attend meetings and promote the health and wellbeing needs of the community.

The HSE Primary Care clinical meetings are not happening. They did work well in Newtowncunningham (less so in Raphoe) where the GP, PHN, Allied Health professionals came together fortnightly to discuss issues on a case led basis but they have now stopped.

#### **Gaps in services:**

- Improved services are needed for terminal illness and palliative care (there seems to be an increase in terminal cancer cases)
- Improved services needed for cardiac, cardiovascular and stroke care
- Improved services needed for neurological disorders
- People are going across the border for cancer treatment and support, but they cannot get back into the system on this side of the border after this for follow up care
- New health premises are needed in Newtowncunningham as the current accommodation is very poor

#### **Mental Health**

Childrens mental health services have a 2 year waiting list and a 'priority' waiting time of 4 months. The Child Psychology Services seems to focus on 5<sup>th</sup> and 6<sup>th</sup> class as part of the transition from primary to secondary school. However, this leaves a big gap for younger children and issues/problems are not identified, diagnosed, addressed and supported. Early intervention would potentially prevent some problems as children grow older. It was reported that each primary school is allocated 2 NEPS appointments a year. This service should be needs led rather than allocated to each school.

There is a significant lack of resources in CAMHS. The service seems unable to recruit people. If access to mental health supports was better at Primary Care level, there would be a reduced need for access to secondary care e.g. Counselling in Primary Care (CIPC), and Family Resource Centre counselling. The community and voluntary sector can do a lot with a small grant but they could do so much more if resources were available. The FRC counselling service is taking referrals from GPs, the Community Mental Health Team and Social Workers and it needs to be better funded to meet the need.



If you don't have a diagnosed mental health condition, but need support with coping skills (e.g. a low level of need), there is nowhere to go, and this links back to information and awareness about mental health services and supports.

### **Economy and Disadvantage**

While the statistics say that the unemployment rate has fallen, that is not the experience of people in the area. There is no sense that there are any new jobs or job opportunities locally and people are moving away to access employment, which has an impact on the family and community. Some people are going back to education, others are on labour market schemes and this is not reflected in unemployment figures.

There are families in the area that are experiencing the third generation of long term unemployment and this not only has an impact on the poverty risks for the family, but also on the life opportunities of the children and on family and individual mental health.

Living in a border area and the legacy of history along with the uncertainty of Brexit means that people in border communities have specific challenges e.g. if you go college in Derry, nothing transfers with you. Being close to Letterkenny and Derry mean that there has been a real lack of infrastructural investment in the area. There is also a lack of access to training and apprenticeship opportunities for those that do not go on to third level. If a family can't afford 3<sup>rd</sup> level young people are stuck at home and there is no financial support for qualifications below QQI L5. Young people end up continuously reliant on their parents.

The Community Welfare Officer (CWO) not being locally based is a loss to the area. People have to go to Letterkenny and the officer doesn't necessarily know the person or the family. The CWO used to be able to give discretionary payments but now under the DSP, this flexibility has been removed.

It is extremely difficult to build houses in rural areas now, so as a consequence, the supply of housing is very limited. The option for people in the area looking for accommodation is to rent poor quality private rented or to move into the towns, but that leaves the smaller towns and villages dying. This is particularly relevant for young people aged 18 – 35.

### **Healthy Ireland Priorities**

Healthy Eating. Childhood obesity is an issue linked to poor diet and also the amount of time spent using screens. The CAWT funded Programme (MEET) was very good, but it was a pilot and no more programmes are planned. There are generally too many pilots and not enough of them are mainstreamed and sustained.

Alcohol & Substance Abuse. There is a lack of accessible support for addictions as people have to go to GP and get a referral. There is also poor provision for addiction recovery which is a real concern as there are huge issues with drug, alcohol and gambling addictions in the area all linking with poor mental health.

## **Vulnerable Groups**

- Older people and particularly frail older people
- People with dual (or more diagnoses) who end up being looked after by the primary diagnosis service e.g. ID and then they are diagnosed with dementia. There needs to be a multi-disciplinary approach to these cases, but without clinical meetings or something else in its place, this doesn't happen.
- People who misuse alcohol/drugs or are addicted to gambling
- Young adults with ASD; when they reach 18 it is very difficult to link in to services, their parents are ageing and support is needed to complete forms to access services
- Men over 55 who have a lifetime of addiction issues; they can't get support they need because of their age (not eligible for the Older Peoples Service)
- New mothers in relation to mental health and risks of post-natal depression
- People living in poverty are at risk of stress and depression. These families are permanently disadvantaged and have effectively been failed by the system and have never been, and will never be able to work.

## **Positives**

- The Meitheal Project works very well
- The Good Morning Service is excellent and helps with isolation and loneliness.
- The volunteer led Meals on Wheels is very good (subsidised by the HSE)
- The Primary Care Team has led to better communication between services, better appreciation of each other's roles and initiated some good projects in the area in conjunction with the CHF
- The new Home Help contracts with the HSE are positive
- The availability of National Lottery small grant funding for once off innovative projects is positive

## **4. Recommendations from the Lagan Consultation**

### **Homecare:**

- Review and improve homecare packages looking at issues of supply, informing and educating the PCT and CHF and people in general about how the system actually works so that expectations are managed, further training for Home Helps so they can do more to support their clients, examine the lifting of the current budget clawback position i.e. the area only gets 50% of the hours back when someone dies (this restriction was supposed to have been lifted at the end of 2017 but it has not happened yet).

### **Clinical Services**

- Child Psychology services should be needs led and not allocated to a school. There is the need to address the lack of access for children younger than 5<sup>th</sup>/6<sup>th</sup> class.
- Explore how Galway CAMHS works and learn from them to address waiting lists and access issues in Donegal
- Fill OT vacancies in the area
- The national recruitment process needs to be changed as it slows everything down, and people who apply for the jobs don't ever seem to want to work in Donegal, but just to get on a panel. It is not serving Donegal and it is not good enough to repeat

the message that 'people won't come to work in Donegal'. Something different needs to be done to address and change this as it has been going on for far too long.

- Improved resources are needed for the Physiotherapy service as the current space and equipment is very poor
- A more multi-disciplinary approach with people with dual/multi diagnoses needs to be taken to address people 'falling between the stools'.
- Invest in cancer services as too much is currently covered by fundraising.

#### **Primary Care Teams:**

- Invest in and resource the PCTs adequately if the HSE want them to do what they are intended to do.
- Clear guidance is needed on what Primary Care Teams are meant to achieve and then the HSE needs to facilitate this to happen
- Ensure the GPs are engaged/re-engaged with the PCTs. They are the gatekeeper for the majority of Primary Care services and supports
- Provide each PCT with a facilitator. This used to be the case and it worked well
- The HSE needs to ensure all Primary Care clinical meetings are taking place (look at the Tusla Meitheal approach as a guide for good practice as this has been very positive)
- Communicate the the HSE organisational structures (including names) so people can see the big picture and how everything fits together (national/CHO 1 and Donegal)
- Secure new Primary Care premises in Newtowncunningham
- Consider how to provide more effective post natal support for new mothers.
- A Social Prescribing Programme is needed for the area (it is one of the few areas in Donegal that doesn't have one)

#### **Physical Activity:**

- Establish and maintain accessible, low cost family facilities that positively impact on health and wellbeing e.g. parks, cycle tracks, walking routes, park runs

#### **Access:**

- Raise awareness about where to go for addiction recovery and support services
- Raise awareness, educate and inform people about mental health services and supports and keep this information up to date
- Ensure the pilot Local Link route from St Johnson to Letterkenny University Hospital continues after July 2018

#### **Healthy Eating:**

- Implement the MEET programme to reduce childhood obesity

#### **Positive Mental Health**

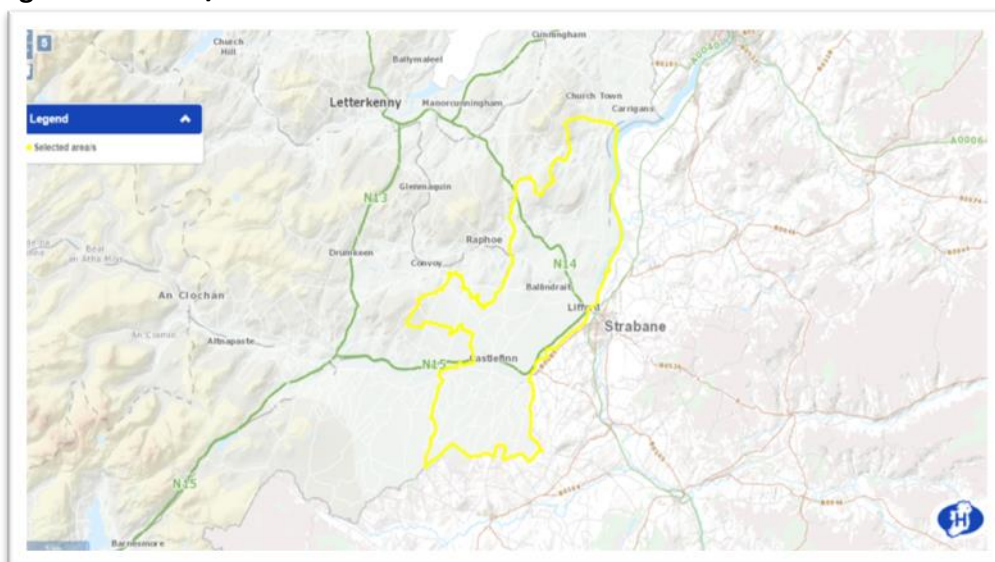
- Review the Tusla funded local counselling services through the FRCs. It is a low cost solution to reducing the burden on secondary services that would also reduce the need for transport to the secondary service which is a challenge for some people and families

#### 4.10 Lifford/ Castlefin Primary Care Team Area Profile

##### 1. Background

Lifford/ Castlefin PCT area is located on the eastern side of the County stretching along the Northern Ireland border. It runs from Carrigans in the north and beyond Castlefin in the south. It is bordering the Finn Valley PCT to the West and Lagan PCT to the north west.

**Figure. 1: Lifford/ Castlefin PCT area**



The Lifford/ Castlefin Primary Care Team has been in existence since 2003 and meets monthly. It has HSE administration support and an HSE Facilitator. Lifford/ Castlefin was one of the first areas in the country to pilot a new approach to community participation in the proposed new Primary Care Teams (10 Teams in total were established on a pilot

basis in early 2000s). It was a partnership project between the Lifford/ Clonleigh Resource Centre and the North Western Health Board and funded through the Combat Poverty Agency's 'Building Healthy Communities Programme' in 2003 and 2004. Hence, the first Community Health Forum was established in Lifford/ Castlefin Primary Care Team area in 2004, and the others around the County grew out of this approach. The CHF is still operating in the area.

A number of projects have been undertaken by the CHF and PCT over the years:

- Carers Support Programmes
- Doneyloop Youth Club
- Castlefinn Parent and Toddler group
- Castlefinn 50 plus group
- Social Prescribing Project
- Lifford and Castlefinn Men's Sheds Projects
- Various Joint initiatives with the PCT

## **2. Overview of Area<sup>27</sup>**

Lifford/ Castlefin Primary Care Team area is one of the few areas of the County that does not touch the coast and is landlocked sharing a border to the east with the counties of Northern Ireland. It includes the towns of Lifford which is the County town of Donegal (linked to its close neighbour Strabane in the north via a bridge over the River Foyle). Castlefin is a smaller town located along the main N15 national primary road which runs from Bundoran to Lifford and it lies 6 miles from Lifford and 8 miles from Ballybofey and Stranorlar.

Services in the area include:

- 6 primary schools (no post primary school in the area)
- 1 library
- 1 day centre
- 2 Health Centres
- 4 Public Health Nurses
- 1 Council Public Services Centre
- 1 Social Prescribing Programme
- 2 Resource/Community Centres
- 1 Community Hospital

There is a Community Resource Centre in Lifford (Lifford-Clonleigh Resource Centre) which offers a broad range of community activities, supports and services. The PCT Social Prescribing Co-ordinator is based in the building and there is Good Morning Service and a Childcare Centre in addition to facilitating local community groups.

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<sup>27</sup> The statistical data in the section is drawn primarily from the Area Profiles developed by the HSE Public Healthy Department using Census 2016 data and other relevant health data sources

Castlefin has a large Community Resource complex established by local community and voluntary organisation, the Castlefin Partnership Initiative (CPI Ltd.). The facilities at the centre include a health centre, childcare facilities, enterprise units, and indoor and outdoor sports facilities.

Both areas are well served by sports/ physical activity groups, youth projects, arts and theatre groups, carers groups, a Men's Shed, womens groups, a community garden, mental health groups, addiction support groups and senior citizen groups.

Transport routes in the County have to take account of the border; on the Donegal side, Bus Eireann runs expressway services to Dublin and Galway; a number of other private operators run bus services to Letterkenny and other areas; the Local Link Inter-city and local bus services run through the town (bus station) as it is on the main (the N15/ N14) transport corridor between the north and south. The Local Link service also operates in the area with routes between Letterkenny and Derry, and Strabane/Lifford to Letterkenny going through the area. The City of Derry airport is less than an hour away by car.

### **Population Structure**

The total population of the Lifford/ Castlefin PCT area was 7,832 in 2016 and the breakdown shows a relatively young population with one in five (or 21%) under the age of 14 in line with County and national averages. At the other end of the spectrum, 15% of the population were aged 65 and over which is lower than some of the other PCT in the area and lower than the County average (16%).

The area experienced significant population decline in the 0-4 year age group, falling by 27% which is one of the highest birth rate declines among all the PCTs (185 children). This is much higher than the decline experienced at County level (10%) and nearly four times the national average (7%). Significant declines were also experienced at the 20 – 39 age category indicating a loss of a young working population, the greatest decline being in the 25 – 29 age category at 23%. This is slightly higher than the County and national average (21% and 18% respectively) but the equivalent of CHO 1 figures.

At the other end of the age spectrum, the numbers are increasing with particular increases in the numbers of people falling into the 70+ age category. There was a 30% increase in the 75 – 79 year olds alone and in total, there were 1,123 people over the age of 70 in the Lifford/ Castlefin PCT area (accounting for 14% of the population) and 107 people over the age of 85 with most of these being women. These increases are much higher than what is seen at County or CHO 1 level.

Looking at the population projections for 2025, it is anticipated that the population will increase by 5% to 8,185. Much of the increases will be seen at the older end of the spectrum where the number of 85 years old is set to nearly double over the next ten years (increasing by 76% to a total of 188 people). Steep increases are also expected in the other older age categories which will result in a population of 1,485 people in ten years time or 18% of the population.

It is also projected that there will be increases in the 15 – 29 age category although these will be more modest. The under 14 age group will continue to decline with the greatest shift in the 5-9 year olds which is projected will decrease by 20%. By 2025, it is projected that there will be 1,498 children in the 0 – 14 age category accounting for 18% of the population.

### **Age Dependency**

The age dependency rate is relatively low at 56% compared to other PCT areas reflecting the demographics above, and is lower than the County average (60%) but higher than the national average (53%). In fact, the age dependency rate in Lifford/ Castlefin is one of the lowest among all the PCTs (outside Letterkenny) reflecting the greater proportion of a younger population and a smaller proportion of older people as a percentage of the people of working age in the area.

### **Nationality & Ethnicity**

The numbers of people from other nationalities in the Lifford/ Castlefin area is relatively small compared to other PCT areas; 94% of people identify as Irish, 2% as being from the UK and a handful of people (67) from other countries.

There were 14 people from the Traveller Community living in Lifford/ Castlefin PCT in 2016 which accounts for 0.2% of the population, which is less than County or national figures.

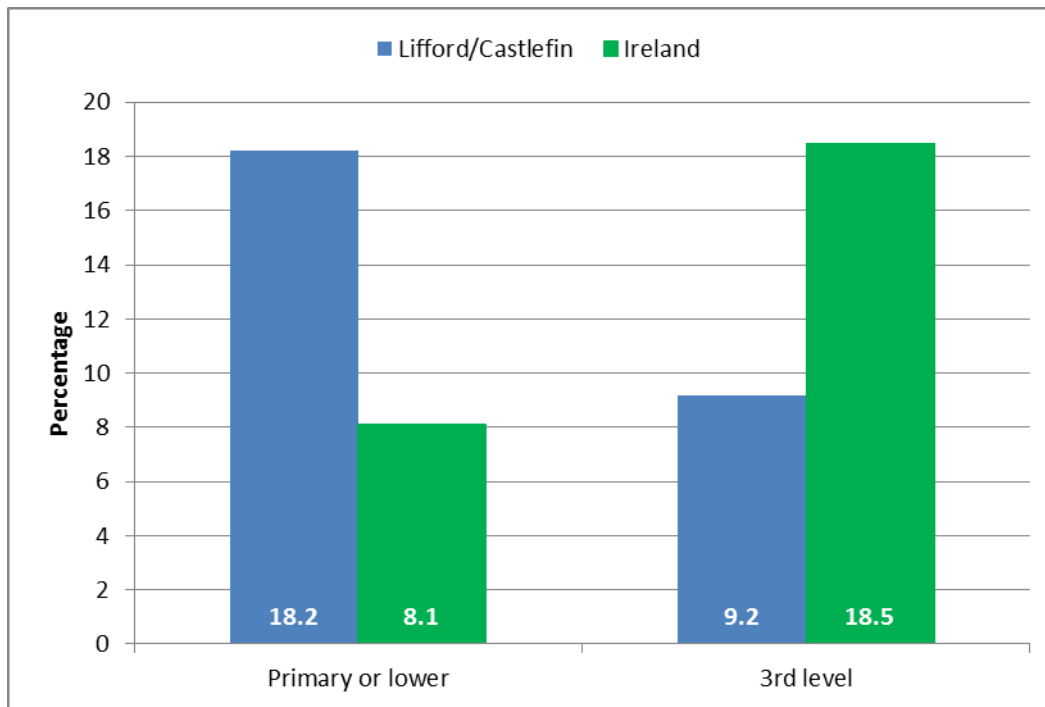
### **Socio-Economic Profile**

One in every five people (20%) in the area falls into either the ‘semi-skilled’ or ‘unskilled’ work category. This is one of the highest proportions across all PCT areas (outside of Killybegs). It is also higher than the County figure of 16.6% and the national figure of 14%. Conversely, the proportion of the population falling into the professional category is low compared to other areas at 4% (County figure is 5.6% and national figure is 8.1%).

### **Educational Attainment**

The percentage of the population educated to primary level only is also relatively high compared to other areas at 18% and may account for the high proportion of unskilled/ semi-skilled workers in the area. This is the lowest educational attainment level out of all the PCTs and higher than the County figure where 13.4% have a primary education only, and nearly double the national figure of 8.1%. One in ten people (9%) have a third level qualification which is again the lowest level of attainment when compared to the other PCTs in Donegal, lower than the County attainment level of 14% and the national attainment level of 18.5%.

### **Figure 2. Education attainment in the Lifford/ Castlefin PCT area**



## Unemployment

The unemployment rate in Lifford/ Castlefin stands at 10%, the second highest rate recorded across all PCTs (Derrybeg/ Bunbeg being the highest at 11%). It is also higher than the County (7.3%) and national (5.6%) figures. This rate has decreased significantly since 2011 but it is difficult to know whether the fall in unemployment is a result of job creation and opportunities in the area or the migration/ emigration of the working population along with an increase in the number of people ageing into retirement and the number of people on Government (DSP) schemes that remove people from the live unemployment register.

## Occupations

The total number of people at work in the Lifford-Castlefin PCT area in 2016 was 1,706 accounting for 55% male and 45% female. The greatest numbers work in Professional Services, Commerce and Trade and Agriculture, Forestry and Fishing (outside of the 'Other' category).

Industry	Total	Male	Female
Agriculture, Forestry, Fishing	217	207	*
Building & Construction	120	114	*
Manufacturing Industries	193	132	61
Commerce and Trade	316	160	156
Transport & Communication	68	52	16



Public Administration	100	45	55
Professional Services	399	82	317
Other	293	150	143

Note: \* As the number of women working in Building & Construction and in Agriculture, Fishing & Forestry in the Lifford-Castlefin PCT area is 10 or less, this has not been reported above to protect privacy and confidentiality.

### Family Structure

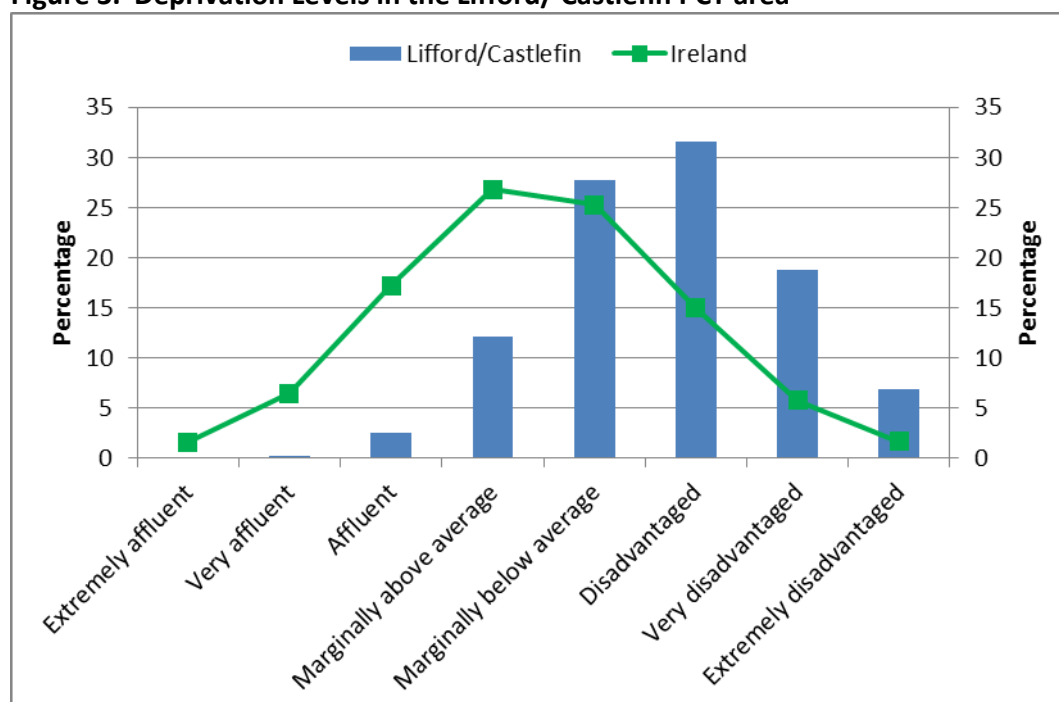
There are 1,021 families with children in the Lifford/ Castlefin area. A quarter of them (24%) are 'empty nesters' or 'retired' and 29% of them have children in the primary or secondary education system with a further 8% at pre-school.

Looking at the type of family unit, 14% are one parent families which is one of the lower rates when compared with other PCT areas and lower than the County and national figure of 18%.

### Deprivation

Deprivation data is informed by a number of key variables, including educational attainment, unemployment rates and socio-economic grouping. Given the data presented above, it is no surprise to see that Lifford/ Castlefin records one of the highest deprivation rates across all PCT's with 57% of the population considered either disadvantaged (31.6%), very disadvantaged (18.8%) or extremely disadvantaged (6.9%). This is essentially one in every two persons living in the area. It is much higher than the County average of 38.6% and twice as high as the national rate of 22.5%.

**Figure 3. Deprivation Levels in the Lifford/ Castlefin PCT area**



## **Health Indicators**

One hundred and seventy one people (2% of the population) rate their health as ‘bad’ or ‘very bad’ in the area. This is in line with County and CHO 1 trends but higher than the national average. The disability rate is 15% (accounting for 1,156 people) which is higher than the County figure (14.4%) and the national figure (13.5%). The number of carers in the area number 306 accounting for 4% of the population which is in line with County and national averages.

## **Connectivity**

Access to transport, as in all other PCT areas, is essential for connecting to services and supports and essential to a person’s health and wellbeing. A total of 9% of the population (134) do not own a car in the area which is lower than the County (14%) and national (15%) figure. The percentage of the population with access to broadband in the area is relatively lower than other PCT areas coming in at 58% and a further one in four (or 27%) do not have access to the internet.

## **3. Consultation Findings**

### Overview

This section presents the findings arising from two consultation meetings held in the area; one with the Primary Care Team members (7 participants) and one with the Community Health Forum members (7 participants). It also incorporates findings of the Healthy Donegal Community Engagement process where meetings were held across the 5 Municipal Districts (MD of Stranorlar the most relevant here) on health and wellbeing issues.

It is important to note that this section directly reflects the views of the people who attended the focus groups, and has not been filtered in any way. Where possible fact checking has taken place, but there is the possibility that some feedback reflect personal viewpoints which may or may not be wholly accurate. However, people’s perceptions reflect their own reality so if views are considered ‘inaccurate’ then this can be taken as a communication issue that needs to be addressed.

### **Access**

Transport. The public transport options are very limited and connectivity is poor between services to and from Letterkenny. Access to transport is very important for the engagement of the community in terms of access to facilities, appointments and activities. The Local Link service does operate in the area but the routes are limited; Ballybofey via Letterkenny to Derry, and Strabane – Lifford – Letterkenny. It doesn’t access routes in the rural areas to bring people into the urban centres.

One of the central problems lies in timing and connectedness. As a result it is difficult to get to either Dublin or Galway. In relation to access to local services such as the Day

Centre, in some cases the bus will arrive before the Home Help appointment so people are not out of bed, washed and ready to go.

If someone has to go to the hospital in Letterkenny for an appointment, the bus stops in the town and it is a difficult uphill walk to the hospital. It is approximately €60 return to Letterkenny in a taxi, and many people have to plan for this cost and may have to go without other necessities. Getting to the local Day Centre is difficult for some and many people are reliant on family or taxis for this journey.

There are few accessible spaces for young people with disabilities in the area, and they have to travel to Letterkenny or Donegal Town to engage with activities. For anyone with disabilities or mobility problems getting out and about is difficult because the footpaths either don't exist or are in a poor state of repair. It is not safe to walk especially if pushing a buggy or minding children. There is too much traffic to safely walk to school. All of these factors mean people remain stuck in their house or using the car all the time, and this has an impact on mental health and wellbeing generally.

### **Services and Community Connectivity**

The Social Prescribing Programme is a great asset to the area, but the coordinator is not able to make home visits which limits the scope, breadth and potential impact of the service.

Children are not encouraged to take risks, and this is linked to lack of resilience and coping skills and increased anxiety levels. There is also an overuse of screens and social media among young people. Very young children are allowed to access unsuitable apps/online material. This restricts their time for natural play, part and parcel of which is taking risks and this is what builds resilience and coping skills.

There is a gap in facilities and activities for the under 14 age group. If a child does not enjoy sport, options are limited. Lifford is the 'poor relation' compared to Strabane in terms of facilities, where there is an affordable gym and leisure centre. Concerns were expressed about the impact of Brexit and how this will affect access to these facilities. There is no Family Resource Centre in the area. The Lifford-Clonleigh resource centre (a Community Development Project) is excellent but it receives no state funding, and its sustainability is at risk as it is getting harder to generate income and reserves are being used up.

The lack of Community Welfare Support with local understanding and knowledge of the issues facing local people is having an impact on people accessing appropriate information, and people are not necessarily aware of the services that are available to them locally.

It is difficult to get people involved in community activities and it is usually the same people volunteering all the time. Related to this is the issue that volunteering has become so 'over-regulated' and people risk losing their social welfare benefits if they volunteer as they are 'not available for work'.

### **Health Services**

Homecare. This is a big issue in the area. It is difficult to access this service, with waiting times of up to 5 months. The Public Health Nurses have to continually justify their applications and feel there should be more trust in their professional judgement. The timing of the visits is too limited, they are often not long enough and there is no social element anymore, which is as important to older people to reduce the risk of loneliness and isolation. In the absence of/low level of home care support the responsibility of care for the older person falls on the family, but this is not always possible with people leaving the area or trying to juggle their own young families. The caring responsibilities can become too much.

Primary Care Team. There is a lack of interest from HSE management in making the Primary Care Teams work as envisaged. It has got steadily worse over the years and an over-reliance on the community sector to deliver services and projects is the norm. There is the feeling that the sector is taken for granted with no parity of esteem.

#### Waiting Lists:

- Speech and language waiting lists are too long with people often having to go to Letterkenny for an appointment (see transport issue above).
- There is a 2 year waiting list for the Psychology service
- Mental Health Services waiting times (both CAMHS and AMHS) are too long
- Bereavement counselling waiting lists are too long

Day Care for Older People. The Hapentag Centre is a Daycare Unit for older people and people with physical disabilities. When it was open it provided a very good service, but the HSE moved staff from this centre back to Lifford Community Hospital three years ago. The HSE response to questions about reopening the centre are met with the reply that there 'are no staff to manage the service' The Daycare space at the community hospital is not fit for purpose; it is very small, unwelcoming and with no low windows (it used to be the morgue). Consequently attendance numbers have fallen.

#### Other issues that arose during the consultations include:

- The difficulty some families have with just coping with day to day tasks. The GP reported increased requests for valium to get people through events such as communions and weddings
- There are too many pilot projects that are never mainstreamed even if they are very good and get positive evaluations
- GPs are seeing a high rate of applications for DSP disability support
- The Primary Care Social Worker role has gone from the area. There used to be two in the area but the Community Social Work role was subsumed into the HSE in 2014 and now there is nothing at a local level
- There used to be an adolescent Health Nurse but this role just disappeared after 6 months. The PCT tried to find out what had happened to the role but did not receive a response from the HSE
- To be eligible to receive early intervention supports for children, you have to be in receipt of 5 different services; SLT, OT, Physio, Psychology and Dietician. This access threshold is far too high and means many families who need support are not able to get it

## **Economy and Disadvantage**

The unemployment rate, while higher than other PCT areas, does not reflect the true picture. People are moving away for jobs and this in itself has an impact on the family and community. Some are going back to education, others are on labour market schemes which is not reflected in the figures. There is no sense that there are any new jobs or job opportunities in the area. Long term unemployment in families is a real issue and impacts on mental health with some people now referring to benefits as their 'wages'.

## **Mental Health**

- Long waiting lists for primary and secondary mental health services (as above)
- Lack of local mental health services, especially counselling. Counselling in Primary Care service has a 4 month waiting list and people cannot afford to go privately
- Lack of services for younger people e.g. Jigsaw, with no local Outreach service

## Healthy Ireland Priorities

### **Physical Activity:**

- More green spaces and affordable exercise/leisure opportunities are needed.
- The Riverine Project (a Lifford/Strabane Cross Border SEUPB Project) aims to create a local river park. It fell at the last funding hurdle but the Lifford Clonleigh Resource Centre are appealing the decision.

### **Substance Abuse:**

- Drugs are too easily accessible and there is a strong link with Mental Health problems and substance misuse

## **Vulnerable Groups**

A number of groups were singled out for special attention as being more vulnerable and at greater risk of health inequalities:

- Carers in terms of lack of respite and risk of isolation
- People who misuse drugs/alcohol. This has a significant impact on their life, life of family and on mental health
- Young families. There are minimal local parks or open spaces to explore and run free and meet other children and families (Drumbo Woods is very good but it is a 20 min drive away)
- Young people with disabilities, both ID and Physical. Families can be over-protective and the young people are not given the opportunity to reach their potential. This is linked to lack of services and supports, and parents don't feel confident to let their children 'fly'.

## **Positives identified in Lifford/ Castlefin**

- The Alzheimer's Café works well (operates on a monthly basis)

- The Good Morning Service is very good
- The Befriending service works well. It has now been taken over nationally by ALONE (Good Morning Donegal and local befriending service subsumed into this) and local input is not being encouraged
- It is good to have Strabane nearby where local facilities are much more affordable. However, there is concern over how this will be changed by Brexit
- The Lifford-Clonleigh Resource Centre linked in to a PEACE IV funded cross-border 4-year youth project for 14 – 25 age group which has been very positive.
- The Castlefin Monday Club for Older People (over the age of 60) is great and offers a broad range of activities
- The Social Prescribing Programme is very positive, but more effort is required to engage GPs with the service
- The Castlefin Group for older people is very active and provides a great service with activities and regular outings

#### **4. Recommendations from the Lifford/ Castlefin Consultations**

##### **Review and improve approach to Home Care packages:**

- This is particularly important given the ageing population; this service needs to be resourced properly. Also there is a need to look at attracting more men into the service (the Home Help role), and emphasis should also be placed on social care as well as personal care.

##### **Look at Sustainability of Hospital and local health facilities:**

- Make better use of the Hapentag Centre and review the adequacy of the Lifford Community Hospital (LCH) Day Centre
- Increase the number of respite beds at LCH
- Provide clarity on LCH as its future has been 'in discussion' for the past 9 years

##### **Waiting Times:**

- Enable the Community Physiotherapist to make Home Visits as this will help reduce waiting lists
- Look at ways to reduce bereavement counselling waiting lists
- Resource the children's early intervention service properly so that waiting lists can be reduced and look at the criteria for accessing this service

##### **Invest in Primary Care Administration Supports:**

- Establish an electronic system where Primary Care (PC) staff can write up contemporaneous notes that all PC staff can see and the persons history can be accessed in one electronic place. This would save time and errors
- Invest in PCN/PCT structures as this is supposed to be national policy, and make it work

- Consider the idea of patient held records (taking into account new data protection regulations)
- Provide guidance on GDPR requirements for PC staff and C&V groups

#### **Primary Care Services:**

- Provide a community social work role in the area
- Provide local speech and language therapy service

#### **Mental Health**

- Look at ways of reducing Mental Health waiting lists in Psychology, Children and Adult Mental Health Service

#### **Access:**

- Improve public transport connectivity to make travel within and beyond the County more accessible
- Improve transport in the area including provision of wheelchair accessible taxis
- Work to ensure that the secondary services in Dublin and Galway make appointments for Donegal in the mid-morning/ afternoon to allow people to arrive on the same day rather than incurring additional costs of an overnight stay

#### **Physical Activity:**

- Support the Riverine Project (Donegal County Council DCC) and improve outdoor spaces in the area (DCC) as it is vital to have and maintain low cost family facilities such as parks, walks, cycles that positively impact on health and wellbeing

#### **Community Health and Wellbeing Supports:**

- Reinstate the Community Welfare role back into the local community
- Raise awareness of local supports and services and how to access them (HSE and community)
- Explore if and how Social Prescribing Coordinators can make Home Visits to access people who really need the support and service, and look at how GPs can have greater engagement in the service
- Resurrect the Carers Support Group and provide support/respite so the carers can attend
- Offer structured support/activities for < 14 age group
- Make volunteering more accessible to support improved mental health, removing the current barrier in the form of impact on welfare payments
- Provide a Community Support Worker in the Castlefin area
- Improve supports for young people with disabilities

#### **Positive Ageing:**

- Ensure ALONE works with a local advisory group when they take over the Good Morning and Befriending services

## Positive Mental Health:

- Provide parental guidance and support on internet safety and age appropriateness of apps
- Reduce Jigsaw waiting listing, extend the age group from 12 – 25 and improve outreach supports. Money needs to be invested in the service to make it fit for purpose.

### 4.11 Inishowen Primary Care Team Area Profile

#### 1. Background

The Inishowen Peninsula has three Primary Care teams covering the areas of Carndonagh/ Clonmany, Buncrana and Moville.

Figure 1: Buncrana PCT area



Figure 2: Moville PCT area





**Figure 3: Carndonagh/ Clonmany PCT Area**



The Primary Care Teams have been in place for nearly 10 years but they have not been functioning effectively although the Bunrana PCT does meet intermittently.

It was agreed that the Inishowen Family Action Network (IFAN), supported by the local partnership company, Inishowen Development Partnership, would serve as the Community Health Forum for the whole of Inishowen i.e. the 3 PCT areas under one Community Health Forum. IFAN was set up in 2007 to identify and resolve family,

education and community issues. It meets every 6 weeks, and is a multi-agency network with a wide spectrum of members from both agencies and the community and voluntary sector, including clinicians, community centres, the one Family Resource Centre in Moville, schools, youth organisations, parenting and children's organisations.

Over the years, IFAN has initiated and supported a range of health and wellbeing initiatives including: IFAN Community Directory, Healthy Eating Programme, Social Prescribing, Community Food Initiative, Family Support Initiative, Strengthening Families Programme, Parents Plus, Parenting Champions, facilitating various consultation processes e.g. Donegal Suicide Prevention Plan, Healthy Ireland Community Engagement, Solas programme, etc.

## **2. Overview of Area<sup>28</sup>**

The Inishowen Peninsula stands at the northernmost point of Donegal, and is the largest peninsula in Ireland. It is bordered to the north by the Atlantic Ocean, to the east by Lough Foyle, and to the west by Lough Swilly. The largest towns in the area are Bunrana, Carndonagh and Moville, and the closest city is Derry. It is also home to a large fishing port in Greencastle. Public services are based around the three main towns in the peninsula; Moville, Bunrana and Carndonagh. The following services are available in the peninsula:

- 37 primary schools
- 5 post primary schools
- 3 Libraries
- 5 Day Centres
- 7 Public Health Nursing Services
- 1 Community Hospital (Bunrana)
- 1 Local Development Company
- 1 council Public Services Centre
- 1 MABS
- Social Prescribing Programme
- 13 Community Services Programme groups
- Foroige and DYS youth groups

The main road to the Peninsula is the N13 from Letterkenny. Access is also possible to the peninsula through two ferries that run seasonally from Greencastle to Magilligan in County Derry and across Lough Swilly, connecting Bunrana with Rathmullan. A number of private bus operators run services between Derry and Inishowen and between Inishowen and Letterkenny. The Local Link service runs a number of routes throughout the Peninsula: Clar- Moville – Malin Head – Carndonagh, Bunrana – Clonmany, Derry – Moville, Moville – Bridgend and Quigleys Point – Carndonagh.

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<sup>28</sup> The statistical data in the section is drawn primarily from the Area Profiles developed by the HSE Public Health Department using Census 2016 data and other relevant health data sources.

Carndonagh has been identified as one of a number of 'Strategic Town' in the Donegal County Development Plan that performs 'Special Economic Functions' for the following reasons:

- Development Centre (in conjunction with Bunrana) with a focus on tourism
- Tourism and the Wild Atlantic Way
- Centre for delivery of Local Authority Services

These are the areas of potential that will be built upon over the next number of years and a Local Area Plan has been drafted for the town to capitalise on that potential.

### **Population Structure**

The population of the Inishowen Peninsula was 33,875 in 2016. The most populated PCT area is Bunrana with 15,235 people, followed by Carndonagh/ Clonmany with 11,646 and Moville with 6,994.

All areas have experienced population decreases in the 0-4 category but the Bunrana PCT area recorded a 21% decrease in this age cohort (Moville 12% and Carndonagh/ Clonmany 19%). This decrease is significantly above the CHO 1 rate (10%) and the national figure of 7%.<sup>29</sup>

Significant population shifts are also seen in the 20 – 34 age group where the population has declined by a quarter on average. This is more pronounced in Bunrana and Carndonagh/ Clonmany as opposed to Moville. In the 25 – 29 age group, the population declined by 28% in Bunrana and 29% in Carndonagh/ Clonmany, and by 18% in Moville. This is well above the national average of 18% for this age cohort, and 21% for the entire County.

This reflects a significant amount of movement in 20 – 40 age bracket away from the area to other places within Ireland or outside the country. The impact of this population movement is felt not only on the economy as the potential working population leaves, but also on the social fabric of the area, as the loss of so many young people has knock on effects on families, communities, sporting and social clubs and also has implications for the levels of future service provision.

There is a significant young population (0 – 19 age group) across the peninsula, particularly in the 5 – 9 age category which is slightly above the County and national average. This in itself has implications for early years and education provision in this area. At the other end of the spectrum, there is a significant increase in the numbers of people over 65. This is particularly noticeable in Bunrana where the 70 – 74 age cohort has increased by 54% since 2011, double the County and national average of 24%. It also shows significant increases in Moville (39%) and average increases in Carndonagh/ Clonmany (24%).

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<sup>29</sup> CHO Area 1 – HSE Community Health Area 1 covers the counties of Donegal, Leitrim, Sligo, Monaghan and Cavan.

There were just over 1,000 people over the age of 80 living across the Peninsula, the majority of them female. Merville shows an increase in over 85 year olds (14%) whereas the other areas show decreases for this age cohort (1% in Bunrana) and Carndonagh/ Clonmany (13%).

In relation to the population projections for 2025, all areas will experience a population increase of between 3 and 4%. The increases are evident more in the older rather than the younger age bracket. The under 14 age population will decrease in the next number of years with the highest decreases experienced in Bunrana where the 0-4 age group will decrease by 26% and the 5 – 9 age cohort will decrease by 31%. The proportion of the population aged 14 and under in Bunrana in 2025 will be 18%. In Carndonagh and Clonmany, decreases are also expected in the 0 – 4 and 5 – 9 age cohort which will both decrease by 25%. The decreases projected in Merville are slightly less with 22% decrease in the 0-4 age group and 0-9 age group.

Decreases in population will also be experienced in all three areas in the 30 – 44 age group (younger working population) with the biggest population shift evident in Bunrana. A 37% decrease is expected in the 35 – 39 age group alone in this area. Merville is showing less severe decreases in this age bracket but decreases nonetheless.

Numbers increase across the Peninsula from the age of 45 onwards. The biggest increases will be seen in the older age groups from 65 onwards. The cohort which will have the largest increases across is the 75 – 79 year olds; in Bunrana, it is expected to increase by 72%; in Merville by 74% and in Carndonagh/ Clonmany by 71%. The proportion of the population in Bunrana who will be over 65 by 2025 will amount to 17%, and it will be 20% in Merville and Carndonagh/ Clonmany.

### **Age Dependency Ratio**

Age dependency is expressed as 0-14 and over 65+ year olds as a percentage of the working population. Due to the high numbers of young people and older people, and the loss of a significant proportion of the working age population, it is not surprising that the age dependency figures are high. This is particularly the case in Carndonagh/ Clonmany (67%) and Merville (63%). The Bunrana dependency ratio of 60% is in line with the County average. All of them are higher than the national age dependency average of 53%. Bunrana and Carndonagh/ Clonmany has a particularly high youth dependency ratio (39% and 40% respectively), whereas Merville is more in line with the County average of 36%.

### **Nationality & Ethnicity**

The majority of the people across the Peninsula identified as Irish with an average 10% of the population from elsewhere. This is particularly the case in Bunrana where 11% of the population is from elsewhere, primarily the UK and Poland. Merville has 10% of the population which identifies with a nationality other than Irish (primarily people from the UK at 4%) and Carndonagh/ Clonmany has a non-Irish population of 8% with the majority again from the UK.

Forty six people identified as being from the Traveller community in the Bunclrana PCT area but there were no Travellers identified as living in the Carndonagh/ Clonmany and Merville areas.

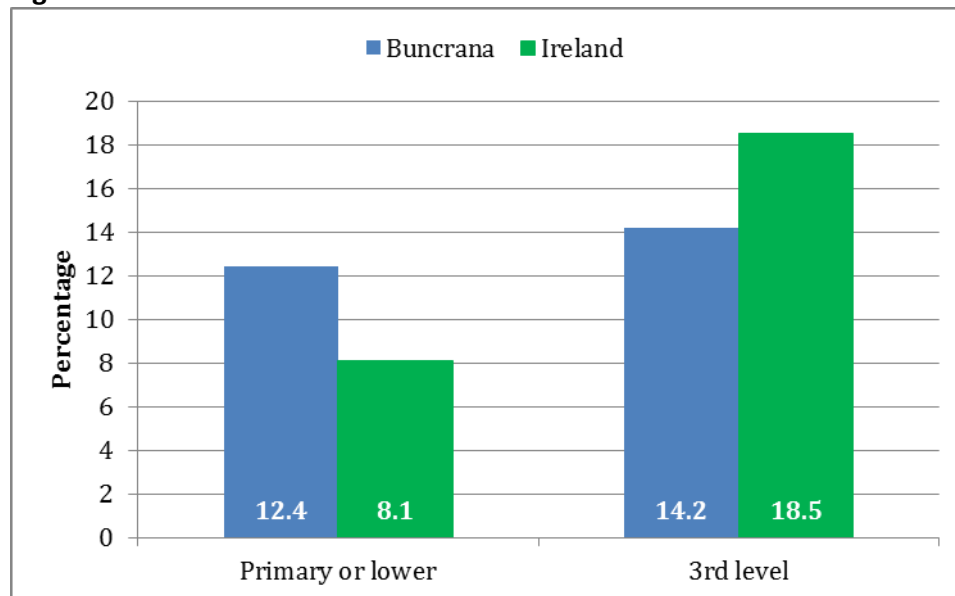
### Socio-Economic Profile

The proportion of the population in the Peninsula falling into the semi and unskilled work category is above the national average of 14.1%. It is particularly high in Merville, where 18% of the population (nearly one in five people) are considered semi-skilled or unskilled with 7% of the population deemed 'professional'. This is similar in Carndonagh where the proportion of the semi-skilled unskilled category is 17% and in Bunclrana it is 16%. Only 4% of the population in Carndonagh/ Clonmany falls into the 'Professional' category, well below the national rate of 8.1%.

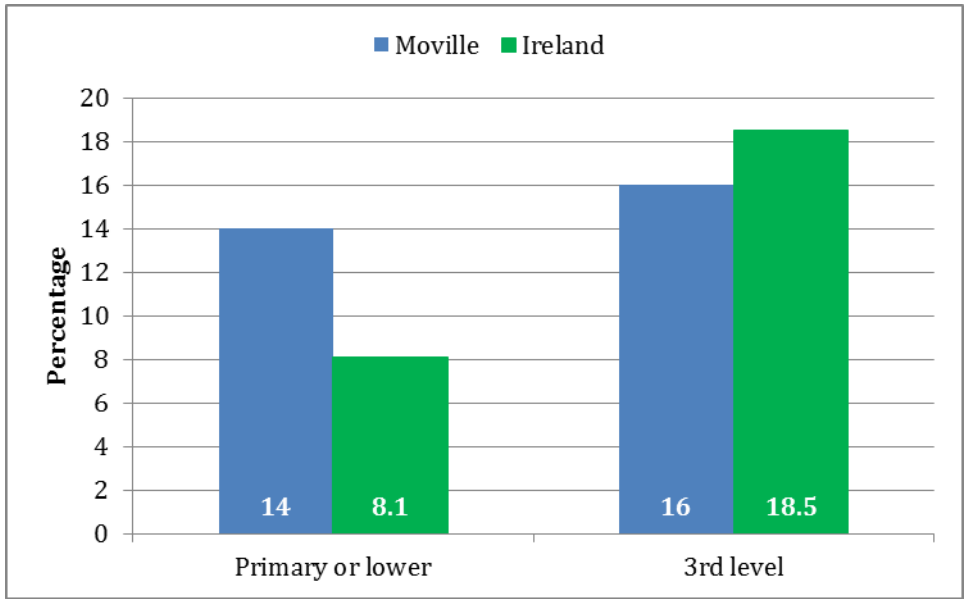
### Educational Attainment

The percentage of the population educated to primary level only or lower differs across the Peninsula; 12% of the population in Bunclrana have attained primary level only which is still above the national average of 8.1% and a little lower than the County figure of 13.4%. Carndonagh/ Clonmany has 17% of its population educated to primary level only (nearly one in five) and Merville 14%. Carndonagh has the second lowest levels of educational attainment across all PCT's (alongside Derryveagh and Bunbeg/ Derrybeg). Educational attainment at third level in 2016 was 16% in Merville, 14% in Bunclrana (on par with County figures) and 11% in Carndonagh/ Clonmany.

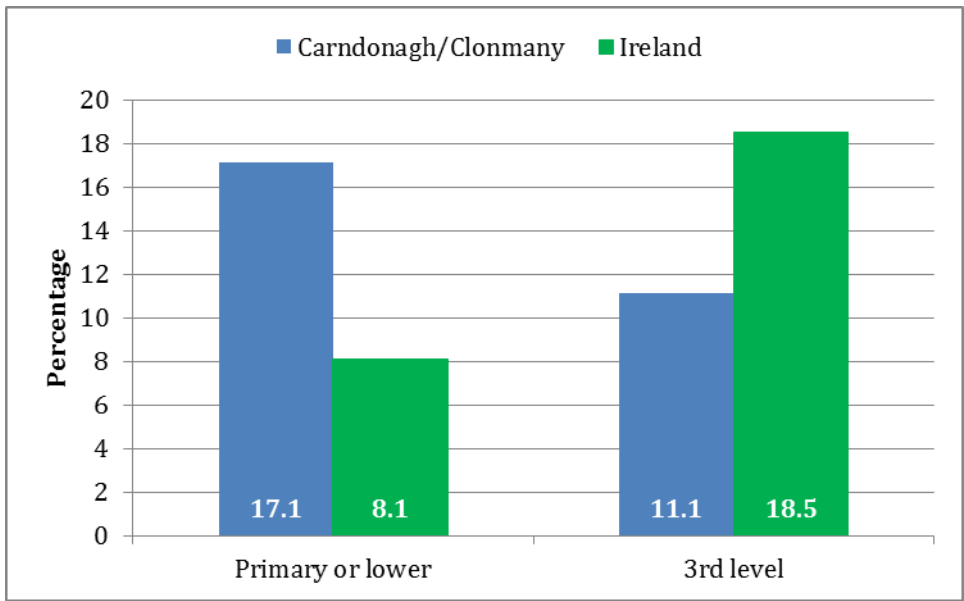
**Figure 4. Education attainment in the Bunclrana PCT area**



**Figure 5. Education attainment in the Merville PCT area**



**Figure 6. Education attainment in the Carndonagh/ Clonmany PCT area**



## Unemployment

Unemployment rates in the Peninsula range from 8% in Carndonagh/ Clonmany, 7% in Buncrana and 6% in Moville. These have fallen from rates in 2011 and are in line with County averages. The unemployment rate in Moville is low and closest to the national figure of 5.6%. It is difficult to know whether this significant decrease can be attributed to (a) more jobs available in the area and therefore more people at work, or (b) whether it is down to emigration and migration given the significant decrease in the number of people living in the area aged between 20 – 34, (c) whether it is a reflection of the number of people who have moved into retirement age or (d) whether it is reflecting the Government (DSP) schemes that remove people from the live unemployment register. It is probable that all four scenarios have affected the decrease in unemployment.

## Occupation

The total number of people at work in Inishowen area in 2016 was 10,257 broken down across the three PCT areas as follows:

Buncrana – 2,336 at work (57% male; 43% female) with the greatest numbers at work in Manufacturing, Professional Services and Commerce and Trade (outside of the ‘Other’ category).

### Buncrana PCT

Industry	Total	Male	Female
Agriculture, Forestry, Fishing	353	306	47
Building & Construction	164	152	12
Manufacturing Industries	446	328	118
Commerce and Trade	423	223	200
Transport & Communication	100	76	24
Public Administration	99	46	53
Professional Services	445	82	363
Other	306	134	172

Carndonagh – Clonmany – 4,603 at work (56% male; 44% female) with the greatest numbers at work in Professional Services, Commerce and Trade and Manufacturing (outside of the ‘Other’ category).

### Carndonagh-Clonmany PCT Area

Industry	Total	Male	Female
Agriculture, Forestry, Fishing	396	335	61
Building & Construction	349	327	22

Manufacturing Industries	741	558	183
Commerce and Trade	919	470	449
Transport & Communication	290	223	67
Public Administration	233	114	119
Professional Services	969	215	754
Other	706	342	364

Moville – 3,318 at work (57% male; 43% female) with the greatest numbers at work in Professional Services, Commerce and Trade and Manufacturing (outside of the ‘Other’ category).

#### **Moville PCT Area**

<b>Industry</b>	<b>Total</b>	<b>Male</b>	<b>Female</b>
Agriculture, Forestry, Fishing	380	304	76
Building & Construction	208	197	11
Manufacturing Industries	577	426	151
Commerce and Trade	695	370	325
Transport & Communication	146	112	34
Public Administration	142	70	72
Professional Services	617	132	485
Other	533	271	282

#### **Family Structure**

There were a total of 6,632 families in the Inishowen Peninsula in 2016 with higher numbers of families in the pre-school cycle in Carndonagh/ Clonmany (11%, higher than the County figure of 9%) and also significant numbers of families had children going through the primary and secondary education system (39%). In Buncrana, 23% of the population were categorised as ‘empty nesters’ or ‘retired’ and 37% of families had children in the primary and secondary education system. The pre-school proportion is slightly lower than the County figure at 8%. Moville, in contrast, had 10% of families in the ‘preschool’ phase and 39% in the primary and secondary education cycle. The number of families identifying as ‘retired’ or ‘empty nesters’ accounted for 21% of the family population.



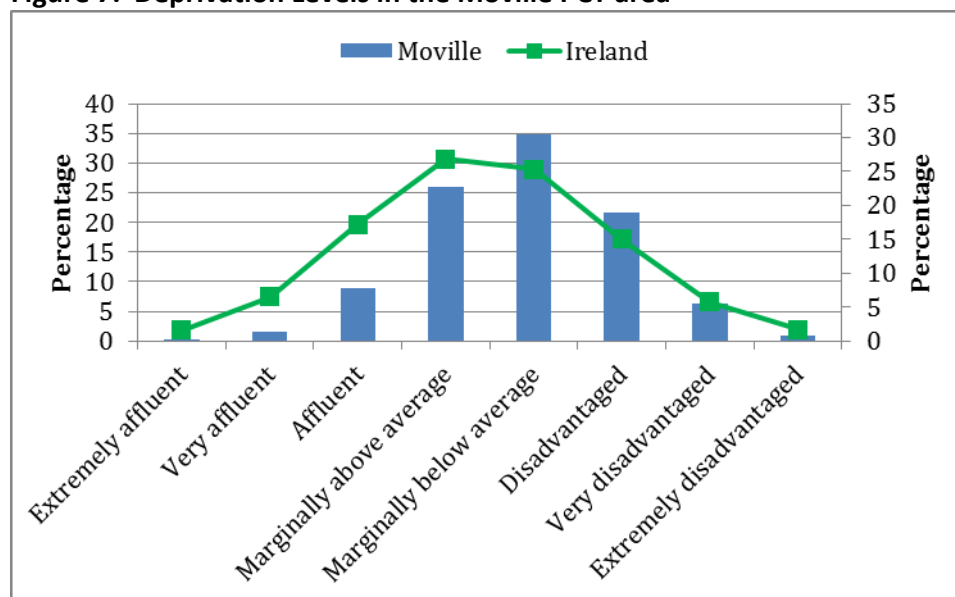
Looking at the type of families unit across the areas, over half of the families (between 55 and 57%) were couples with children and of that cohort, 18% of them were one parent families in Moville, 16% in Carndonagh/ Clonmany and 14% in Buncrana. The majority of one parent families are headed by single mothers.

### Deprivation

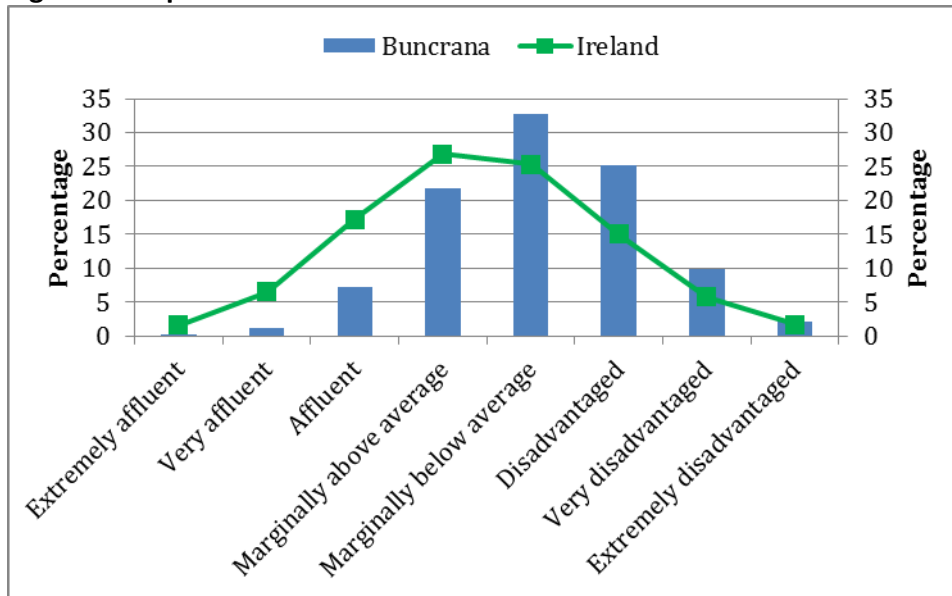
Deprivation levels vary across the three Primary Care Team areas but all are well above the national average of 22.5%. Just over half of the population Carndonagh/ Clonmany are classed as either 'disadvantaged' (30.6%), 'very disadvantaged (16.2%)' or 'extremely disadvantaged' (5.4%). This is nearly double the national average and well above the county average of 38.6%. It is also the highest across the PCT areas along with Derrybeg/ Bunbeg, Derryveagh, Fintown & the Rosses and Lifford/ Castlefin.

Buncrana has a quarter of its population (25.1%) classed as disadvantaged with a further 12% classed as very or extremely disadvantaged. Moville is the least disadvantaged area across the peninsula (28.7% disadvantaged, very or extremely disadvantaged) and is the one closest to the national average.

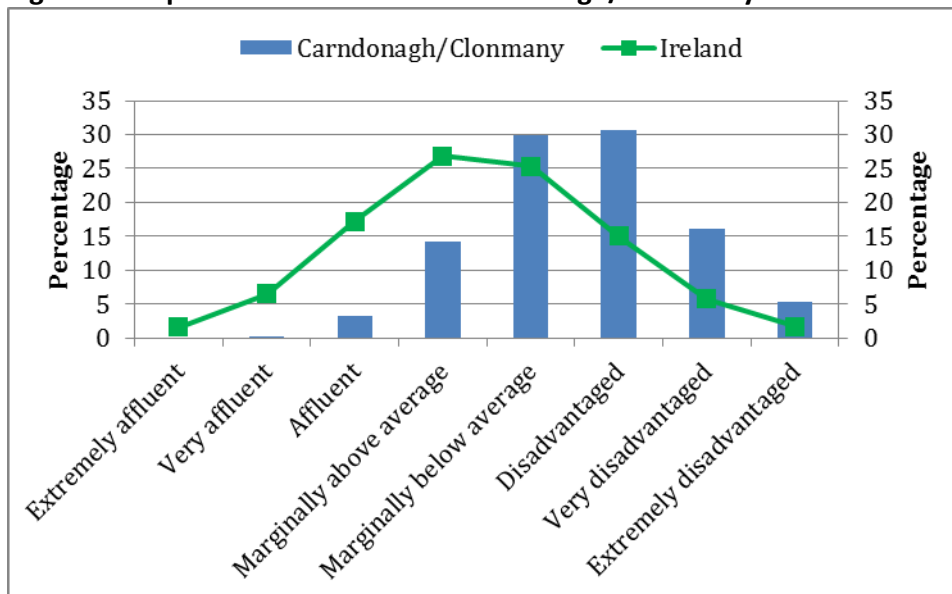
**Figure 7. Deprivation Levels in the Moville PCT area**



**Figure 8. Deprivation Levels in the Buncrana PCT area**



**Figure 9. Deprivation Levels in the Carndonagh/ Clonmany PCT area**



**Health Indicators**

580 people across the Peninsula rate their health as 'bad' or 'very bad'. This corresponds to 2% of the population across the three PCT areas and is in line with the County average, although a little higher than the national average of 1.6%. The percentage of people in a caring role also corresponds to County and national averages with a proportion of 4% in Bunrana and Carndonagh/ Clonmany and 5% in Moville.

The proportion of the population with a disability in 2016 accounted for 14% of the population in Moville, Carndonagh/ Clonmany, similar to County (14.4%), and a little higher than the national average of 13.5%. Bunrana has 13% of the population with a disability.

### **Connectivity**

The importance of transport cannot be overstated in a Peninsula such as Inishowen, where it is surrounded by water with one road connecting the peninsula to the rest of the County, and two roads connecting to County Derry in Northern Ireland. In Moville, 14% of the population do not own a car, 10% in Carndonagh/ Clonmany and 7% in Bunrana. With regard to digital connectivity, on average one in four do not have access to the internet. In Bunrana, 62% have Broadband and this increases to 66% in Carndonagh and 67% in Moville. For many older people, it is irrelevant whether there is broadband or not as many do not have the capacity to engage meaningfully with the digital age.

## **3. Consultation Findings**

### **Overview**

This section presents the findings arising from discussions with IFAN and responses to the online survey. There were 19 people in attendance at the consultation and 12 people completed the online survey, which was circulated to PCT members and other groups who are not members of IFAN but might have a wish to input into the consultation process. Also incorporated is the consultation feedback from the Healthy Ireland Community Engagement process where meetings were held across the five Municipal Districts (MDs), including the Inishowen MD on health and wellbeing issues in Donegal.

It is important to note that this section directly reflects the views of the people who attended the focus groups, and has not been filtered in any way. Where possible fact checking has taken place, but there is the possibility that some feedback reflect personal viewpoints which may or may not be wholly accurate. However, people's perceptions reflect their own reality so if views are considered 'inaccurate' then this can be taken as a communication issue that needs to be addressed.

### **Access**

Much like the other areas consulted, the issue of transport emerged as central in terms of access to both appointments and for general travel to the rest of the County and into Derry City. Participants at the consultation stated that local services are inadequate in

the peninsula, and transport is not good enough to get to service centres in the rest of the County such as Letterkenny. Transport is not coordinated to and from Letterkenny for appointment times and for onward travel to Health Excellence Centres in Galway and Dublin. This sometimes necessitates overnight stays incurring additional costs for people and putting extra pressure on families to get to appointments, particularly with regard to older people. The Young Carers Project based in Letterkenny has their own bus (funded by a charity), and without this they would be not able to support their members living outside of Letterkenny.

It was argued strongly at the MD consultation that transport is a health and wellbeing issue and particularly important for vulnerable groups such as young people, older people, and LGBTI people who depend on transport to link them to services and supports. Without that, the risk of isolation, stress and loneliness is significantly increased. Every service and community based support depends on transport to enable access to services and programmes, and yet it is often the transport that is first in line for programme cuts. Services like the Social Prescribing Programme are a great asset but without their own travel budget for staff and participants, it is fundamentally limited.

### **Services & Community Connectivity**

Given the high numbers of young people living in the Inishowen Peninsula, it is unsurprising that the main issues arising during the consultation centred around education and youth supports. More groups for young families are needed e.g. Parent and Toddler, Breastfeeding, Mothers Together etc. Community activities that are not sports related are needed for children, and teenagers need a dedicated space where they can meet their peers in a safe and welcoming environment with access to services when needed.

The Home School Community Liaison (HSCL) is a much valued service but is not available across the peninsula. Although 4 out of 5 post primary schools have this service and a limited number of primary schools (3) in North and East Inishowen, there is no HSCL service at all in the primary school sector South Inishowen. They do have access to the School Completion Programme which is considered a valuable support for children and families, but again some primary schools in North Inishowen cannot access this. A number of Health and Wellbeing programmes are offered in some schools which have proved successful e.g. 'Friends for Life' and 'Friends First', but they need to be delivered in all schools to all children. The service provided by Lifestart in terms of early intervention is very important, but is not accessible across the peninsula.

The community and voluntary sector is vibrant in the area and can be very innovative, even after 10 years of cuts and the consequent weakened capacity. This needs to be appreciated and valued much more by the statutory sector, so that they are equal partners in identifying issues and working together to address them. Services need to be funded adequately as well as there is a limit to volunteerism (as well as the constraints placed on volunteering by the Department of Employment Affairs and Social Protection). There is far too much pressure put on volunteers who work in the community and they should be recognised for their work and contribution, which is often not valued by the statutory sector. Training, skills, child protection, Garda vetting and other compliance

and governance issues make paid co-ordination necessary to comply with regulations, maintain standards and support volunteers.

The concern about the increased risk of loneliness and isolation for people of all ages but especially older people, across the Peninsula was expressed. Many older people have no family around as the loss of a young generation leaves older people looking after older people and there is very little community dementia supports. There is the need for increased social supports to enable older people to stay on their own home for longer, particularly now that homecare supports are restricted to personal care. In a focus group carried out by IDP in March 2018 with migrant women, isolation also came up as an issue. This isolation is often compounded by a sense that their 'English is not good enough', many do not have opportunities to meet other women in similar circumstance.

Other gaps in services that were mentioned include:

- The closure of the swimming pool at Milltown House in Carndonagh has had a big impact on local people with disabilities
- Services such as Meals on Wheels are struggling to continue and are having to limit the areas they cover

## **Health Services**

The particular health service issues affecting the people of Inishowen include:

- Very limited Mental Health supports for the 12-13 age group as it is so difficult to access services due to the very long waiting lists. It is usually possible to get an emergency appointment within a reasonable time however
- Very little sheltered/supported accommodation for adults with an Intellectual Disability (ID) across the Peninsula. The Local Link service is not suitable for all adults with ID so whole families can become isolated and unable to link into services and supports. There is a general lack of adult ID and ASD supports and services (in-home support, July provision), and they need much better coordination at Primary Care level. It often feels as if different professionals in different offices are not communicating with each other, or the services are not joined up and people are falling between the supports and services
- The demand for Homecare packages far outstrips supply, with not enough home help staff available, not enough home help hours available for clients and the waiting lists are too long. People are not being discharged from hospital when they are ready to leave because the home supports are not in place to help them once they get home. They continue to occupy an acute bed that is needed for other patients purely because the community supports are not available to enable them to come home. People feel strongly that a better balance is also needed in this service; it is not just about personal care, the social care element is equally important to successfully keep older people living healthily and happily in their homes for longer. Building time into the Homecare Package schedule will reap benefits in both the short and long term
- Stronger links and supports are needed between the HSE and TUSLA with all the services around the same table at the same time. A very good example of this is

the Meitheal approach.<sup>30</sup> Many people are not aware of the project/service and it needs greater promotion

- HSE has no additional funding to support the resettled Syrian families in the area after the first 12 months, and the structures and systems are not in place for this
- PCTs must be seen as an integral part of Primary Care services and not as an 'add on', with no resources and support to make them work. The C&V sector are 'going over and above', and the 'HSE is not playing their part', there is no parity of esteem between the sectors. Primary Care staff cannot be expected to take on the work involved in developing and operating a successful PCT along with all their other work without management support in terms of recognising the value and therefore providing both time and financial commitment to the PCTs. The pressures are just too great without this support
- There was a general sense that the Primary Care service provision in the peninsula was poor, particularly given the significant population size of the area, and there is a visible lack of commitment from the HSE to the Primary Care Teams who no longer meet (with the exception of Bunclara who meet intermittently). Primary Care services that came in for particular mention included:
  - o The Psychology service is only available in Letterkenny or Donegal Town;
  - o Dental health difficult to access;
  - o There is no adult Speech and Language Therapist in Inishowen (or the rest of the County)
  - o Lack of services and supports for adults with Intellectual Disability
- Respite for families caring for a person with dementia is difficult to access Increased supports for these carers is required. This is an issue that is going to grow due to the ageing population. Respite care is also an issue for people with Intellectual Disabilities
- There is the need for more joined up thinking between physical and mental health services
- There is the need for improved information sharing between services and parents of children who are experiencing mental health problems
- Physiotherapy in the home is needed

## **Economy & Disadvantage**

The percentage of people unemployed in 2016 was 8% in Carndonagh/ Clonmany, 7% in Bunclara and 6% in Moville. Participants at the consultation strongly feel that these figures do not concur with local experience, and believe that the employment statistics are 'massaged' by the State. First and foremost, many people have left the area to find work, and others are on various labour market schemes which means they are taken off the live register and thus not reflected in unemployment figures. When these schemes finish, there is no guarantee of work and often few employment opportunities.

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<sup>30</sup> Meitheal is the proposed Child and Family Agency standardised approach to assessing the needs of children and families that have come to the attention of practitioners and community members because of a child welfare or safety concern. Meitheal will be used when a family will benefit from more than one type of support, in other words, when a range of skills and approaches would be useful to improve a child's, and their family's, wellbeing. It will enable practitioners in different organisations and agencies to communicate and work together effectively.

The high levels of disadvantage in the area means that many families are struggling to cope. This came through from the MD consultation where people spoke about the choice between fuel and food. Many families are 'just coping and just getting by'. Eating healthy meals, nutrition and a balanced diet are all life skills that more vulnerable families often struggle with.

## **Mental Health**

Access to Mental Health services arose during this consultation as it did across all the County PCT areas. One of the central issues is around counselling; the adult waiting lists are too long, with some people opting to pay privately, but this option is not available to many people because of cost issues. The Jigsaw service is only available for children aged 15 and over, and although there is a weekly Outreach service in Bunrana (Inishowen Development Partnership) and Carndonagh (Parentstop) this is difficult to access, and the round trip to the service in Letterkenny can be up to 3 hours, and not feasible for many families. It is evidenced that early intervention is crucial as it reduces the burden on secondary services. A further issue with Mental Health services in the area is that vacant posts in both CAMHS and AMHS as people do not appear to want to work in Donegal. The recruitment process is conducted nationally via a panel system, and the repeated message about not being able to fill the posts for such a long time is now unacceptable.

Participants in the consultation stated that primary and post primary school children are showing increasing levels of anxiety and reduced resilience, with some children unable to attend school, but also unable to access appropriate services. There is no counselling for children under the age of fifteen, and there is at least a 12 month waiting list for CAMHS (lengths of waiting lists are reported differently across PCT areas, usually between 12 months and 2 years) and a 2 year Psychology waiting list for adults and children. Jigsaw has a reported 8 month waiting list. These long waiting times lead to the embedding and exacerbation of symptoms in children, and makes recovery and dealing with issues much more difficult as well as putting additional pressure on secondary services when the child is able to access them.

One reason cited for increasing levels of anxiety in children related to the overuse of screens. The impact of the blue light on their brains and the constant comparison of their lives to others through social media apps all leads to anxiety in children as young as Fourth Class (10 years). There is no escape for children when bullying/incidents happen at school that can be brought into the home through social media. While parental blocks serve a purpose, they are not foolproof and there needs to be more education for children and parents in this area.

There was consensus that GPs need to engage more in non-medical treatment options for mental health problems (e.g. Social Prescribing, Green Prescription), and a functioning PCT with GPs actively involved, linking with the community sector will really help with this.

## **Healthy Ireland Priorities**

Substance Misuse: Alcohol and drug misuse are a big issues across the Peninsula, and is often an underlying factor for a lot of mental health difficulties. Participants believe this is linked to the long waiting list for mental health services as people self-medicate while they are waiting to see specialists, often making the situation worse.

Healthy Eating: People who are significantly disadvantaged or at risk of poverty often cannot afford to eat healthy nutritional food which has a detrimental impact both their health and wellbeing. Local initiatives such as the Inishowen Community Food Initiative are having a positive impact in relation awareness etc. around obesity and healthy diets.

Sexual Health: Previous projects have been funded under 'Healthy Ireland', and this should continue. Transport in particular is vital to allow LGBTI young people access support and information in a safe space.

Physical Activity:

- Local walkways and green spaces are not easily accessible for people with disabilities
- The link between physical activity and improved mental health and wellbeing need to be communicated

### **Vulnerable Groups**

A number of groups were singled out as being more vulnerable and at greater risk of health inequalities:

- Young carers are often isolated and hard to reach, and supports are limited in the area
- Lone Parents are at risk of mental health problems, as they can feel isolated after a relationship breakdown and children often have no male role model in their lives
- Resettled Syrian Families have very specific needs, require high levels of support and are particularly at risk isolation and loneliness because of the language, cultural and employment barriers they face. Support is in place only for one year after their arrival. Families have anxiety about where they are placed and some are afraid to ask for support. It is particularly difficult for men who are used to being the family provider and cannot fulfil this role
- Adults with ID face challenges in accessing supports and services
- Older people are often at risk of isolation and loneliness, which is compounded by loss of family networks and transport barriers
- Young people experiencing growing levels of anxiety
- Unemployed and retired men feeling they have no role of purpose with limited access to mental health supports
- Travellers in relation to well documented and evidenced health inequalities this community faces



- New mothers in rural area with limited social supports if they do not have family living locally
- People who are overweight or obese
- People who are unable to access local transport
- Teenagers with intellectual and physical disabilities find it hard to access mainstream activities

#### **Positives Identified in Inishowen**

- Men's Shed in Carndonagh and Moville
- Community Food Initiative
- Social Prescribing Programme (Buncrana, Moville and Carndonagh/ Clonmany)
- There are some excellent workers e.g. Social workers, Public health Nurses all doing their best with limited hours in a large rural area
- Healthy lifestyles supports – Green prescription (Clonmany); Park Run (Buncrana), Couch to 5k (Carndonagh)

#### **4. Recommendations from the Inishowen Consultation**

##### **Home care:**

- A County wide review of home care services is needed to look at the approach, access and inclusion of social care to reduce loneliness and isolation

##### **Fill vacant clinical positions:**

- It is recognised that this is not within local HSE gift to solve but it was suggested that if HR processes could be decentralised to at least regional level, then there might be some possibility of securing applications from people who are genuinely interested in working in the region rather than fulfilling a panel exercise

##### **Community Connectivity**

- Increase access to Meals on Wheels (linked to Social Care of older people living at home at risk of loneliness and isolation)
- Provide supports for new mothers in rural areas who are socially isolated
- Ensure newly arrived resettled families are properly supported after the 12 month long support provided by the Resettlement Programme.
- Recognise the contribution that volunteers make in their community
- Reinstate the pool at Milltown House in Carndonagh
- Provide a safe and welcoming space for teenagers to meet their peers
- HSLO required for all Primary Schools in Inishowen
- Increase Family Support Worker posts in the peninsula

##### **Clinical Services**

- Provide physiotherapy in the home for those that need it

- Provide increased support for people managing long term conditions
- Facilitate access to mainstream activities for children with disabilities
- Provide respite for families caring for a family member with dementia
- Provide improved and coordinated support for people with Intellectual Disability

### **Primary Care Teams**

- Commitment and drive needs to come from the top down if the local Primary Care Teams are to be effective
- Resources, time and money needs to be invested in the Primary Care Team process
- Primary Care needs to be central to the Meitheal process in order for it to work effectively in the area
- Encourage and motivate GPs to engage with the PCTs, Social Prescribing and other non-medical programmes
- Undertake a County wide research project into appointment DNAs to understand the reasons, and put in place a policy that takes account of issues beyond the patient's control, and ensures they do not automatically go to the back of the queue. This should include the right to challenge.

### **Mental Health**

- Provide accessible counselling services in the peninsula for children under the age of 15
- Look at ways of addressing the long waiting lists for CAMHS and Psychology services (link to the filling of vacant posts)
- Increase local access to mental health services such as counselling to avoid the necessity of travelling to Letterkenny which is inaccessible for many people
- Raise awareness of and access to the Meitheal Programme

### **Physical Activity:**

- Improve local walkways and green spaces so they are accessible for people with physical disabilities
- Develop and deliver communications making the link between physical activity and good mental health and wellbeing (aligned to the National Physical Activity Plan)

### **Positive Mental Health:**

- Train school staff to support children with anxiety (the HSLO and Career Guidance)
- Deliver 'Friends for Life and Friends First (and other evidence based programmes) into all schools in the County with more teachers trained to deliver it
- Deliver parental support and education in dealing with anxiety in their children
- Deliver CBT Programmes for parents

### **Transport:**

- Improve the suitability, accessibility and connectivity of transport services for adults with Intellectual Disability
- Explore creative ways in this digital friendly age, of design and delivering an imaginative volunteer drive project with insurance and fuel contribution to

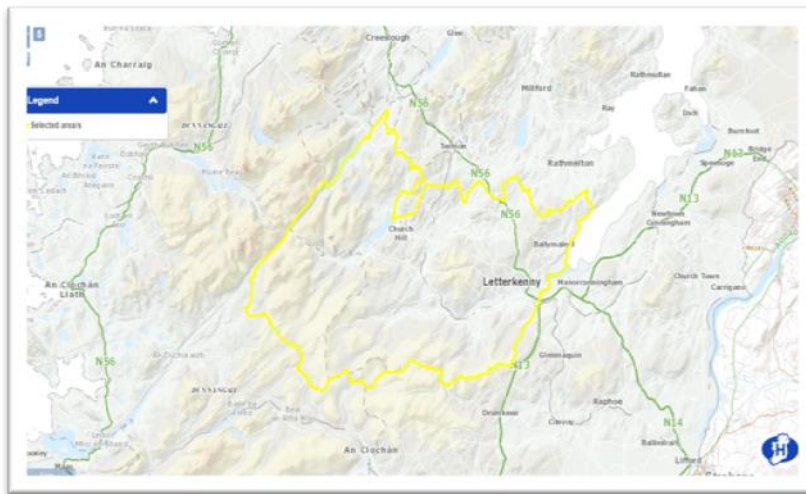
enable isolated and low income (the hard to reach groups) people to participate in health and wellbeing supports.

## 4.12 Letterkenny Primary Care Team Area Profile

### 1. Background

Letterkenny Primary Care Team (PCT) Area Profile covers three Primary Care Teams located around the central town of Letterkenny with Finn Valley PCT to the north, Milford/ Fanad PCT to the north, Derryveagh to the west and Fintown & the Rosses to the south west.

**Figure. 1: Letterkenny PCT area**



The current Letterkenny Primary Care Team covers three separate Primary Care Team areas: Ballyraire Letterkenny Railway House Letterkenny and Scally Practice Letterkenny. A decision was made at the outset that one Primary Care Team would cover the whole area, and although some meetings have been held it has never really functioned in any productive way.

The Community Health Forum in the Letterkenny PCT area also operates as one, but has struggled over the years with getting people involved. In the past the CHF has met on a more regular basis than the PCT, but it has not met since the new Community Support Worker started in September 2017.

### 2. Overview of Area<sup>31</sup>

Letterkenny is the largest town in Donegal and acts as a service hub for the rest of the County, particularly the north of the County. Letterkenny along with Derry City is designated as one of ten Development Gateways in the Republic of Ireland (National Spatial Strategy). It is unique in that it is a cross-border gateway linked to Derry City. This Letterkenny - Derry Gateway is the focal point for the North West Gateway Initiative which is being promoted by the Governments of the Republic of Ireland and the Northern Ireland

<sup>31</sup> The statistical data in the section is drawn primarily from the Area Profiles developed by the HSE Public Health Department using Census 2016 data and other relevant health data sources.

Executive, with a view towards placing an emphasis on the development of the North West Region of Ireland.

As the largest town in the County, Letterkenny is home to many services including leisure centres, swimming pools, sports facilities, theatres, arts centres and a third level Institute of Technology (LYIT). Letterkenny has the following services:

- 17 Primary Schools
- 4 Post Primary Schools
- 3 Primary Care Centres
- 4 Health Centres
- 8 Public Health Nurses
- Letterkenny University Hospital (with Emergency Department)
- St Conal's Hospital
- 1 Library (County Central Library)
- 1 Fire station
- 1 Garda Stations
- 2 Day Centres
- 1 council Public Services Centres
- 1 MABS
- Social Prescribing Programme
- 1 Women's Centre
- An Grianan Theatre
- 1 Cinema
- 3 Community/Leisure/Sport Centre
- Colmcille Heritage Centre, Church Hill
- Gartan Outdoor Education Centre
- Glebe Gallery
- 1 Community Development Project (Letterkenny CDP)
- Cara House Family Resource Centre
- Regional Cultural Centre
- Letterkenny Institute of Technology
- Rossan College
- 1 Men Shed

The town is also well served also with various community projects offering supports to women, parents, families and communities including youth projects, and various other community groups supporting different interests e.g. sports, mental health, substance misuse, refugee support, domestic violence, heritage and culture. It has one Family Resource Centre and a Community Centre.

The issue of transport is not as acute in Letterkenny as in other parts of the County, as it is the central arrival and departure hub for many bus companies both within and outside of the County.

## **Population Structure**

The population of Letterkenny PCT area in 2016 was 26,144 with 8% of these in the 0-4 year old age bracket which is above the County and national average (6.8% and 7% respectively). This is in fact the only PCT in the area that has a higher birth rate than the County or national figure. It is also telling that in many other PCT areas, 1 in every four or five of the population is over 65 years of age but in Letterkenny, only 1 in every 10 persons (10%) is over the age of 65, lower than the County (16%) and national (13%) averages.

A closer look at the figures show that there was actually a decline in the birth rates (0-4 age bracket) at 6% which is lower than rates experienced in other PCTs but nonetheless a decline. At the other end of the age spectrum, much like other areas, the population in the older age category has increased since 2011 with the biggest increase seen in the 70 – 74 age bracket, rising by 37%. The majority of people in the older age categories are women reflecting national trends of women living longer.

The population shift in the younger working population is not as pronounced as in other areas yet there still is evidence of significant proportions of young people aged 20 – 34 leaving the area (declined by 15% in both the 20 – 24 and 25 -29 age bracket). These shifts however are lower than the changes recorded at County level and at national level.

In relation to population projections, it is anticipated that the population will rise to 28,070 by 2025 (a rise of 7%). Projections for the younger age brackets show a decline in the population from 0 – 9 with changes of 15% for the 0-4 age group and 10% for the 5 – 9 age group. What this will mean in numbers is a decrease of 520 young people in these categories. The younger working population will also experience a decline in population from the age of 30 – 39 with a change of up to 20% for this age bracket (corresponding to 771 people). From this age upwards, the projected population figures steadily increase where the 85+ age cohort will increase by 65% resulting in 420 people of this age living in the area and 3,832 people over the age 65 living in the area (corresponding to 14% of the population).

## **Age Dependency**

Reflecting the demographic data above, the age dependency ratio for Letterkenny is relatively low at 50% compared to County (60%) and national (53%) figures. This means that for every one person working in the area, there is one person dependent on public or state services (under 15 and over 65). This is a very different picture to other parts of the County and is the lowest age dependency ratio across all of the PCTs. It should be no surprise therefore that the old dependent population figure is low at 16% (County figure 25%) given the relatively small older population in the area, but the young dependent population is following County and national figures of 34% and 32% respectively.

## Nationality & Ethnicity

The proportion of people of other nationalities is high in Letterkenny compared to other areas at 16%. The Polish community accounts for 4% of that figure, 3% are from the UK, 2% are from elsewhere in the EU and 4% are from 'elsewhere in the world'. In total (excluding visitors), the 2016 Census showed that there were 3,337 people of different nationalities (other than Irish) living in the area.

Letterkenny also has a significant Traveller population with 283 people identifying as a Traveller in the 2016 Census. This accounts for 1% of the population which is higher than the County (0.4%), CHO 1 (0.5%) and the national figure (0.7%).

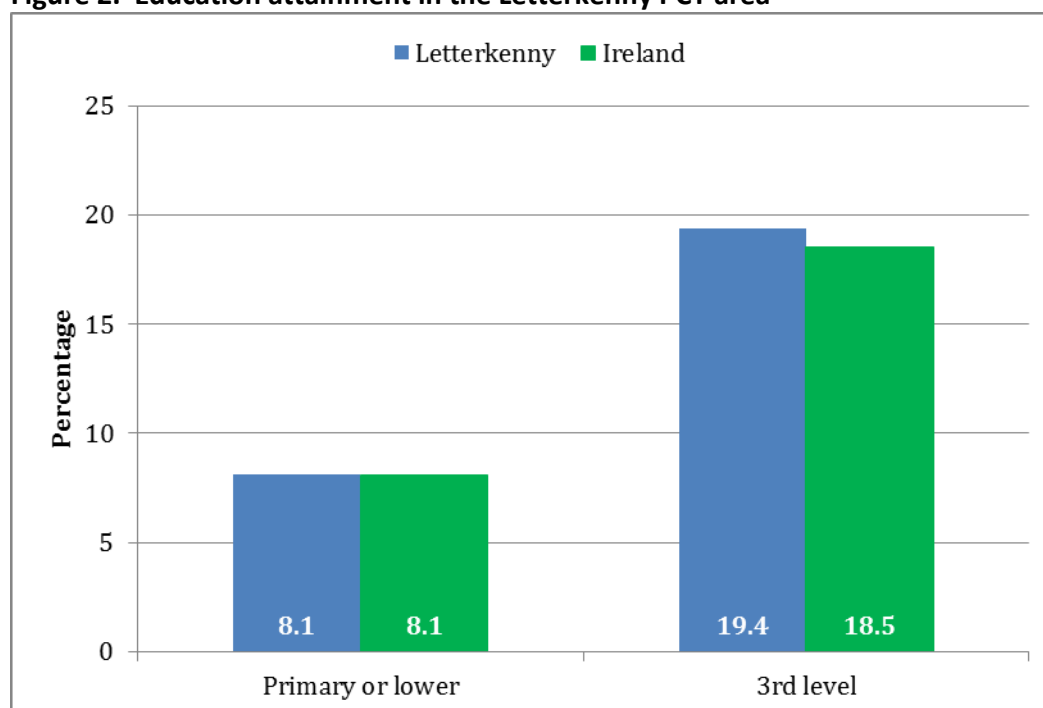
## Socio-Economic Profile

Nearly one in ten (9%) of all the people in the Letterkenny area are categorised as 'professional' which is the highest of all PCT areas and unusually is higher than the national average of 8.1%. The proportion of people classified as 'semi or unskilled' is lower than the County (16.6%) and national average (14.1%) at 13%.

## Educational Attainment

The proportion of people educated to primary level only is also quite low compared to other areas at 8%. This is the lowest across all PCT areas and also lower than the County (13.4%) and national (8.1%) figures. At the other end of the education spectrum, nearly one in every five people has attained a third level education (19%) again much higher than the County average (14%) and close to the national figure of 18.1%. These figures have all improved since the 2011 Census.

**Figure 2. Education attainment in the Letterkenny PCT area**



## Unemployment

The unemployment rate in Letterkenny is 7%, similar to the County average and slightly above the national figure of 5.6%. This rate has fallen significantly since 2011 (by 26%) but much like the other areas it is difficult to know whether the fall in unemployment is a result of job creation and opportunities in the area or the migration/ emigration of the working population or the increase in the number of people ageing into retirement or the numbers of people on labour market schemes. It is highly likely to be a combination of all four factors

## Occupations

The total number of people at work in the Letterkenny PCT area in 2016 was 6,308 accounting for 53% male and 47% female. The greatest numbers work in Professional Services, Commerce and Trade and Manufacturing (outside of the 'Other' category).

Industry	Total	Male	Female
Agriculture, Forestry, Fishing	466	425	41
Building & Construction	343	318	25
Manufacturing Industries	902	658	244
Commerce and Trade	1280	656	624
Transport & Communication	268	203	65
Public Administration	371	181	190
Professional Services	1490	366	1124
Other	1188	555	633

## Family Structure

There were 3,794 families in Letterkenny in 2016. One in five were families are 'empty nesters' and 'retired' (19%), and 40% of families had children in the education system (primary and secondary) which corresponds with County figures but are slightly higher than national figures. The proportion of the population in preschool (11%) is also higher than the County or national averages, indicating the need for focus on early school and adolescents over the next number of years.

Looking at the family structure, 17% of families are one parent families in the area which is about the same as other PCT areas and slightly lower than the County (18%) and national averages (18%).



## Deprivation

One in every five people living in the Letterkenny PCT area are categorised as disadvantaged (21%), broken down across 15% of the population are 'disadvantaged', a further 5.8% 'very disadvantaged' and 1.7% are 'extremely disadvantaged'. This is the lowest deprivation figure compared to all other PCTs by a significant margin (other areas recording lower deprivation rates include Moville (29%) and Donegal Town (29%), lower than the County figure of 38.6% and more in line with what is seen nationally at 22.5%.

**Figure 3. Deprivation Levels in the Letterkenny PCT area**



## Health Indicators

Four hundred and forty five people (2% of the population) rate their health as 'bad' or 'very bad'. This is in line with County and CHO 1 averages (2%) but a little higher than the national figure of 1.6%.

## Connectivity

One in every 10 persons in the area does not own a motor car which is a lower than the County (14%) and national (15%) figure. The town also compares favourably to other areas in terms of broadband with nearly two thirds of the population indicating they have broadband (69%) which is above the County average (62%). Nineteen percent of the population do not have access to the internet in the Letterkenny PCT area.

### 3. Consultation Findings

#### Overview

This section presents the findings arising from discussions at the CHF focus group where 8 people were in attendance. Given the PCT had not met in over a year, it was not possible to hold a consultation with members but they were given the option of participating through the online survey, and 10 people took this opportunity. This section also incorporates the findings of the consultations held as part of the Healthy Ireland Community Engagement process where meetings were held across the 5 Municipal Districts (the MDs of Letterkenny most relevant here) on health and wellbeing issues.

It is important to note that this section directly reflects the views of the people who attended the focus groups, and has not been filtered in any way. Where possible fact checking has taken place, but there is the possibility that some feedback reflect personal viewpoints which may or may not be wholly accurate. However, people's perceptions reflect their own reality so if views are considered 'inaccurate' then this can be taken as a communication issue that needs to be addressed.

#### Access

Transport. Transport around the town is poor, and the routes and times are 'hit and miss'. Given the sprawling nature of the town, it is very difficult to get around it without a car. There is a town bus which is privately run, but it does not have wheelchair access. Bus Eireann buses are also not accessible for people in wheelchairs. The other issue regarding transport in the town are congestion and traffic, which 'only seems to be getting worse'. Finally, speeding in estates is an issue and it is extremely difficult to get any traffic calming measures in place via the Council.

Information. More accessible information on local supports and services in both the statutory and community and voluntary sector is needed. People are not aware of what is available to them in the town.

#### Services and Community Connectivity

**Inadequate Housing.** Social Housing is very hard to secure and the standard is often poor. People in the MD consultation talked about accommodation being at 'crisis point' in the County. There is inadequate hostel accommodation for people who are homeless, in terms of both availability and quality. St. Vincent de Paul have limited short stay accommodation available and the other option people are availing of is 'couch surfing' but this means that people are not eligible to be classed as 'homeless' and therefore not in a position to receive support. The standard of private rented accommodation in the town is generally very poor and is usually not well maintained, and it is the most vulnerable people who are being exploited by private landlords. The Housing Assistance Payment (HAP) scheme does not have strict landlord maintenance standards and this does not help.

**Increasing social isolation.** This is a particular issue for older women who often just want company and a chat rather than a workshop or a course. Given the older age demographics and projections, this will continue to be an ongoing issue as older women are living longer than men. For women who are newly retired or whose spouse is newly retired, this is also a challenge. Social isolation is also an issue for people with disabilities as public transport in and around Letterkenny is challenging and accessible and affordable taxis is also a problem. There are limited places where adults can socialise in a non-alcoholic environment.

**Immigrant families.** There are many families in Letterkenny from different nationalities and some face particular challenges such as language, culture and social isolation from the wider community. Dealing with health professionals and explaining issues of health is particularly difficult and bringing their children to explain is not appropriate. Anecdotally, Chinese people are living in the town illegally and so are reluctant to or are unable to access health and welfare services and supports.

**Under-resourced Community and Voluntary Sector.** This sector experienced significant cuts during the recession that has severely impacted on the sector's capacity to provide services and supports. Many groups have simply ceased to exist. These cuts have not been reversed in any meaningful way with the upturn in the economy, and far too much is now expected from the sector operating out of 'good will'. The sector perseveres in supporting people when the state says 'we have done all we can'. Whereas funding and supports have reduced, bureaucracy and reporting requirements have increased with new governance requirements and regulations added every year.

**Unemployment.** As in other areas, people questioned the unemployment rate as this is not the reality they see on the ground. They are suspicious of figures being massaged through labour market schemes. The number of long term unemployed needs to be addressed, moving people away from long term dependence on benefits and consequent impact on mental health. There are too many disincentives in place that present barriers to people getting a job (likely to earn less than they would get on benefits that in a minimum wage job). Children in families where there is a long-term unemployed parent often follow the pattern of their parents, leading to intergenerational unemployment. Finally, people with disabilities face particular issues around accessing CE schemes as there is a risk if they go on a scheme, that they may lose their disability benefit. For many, understandably, this is a risk they are unwilling to take, and yet many would appreciate the experience of work supporting their local community.

In some cases, young people are given rented accommodation funded by Tusla, which is subject to meeting certain conditions e.g. school attendance, and if the young person does not comply, their accommodation is 'at risk'. Young people in this situation often have complex needs e.g. mental health problems, addiction issues and experience of domestic violence and need to be positively supported, feel able to ask for help, rather than sanctioned in this way.

## Health Services

A number of issues were raised around Letterkenny University Hospital:

- People are often misdirected to the Emergency Department by Primary Care services, and this clogs up the system making waiting times often up to over 10 hours. Also the Triage system at Letterkenny University Hospital does not seem to working properly
- All out-patients appointments are at 2pm, so it is a first come first served basis and people can be waiting for hours
- Most doctors are on very short-term contracts (7 – 12 months) which is not long enough to plan to settle in the area
- GDPR (newly introduced data regulation and privacy) will have an impact on people ringing about spousal/parental appointments
- X-Rays are taking 4-6 weeks to get back to the GP

Other issues raised with the health services:

- Travellers often need access to Older People's services at a younger age than the general population due to lifestyle factors and health inequalities
- Home care packages are inadequate
- Health services need to see the whole person in terms of the link between physical and mental health
- Poor access to counseling for young people (under 17 years)
- Improved Addiction services are needed (detox, step down supported housing, therapeutic communities)
- There are a lot of chronic conditions that require management at PCT level and there needs to be more education around self-management and patient ownership

## Mental Health

The discussion on mental health concentrated very much on young people, and how difficult it was to access mental health services, and the long waiting lists for CAMHS and Psychology services. When a young person asks for help, they have to wait too long for support. Further, access to services seems unequal, with those that shout the loudest and who have the capacity to shout the loudest, getting seen. Concern was expressed about the levels of Prozac prescriptions for young people.

The transition from CAHMS to AMHS is often fraught as vulnerable young people have to tell their story again to a different team and start building new relationships with clinicians. There also appears to be limited access to talk based therapies, and consequently the medication model is generally used, which is not always appropriate.

## Healthy Ireland Priorities

Physical Activity. Letterkenny is not a safe town for walking, e.g the roundabouts are very dangerous and it makes it difficult for people to get out to exercise. There is a lack of pedestrian crossings and the cycle paths are very stop-start.

Sexual Health. Educating young people about sexual health and sexually transmitted infections is a real issue, but it is not getting a much attention as ‘mental health is sexy’ at the moment, and sexual health is not.

### **Vulnerable Groups.**

A number of groups were singled out for special attention as being more vulnerable and at greater risk of health inequalities:

- People with substance misuse problems (there is only 1 Drug/Alcohol Outreach worker in the County)
- Adult LGBTI+ people (there are better supports for young LGBTI+ people)
- Children with disabilities
- Black and Ethnic minorities
- Young unemployed people and the long-term unemployed
- Travellers
- Immigrants from Eastern European countries
- People with limited mobility

### **Positives in the Letterkenny PCT area**

- Pieta House now having a presence in the County which is helping fill the gaps in the HSE mental health services
- The CE Scheme for Rehab people has been going now for four years and is great project. It is only a pilot and there are calls to make it permanent
- Intergenerational projects have been positive e.g. younger people teaching older people how to use their tablets, phones, laptops etc.
- Letterkenny CDP Project for older people making crafts in their home which are sold in charity shops
- The Senior Alert service continues to work very well

## **4. Recommendations from Letterkenny Consultation**

### **PCTs**

- HSE to invest in and formally support the reinstatement, development and improvement of PCTs in the County in line with national policy
- Increased connectivity and communication between primary and secondary care services
- Increase education around self-management and patient ownership for people with chronic conditions

### **Appointments:**

- Carry out a County wide review of reasons for Did Not Attends (DNAs) for health appointments. The current policy is that if a person does not attend an appointment without prior notice, they are automatically put the ‘the back of the queue’. Account needs to be taken of unavoidable circumstances that mean people cannot attend
- Where it is known that literacy is an issue, follow up appointment letters with a telephone call and simplify appointment letters

**Letterkenny University Hospital:**

- Reduce Emergency Department waiting times by improving the Triage system and educating Primary Care staff on when it is appropriate to send people to the ED
- In the ED and Outpatients Waiting Room, introduce a number/intercom system in order to save time and protect privacy
- Make the reception area in the ED 'soundproof' to protect privacy
- Reduce time for X-Ray results to be returned to the GP (4-6 weeks)

**Mental Health:**

- Reduce CAMHS waiting lists
- Improve transition from CAMHS to AMHS
- Improve access to talking therapies to reduce reliance/overuse of medication for people with mental health problems
- Fill vacant mental health services posts and address barriers to people taking up jobs in the County

**Housing:**

- Ensure the County Homeless Action Team (interagency (statutory, non-statutory and community & voluntary sector membership), coordinated by DCC, addresses the issues affecting homeless people in the County
- Appoint a dedicated County Homeless Worker

**Access:**

- Improve HSE interpreter/translation language services at primary and secondary care (Indian, Chinese, Bangladeshi, Roma, Polish, Arabic)
- Provide accessible information on local supports and services (languages/plain English etc.). Letterkenny CDP are doing this to some extent through a private grant
- Make Letterkenny more pedestrian friendly
- Improve access to green spaces and improve the green spaces

**Substance Abuse:**

- Improve outreach services for people with substance misuse problems
- Make the CE scheme for Rehab people permanent and sustainable
- Improve Addiction Services e.g. detox facilities, step down supported housing and therapeutic communities

**Community Support:**

- Establish and maintain parity of esteem between the Community and Voluntary sector and the Statutory Sector, with better financial and resource supports put in place
- Set up an adult LGBTI+ support group(s) where needed across the County.

**Employment**

- Facilitate the retention of disability benefit when a person goes on a CE/TUS scheme
- Increase length of the TUS/CE schemes

**Sexual Health**

- Increase awareness of sexual health for young people as there is more to this topic than consent and contraception

**Positive Mental Health**

- Increase the number of community based programmes e.g. gardening, social activity, physical and mental health boosting activities, community food growing. These activities should be promoted and shared within and across the County so that skills and knowledge are shared

**Positive Ageing**

- Ensure the new national call/befriending service (ALONE) takes account of the local need and situations through setting up a County advisory group
- Provide more activities/courses for Older People e.g. IT, languages, arts & crafts etc.
- Enable people under 65 to access the senior alert service in cases where it will impact positively on their safety and wellbeing
- Facilitate Travellers accessing Older People's services when they need the service, and not based on their age

## 4.13 Milford- Fanad- Rosguill PCT Area Profile

### 1. Background

The Milford/ Fanad PCT area covers two peninsulas in North Donegal; the Fanad Peninsula stretching down as far as the town of Ramelton, and the Rosguill Peninsula. Both peninsulas are separated by Mulroy Bay and are linked on land at the town of Milford and via a bridge (the Harry Blaney Bridge) in the northern part of the area. The PCT area borders the Derryveagh PCT to the west and the Letterkenny PCT to the south.

Figure 1. Milford/ Fanad PCT area

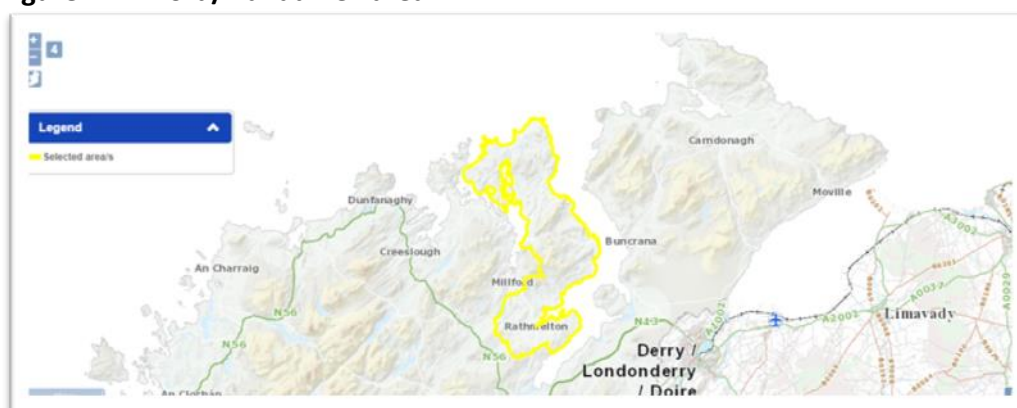
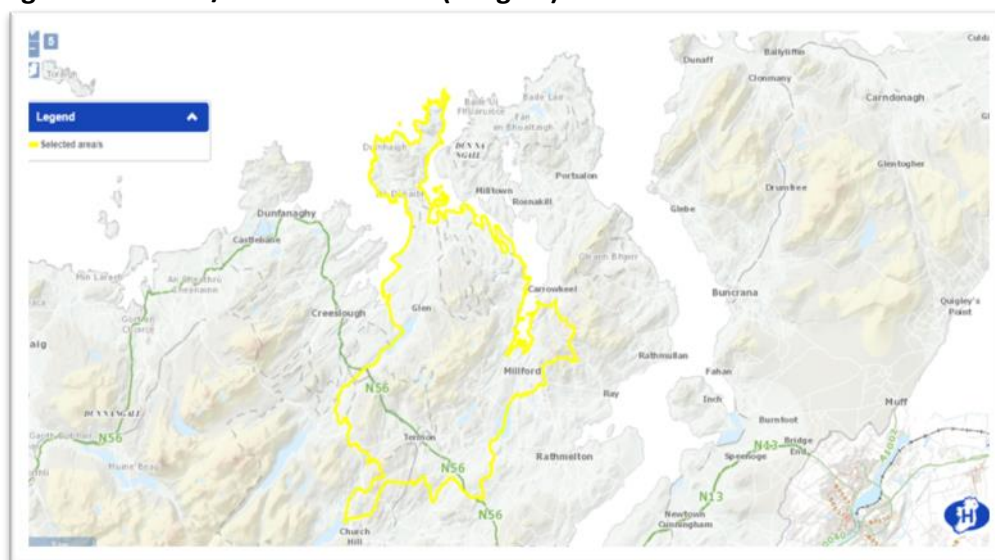


Figure 2. Milford/ Fanad PCT area (Rosguill)



There were two PCT's originally established in this area covering both peninsulas, but for practical purposes, they came together as one functioning PCT. The team works well in the area and meets monthly. It has HSE administration support, no HSE facilitator and operates through a rotating chair. Significant time and effort was put into team building in the early stages of this PCT and this has clearly paid dividends. Members of the Primary Care Team include Physiotherapists, Speech and Language Therapists, Public Health Nurses, Community Health Forum Representatives, the Social Prescribing Co-



ordinator and Ramelton Community Hospital and Community Mental Health Team representatives.

The Community Health Forum also works well in the area. Again, there were two Community Health Forums given the geography of the area, but they joined together about two years ago and alternate the meeting venues between Milford and Downings to share the travel burden. The CHF meets monthly. The PCT and CHF work well together and have undertaken a number of joint projects in recent years

### **Overview of Area<sup>32</sup>**

The Milford/ Fanad PCT area is one of the most geographically challenging, stretching across two peninsulas that are only linked at two points. It is a beautiful but somewhat isolated part of the county that faces particular issues around transport and access to services. There are a number of towns on the Milford/ Fanad side; Milford, Rathmullan, Ramelton and a range of smaller villages. Downings is the main town on the Rosguill Peninsula and it used to be a significant fishing port but the predominant industry is now tourism with some small fishing activity.

There is one Family Resource Centre located in the area, Meevagh Family Resource Centre based in Downings. It provides a range of parent and family supports, after school clubs, teen and youth support, youth clubs, education courses and support groups. There is an enterprise centre in Milford that offers supports to local business and community groups (Premier Services), and the area is well served by sports/ physical activity groups.

Given the remoteness of the location, transport options are limited. Private bus operators run daily routes around the area to and from Letterkenny. The Local Link bus service runs from Portsalon to Letterkenny daily, but there are no Local Link services in the Rosguill peninsula.

### **Population**

The two Peninsulas combined have a population of 13,585 (6,497 living in Rosguill and 7,088 living in Milford/ Fanad). There are some differences in population shifts between the two areas. Milford/ Fanad area experienced one of the largest decreases of the 0-4 age category, a decline of 20% from 2011. This is one of the largest decreases among all the PCTs in Donegal and higher than the County figure (15%), CHO 1 figure (10%) and national figure (7%). Rosguill fared a little better with their birth rates not declining as much at 12%. Both areas have an average 5-14 age population, Fanad 15% and Rosguill 16%, which is in line with County and CHO1 figures, and are slightly higher than the national figure (14%).

Much like the other PCT areas, there has been a decrease since 2011 in the 20 – 34 year old age category but this is not as pronounced as in other areas, and is lower than the

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<sup>32</sup> The statistical data in the section is drawn primarily from the Area Profiles developed by the HSE Public Health Department using Census 2016 data and other relevant health data sources.

County and CHO 1 averages. The biggest population decline in Rosguill is in the 25 – 29 age group at 17% and in Fanad it is in the 20 – 24 age group with an 18% decline. It is worth noting that it is not as severe a population shift in this demographic as it has been in other areas, so the area appears to be losing less of its working age population.

A particular point of note is the increase in the older age population, particularly in the Milford/ Fanad area. There was a 20% increase in the 65 – 69 age group, a 30% increase in the 75 – 79 age group and a 34% increase in the 85+ age group. In 2016 there were 1,317 people over the age of 65 in Milford/ Fanad showing an increase of 177 people in this age bracket since 2011. At the other end of the age continuum, there was a decrease of 119 people in the 0 – 14 age bracket from the 2011 Census.

The Rosguill figures are less stark. The largest increase was in the 70 – 74 age group at 23% and conversely, the number of people over the age of 85 has decreased by 3%. There were 972 people over the age of 65 living in this area, an increase of 54 people since the 2011 census. At the other end of the spectrum, the number of people in the 0-14 age group has shown a small decrease of 13%.

Population projections for the Milford/ Fanad PCT area show the current trend continuing with significant increases in the 70+ age group (between 25% and 31% across the age categories equating to an extra 230 people) and decreases in the young people aged 14 and under by 236 people and as much as 27% in the 5-9 age group.

For the Rosguill Peninsula, projections are more marked, with a 48% expected increase in the 75 – 79 age group, 41% in the 80 – 84 age group and 67% in the 85+ age group. In numbers of people, this amounts to 989 people over the age of 70 in Rosguill Peninsula by 2025. There will be 247 less 0-14 year olds in the area by that time.

### **Age Dependency**

The age dependency ratio (0-14 and 65+ age groups as a percentage of the 15 – 64 age group) is 65% and 64% for Rosguill and Milford/ Fanad respectively. This is a high age dependency ratio, higher than the County average of 60% and the national figure of 53%. What it means is that for every 1 person working in the area, there are 2 people dependent on public and state services (under 15 and over 65). This has implications for service provision in the area. The youth dependent population in Rosguill is particularly high (38%) reflecting the population demographic in this area, and is higher than the County average of 35%. In Milford, the young age dependency ratio is lower at 34% but the old age dependency is higher at 31% reflecting the population demographic. This is higher than the County (25%) and national (20%) figure and has implications for older persons service provision in this area.

### **Nationality & Ethnicity**

The people living in the area are predominantly Irish (91% in Milford/ Fanad, 92% in Rosguill). There is quite a strong contingent of people from the UK (4% and 5% respectively). One percent of the population in Rosguill are originally from Poland and Milford/ Fanad has less than a 100 people in the area who are identify with nationalities other than Irish.

Both areas are home to members of the Traveller community with 0.7% of the population in Rosguill (equating to 46 people) identifying with this group and 17 people in the Milford/ Fanad area.

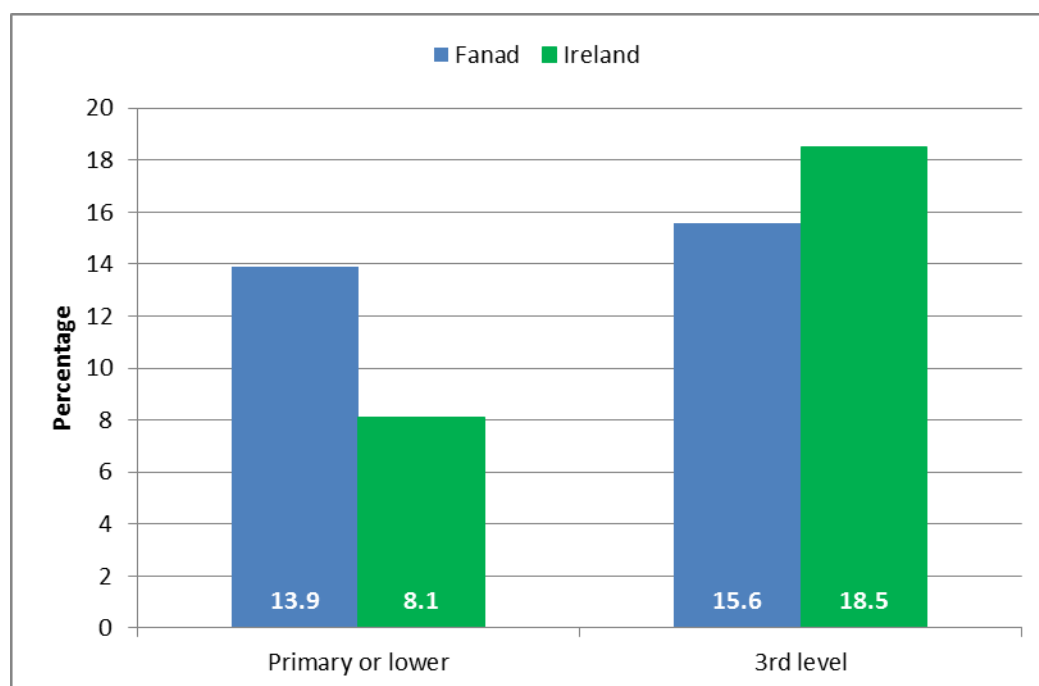
### Socio-Economic Profile

Both areas have the same proportion of people (16%) who are classified as ‘unskilled’ or ‘semi-skilled’ and this is the same as the County figure but higher than the national figure of 14.1%. Similarly, 6% of the population in both areas falls into the ‘Professional’ category which is slightly higher than the County figure of 5.6% and slightly lower than the national figure of 8.1%.

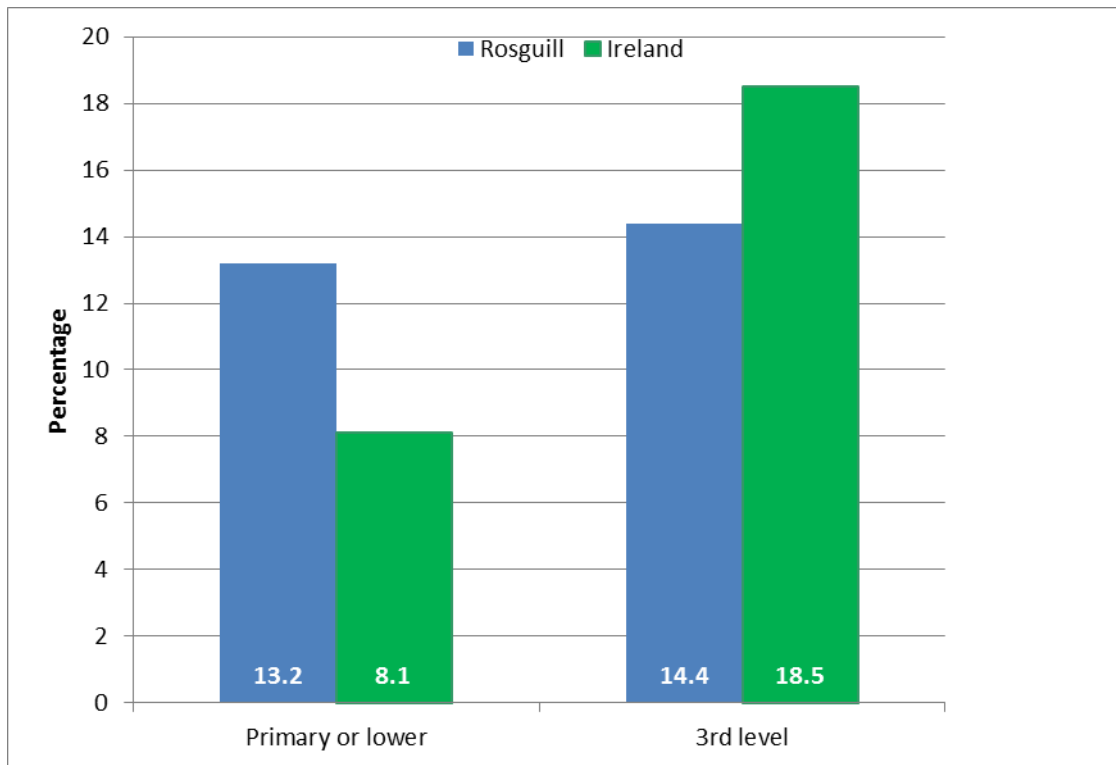
### Educational Attainment

The percentage of the population educated to primary level only in Rosguill is 13% and in Milford/ Fanad, it is 14%. This is similar to the County figure of 13.4% but much higher than the national figure of 8.1%. This has however shown improvement from the last Census in 2011. The third level attainment figures are also quite positive, particularly in Milford/ Fanad where 16% of the population has a third level qualification. This is one of the highest figures across all the PCTs, second only to third level attainment levels in Letterkenny (19%). It is also above the County average of 14% and close to the national level of 18.5%. Rosguill performs far more modestly in this regard with 14% of its population having a third level qualification.

**Figure 3. Education attainment in the Milford/ Fanad PCT area**



**Figure 4. Education attainment in the (Rosguill) PCT area**



## Unemployment

The unemployment rates in both areas are similar, standing at 7% of the population (475 people in Rosguill and 503 people in Milford/ Fanad). This has reduced substantially since 2011 and is similar to the County and CHO 1 average. It is difficult to know however, whether the fall in unemployment is a result of job creation and opportunities in the area, the migration/ emigration of the working population, Government (DSP) schemes that remove people from the live unemployment register, or the number of people moving into retirement age.

## Occupations

The total number of people at work in the Milford-Fanad-Rosguill PCT area in 2016 was 4,952. It is broken down across the two areas as follows: Milford-Fanad – 2,813 people at work (57% male; 43% female) and the greatest numbers work in Professional Services, Commerce and Trade and Agriculture, Fishing and Forestry; Rosguill – 2,139 at work (55% male; 45% female) and the greatest numbers work in Professional Services, Commerce and Trade and Agriculture, Forestry and Fishing.

### Milford-Fanad

Industry	Total	Male	Female
Agriculture, Forestry, Fishing	496	432	64
Building & Construction	208	196	12
Manufacturing Industries	430	323	107

Commerce and Trade	524	252	272
Transport & Communication	114	94	20
Public Administration	127	50	77
Professional Services	543	102	441
Other	371	175	196

### **Rosguill**

<b>Industry</b>	<b>Total</b>	<b>Male</b>	<b>Female</b>
Agriculture, Forestry, Fishing	316	287	29
Building & Construction	164	148	16
Manufacturing Industries	289	222	67
Commerce and Trade	392	182	210
Transport & Communication	91	73	18
Public Administration	142	53	89
Professional Services	480	98	382
Other	265	125	140

### **Family Structure**

There are 1,365 families living in the Rosguill area and 1,805 living in the Milford/ Fanad area. Nearly a quarter of these are 'empty nest' families or 'retired'. A further 35% are in the education system either at primary or secondary. Nine percent of the families in both areas were in the pre-school family cycle in 2016.

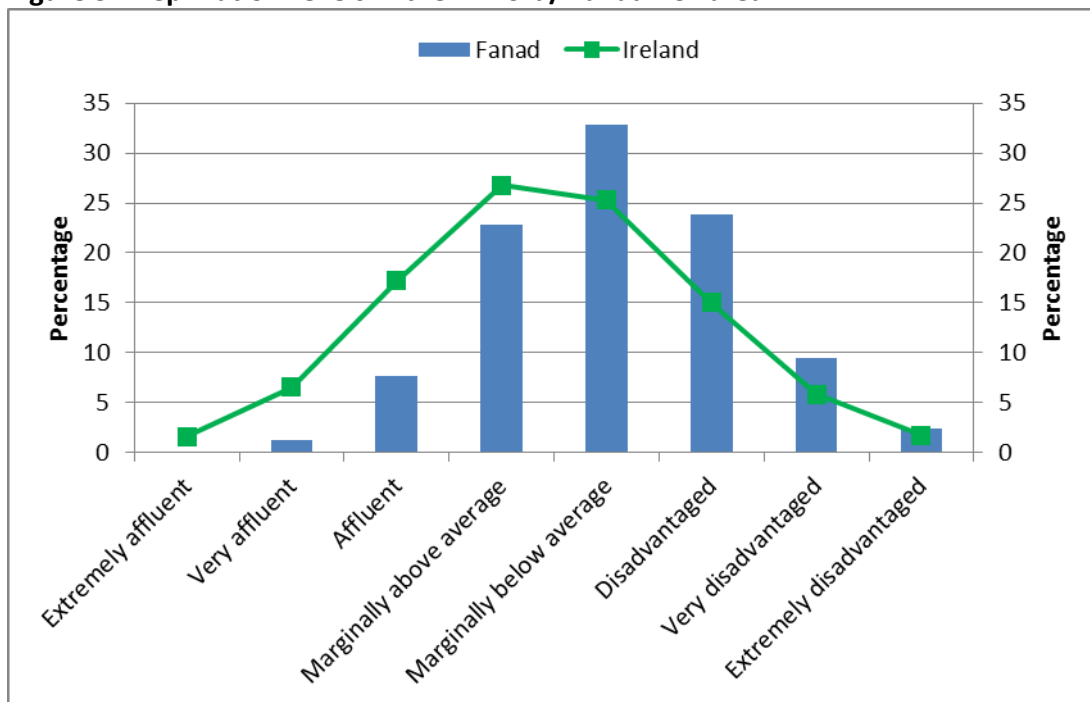
Looking at the type of families in the area, the total number of families headed by one parent is 12% in the Rosguill area (170 families), the lowest proportion compared to other PCT areas (other than Derryveagh that records a similar figure), while the proportion in Milford/ Fanad is higher at 15% (275 families) but still lower than the County and national figure of 18%.

### **Deprivation**

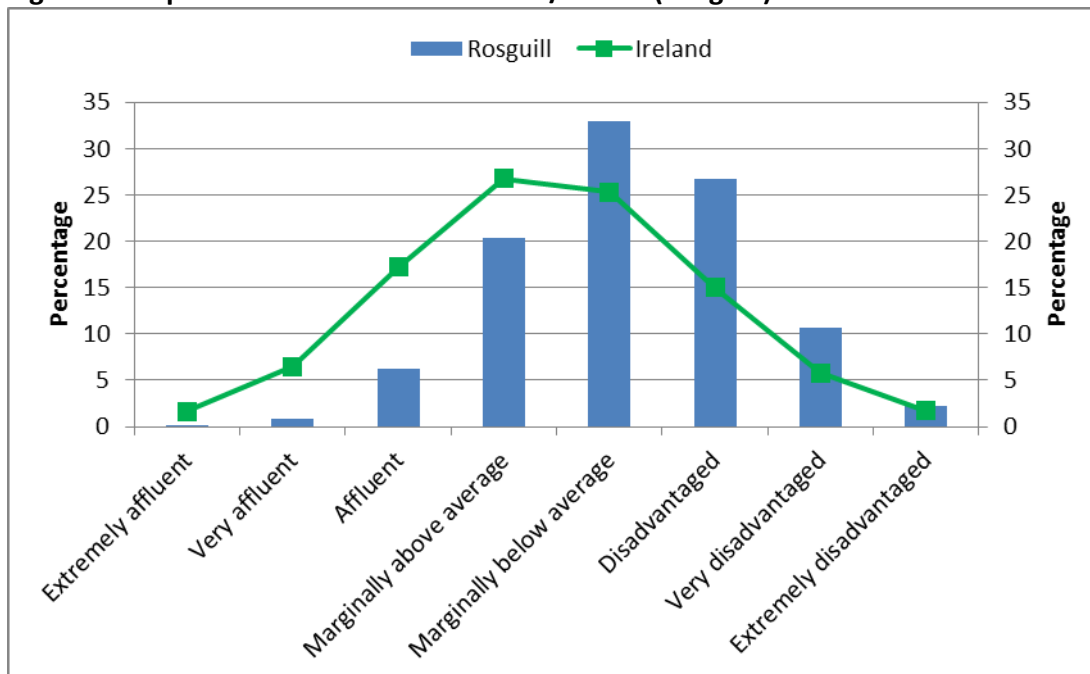
A significant proportion of the population (40% in Rosguill and 36% in Milford/ Fanad) are categorized as 'disadvantaged' with the County figure being 38.6%. Drilling down further into the data, one in ten people are considered very disadvantaged in both areas (10.7% in Rosguill, 9.4% in Milford/ Fanad), with a further 2% of the population categorised as 'extremely disadvantaged' in both areas. The deprivation indices can

indicate what proportion of the population are living in poverty or at risk of living in relative poverty.

**Figure 5. Deprivation Levels in the Milford/ Fanad PCT area**



**Figure 6. Deprivation Levels in the Milford/ Fanad (Rosguill)PCT area**



## Health Indicators

An average of 100 people across both areas consider their health 'bad' or 'very bad' (2%) and this is in line with County and CHO 1 figures. The proportion of the population in Rosguill with a disability is 15%, marginally higher than the County figure of 14.4% which is similar to what is recorded in Milford/ Fanad. The proportion of carers is also higher in Rosguill at 5% of the population (338 people in a caring role) where it is 4% in Milford/ Fanad accounting for 305 people.

### **Connectivity**

The terrain and access across the peninsulas is particularly challenging given its location and its landscape. As a result therefore, it is no surprise to find that car ownership is higher in these areas with only 6% saying they have 'no car' in Rosguill (102 people) and 8% in Fanad (207 people). This is the highest rate of car ownership across the PCT areas and is much lower than the County rate (14% have no car) and CHO 1 (13% have no car).

One in every four people does not have access to internet across both peninsulas (23% in Rosguill and 27% in Milford/ Fanad). Rates of broadband in Milford/ Fanad are particularly poor compared to other areas at 59% while in Rosguill, 65% have access to Broadband.

## **3. Consultation Findings**

### **Overview**

This section presents the findings from a joint focus group consultation held with PCT and CHF members where 11 participants attended. A further two people filled out the online survey. It also incorporates the findings of the consultations held as part of the Healthy Ireland Community Engagement process where meetings were held across the 5 Municipal Districts (the MD of Letterkenny most relevant here) on health and wellbeing issues in Donegal.

It is important to note that this section directly reflects the views of the people who attended the focus groups, and has not been filtered in any way. Where possible fact checking has taken place, but there is the possibility that some feedback reflect personal viewpoints which may or may not be wholly accurate. However, people's perceptions reflect their own reality so if views are considered 'inaccurate' then this can be taken as a communication issue that needs to be addressed.

### **Access**

Transport. Given the location and terrain in the area, it is no surprise that transport arose as a key issue. People find it difficult to get to appointments, events or activities due to poor transport provision. Everything seems to be centred around Letterkenny, and unless the timing is right for the bus service, it is impossible to get to. Many people do not live on the Local Link routes to enable access to this service. Not only does transport present a barrier around access to services, it also hinders greater community

connectivity as people find it difficult to get out and meet up, increasing the risk of loneliness and isolation.

### **Services and Community Connectivity**

The loss of a young working generation was felt keenly at this consultation with people saying that there is little for young people to come back for. This has had a real impact on the community left behind – a loss of vibrancy and energy and contributing to older peoples isolation and loneliness. The general feeling is that ‘everything and everyone is going to the east’, and the ‘west is only good for farming and tourism’. Rural isolation is particularly pervasive in this area.

The road infrastructure in both areas is inadequate, but equally the condition of the roads and footpaths (where they exist) is also poor.

There are some good services in the area, however there is never enough funding or support to adequately meet the needs of the area. A programme might only be able to have the capacity to take on ten people when the reality is that there is demand from another 100. The Good Morning Service is great, but visits are limited. There is limited Meals and Wheels service in the area (one in Downings), no Parent and Toddler group in the area, and the Lions Club funding for the Social Prescribing Programme is gone and this reduces the possibilities available to the Co-ordinator to support people into activities.

### **Health Services**

Home Care. Home care services are very hard to get and there are significant issues with regard to what is on offer:

- The strict rules around personal care and not social care make the job very difficult, and increases the risk of loneliness and isolation for the client
- People in hospital are fit for discharge but cannot get home as no supports are in place. Beds become blocked clogging up the whole secondary care system
- The organisation of the Home Help's day is often unworkable as no time is allocated between appointments when the travel time between appointments is 10 minutes. Account must be taken of the additional time needed between appointments
- The Home Help role now requires a QQI Level 5, but there are a lot of people identified through Social Prescribing who would be very good at the role but can't do it as they don't have the relevant qualification

On a separate but related issue, discussion took place about Personal Assistants who are provided by the Donegal Centre for Independent Living to support people who have a disability to live normal, independent lives. Personal assistants assist with shopping, cleaning and social activity. This service is only available up to the age of 66 after which it reverts to Home Care support with the focus on personal care only, which is very different from what the person has been used to. This increases the risk of loneliness and isolation for this vulnerable cohort.



Counselling in Primary Care is limited in terms of access and the number of sessions allowed. For those ineligible for this service (no medical card), the only other option is to pay privately for counselling which many people cannot afford.

The Physiotherapy service has a high rate of referral for neurological conditions among older people (reduced mobility and increased falls). The Falls Clinic only takes place one day each month which is not enough. Services are set up and told that funding will come to support them but it never does. Consequently services and supports are increasing, but it is on top of an already busy workload and no additional staff are provided and waiting lists continue to grow. It is a 7 month wait now for a routine appointment when the target is to see people within 9 weeks. Other parts of the country have specialist teams to deal with neurological conditions, but in Donegal the Primary Care Physio the deals with this in addition to the standard workload. The service is understaffed, making it difficult to develop and sustain new and existing services such as an MS Class and the Falls Clinic.

The accommodation and treatment space for Speech and Language Therapy (SLT) is not appropriate, and this impacts on waiting times e.g. lack of wheelchair access. Treatment is taking place in a multi-purpose room used for a leg ulcer clinic, the dietician, CBT and the incontinence clinic. The local Resource Centre offered a room for use a number of years ago and the request is still with the HSE Estates Office. Consequently the local PCT/ CHF found a solution to the accommodation problem, but remain unable to get a response on an official move from HSE Estates after 2 years of waiting.

The local CHF fundraised to buy a printer for the SLT service as the HSE would not supply one, and also refuse to pay for print cartridges for the new printer. A printer is a necessity and this is unacceptable. There are 4 SLTs on Maternity leave and 1 on long term sick, and no cover is in place.

The Day Hospital in Ramelton can only accommodate 16 people and there is a waiting list of 4 – 6 months. There is only space for one wheelchair user and transport to and from the centre is inadequate.

The Primary Care Team needs to be resourced with administration and accommodation. There is never an HSE management presence at PCT meetings, and no HSE Facilitator, therefore there is no one to feed issues to, to ask questions of and to get a response. The GPs are not engaged in the PCT which is also a real loss. It seems all the decisions are taken in Dublin or Galway with no understanding of the specific challenges and needs facing people and the health services in Donegal.

### **Economy and Deprivation**

Discussion took place about the unemployment rate in the area and people took issue with the figures, arguing that the Department of Social Protection devise ways to remove people from the live register via work schemes, but these are not real jobs for the area. The TUS and CE schemes are however assets to the area because of the support they provide to local groups, and also good work experience for the individual. However, if you are with 'People First', you cannot do a TUS or a CE scheme, and it appears to be 'any job' rather than the 'right job'.

Access to training and the cost of training is an issue for unemployed people; it is not made accessible and the travel allowances are inadequate in a rural place. The Donegal ETB provides no support for transport (or childcare) for their courses.

Employment for people with disabilities is very difficult and this was flagged up through the Social Prescribing Programme. They can't access TUS or CE schemes, as they risk losing their disability allowances. People with disabilities want to be involved in work and be involved in community life, but the current link between volunteering and benefits means people can't volunteer (more than a specified number of hours per week), as it is seen as 'not being available for work'. It is so important to get people out into (supported) employment. The current policies exclude people.

### **Mental Health**

There is a need for CBT and wellness programmes, but there is a significant waiting looking for access to these services. The demand would require a full time CBT therapist in the PCT area.

Stress Control programmes are very positive but the group sizes are too big and intimidating for some people. Smaller interventions (10 – 12) people would work for many as a starting point, such as 'Launching Pad' which a six week course that proved a great success.

There is very little support for the 16 – 18 age group around mental health. The CAMHS service waiting lists are too long and there is the added difficulty of getting to and from the service in Letterkenny when an appointment is given. People at the consultation believe that too many people are sent out of hours to the ED at Letterkenny University Hospital as a consequence of this. More counselling services for young people are needed. Jigsaw is often not appropriate or not suited to meet their needs as the thresholds are too low. There is currently a two year wait with the Psychology Service and there is no psychiatrist in the Central Sector of the County.

### **Healthy Ireland Priorities**

Physical Activity. Weather impacts so much on health and wellbeing and people are less inclined to go out or go for a walk or meet people when the weather is bad. Other options need to be considered that are not so weather-dependent, and they need to be available all year round. Many activities seem to close down over winter when people need to get out the most.

### **Vulnerable Groups**

A number of groups were singled out for special attention as being more vulnerable and at greater risk of health inequalities:

- The 16 - 18 age group (due to lack of accessible mental health supports and services)
- The over 65 age group

## **Positives identified in the Milford/ Fanad area**

- The Good Morning Service is great
- The PCT is a good team, and the PCT and CHF work well together.

## **4. Recommendations from the Milford/ Fanad Consultations**

### **Home Care services**

- Review and improve the Homecare Service for Older People. Take account of the time taken to get from one client to the next. Review the criteria for being a Home Help to get more people into the service and alleviate the backlog
- Extend the Personal Assistant service to people >66 years old, and enable all of them to drive the person they are linked with to make the service consistent and more effective.

### **Clinical Services:**

- Mental Health:
  - Provide increased and improved Primary Care mental health supports
  - Extend counselling for the whole population, with the priority being on young people
  - Extend the SCAN service to under 18s
  - Address Psychology and CAMHS waiting lists as a priority
  - Ensure Jigsaw outreach services are in place and meet local need
  - Expand CBT services at Primary Care level
- Support services:
  - Provide adequate and sustainable administration supports for services such as suitable accommodation, printers etc., with the specific recommendation of providing suitable Speech and Language Therapy accommodation.
- Physiotherapy
  - Introduce 1 Domiciliary Physiotherapist per Primary Care network area

### **Local Hospital:**

- Increase space at the Ramelton Day Centre and increase the number of wheelchair spaces

### **Primary Care Team:**

- Invest in the PCTs properly with funding and support staff, and work to reengage with local GPs

### **Access:**

- Improve transport within, and to and from the area
- Improve pavements and pathways in the towns

**Positive Mental Health**

- Explore the feasibility of introducing smaller Stress Control (or an alternative) sessions for people who aren't able to go to the larger group
- Investigate the use of the Launching Pad mental health programme

**Healthy Eating**

- - Provide nutrition and cooking skills workshops locally in community centres

**Employment**

- Support people with disabilities to get (back) into employment and remove the barriers e.g. TUS CE scheme restrictions and access to volunteering while receiving benefits
- Make training for the unemployed more accessible through the provision of adequate travel payments

**Positive Ageing**

- link Social Prescribing clients who have the interest and the capacity, with the Befriending Service
- Implement the Meals on Wheels service more broadly in the area

## **Chapter 5: County wide Analysis**

### **5.1 Overview**

This chapter pulls together the common themes that have emerged from the PCT area consultations, and the County wide demographic themes from the area profiles prepared by the HSE Public Health team. The profile paints a picture of an ageing predominantly rural County that faces particular challenges: its extensive border with Northern Ireland and the uncertainty of Brexit, the sparsely dispersed nature of the population linked with rugged terrain, distance from central economic hubs which present transport and infrastructure difficulties. It also highlights the division within the County between the East and West, the North and East having greater population numbers particularly in the younger age category, greater connectivity with regard to transport and broadband and larger towns, while the West and North West has an older population, smaller settlements and less connectivity.

Young people leaving Donegal either to go abroad or live elsewhere in the country is evidenced strongly in this census period (2011 – 2016) with the shrinkage in the 20 – 34 age cohort. While this is a pattern repeated across the country for this particular age group, it is particularly severe in Donegal, in some cases double the national average e.g. in Ardara/ Glenties and Bunbeg/ Derrybeg. This not only affects the social fabric of families and communities across the County but also has significant implications for the local economy, for the ability to attract jobs to the region, for birth rates and for local services.

At the other end of the scale is an increase in the dependent population as the proportion of older age cohorts increases, again with significant implications for services. Fintown & the Rosses has an old age dependent ratio of 39% which is much higher than the County figure of 25%. The other interesting point to note is the number of older people living alone (one in four over the age of 65), and the number of people with a disability living alone. This gives rise to concerns about adequate care and resourcing of care in the community, as well as the mental and emotional needs of these individuals.

Deprivation levels in Donegal are among the highest in the State, driven primarily by these demographic changes and other factors such as unemployment, educational attainment, one-parent families, housing and social class. This is particularly noticeable in Lifford/ Castlefin (57%), Carndonagh/ Clonmany (52%) where effectively one in every two people in these areas is classified as 'disadvantaged'.

Health specific indicators point to a population that, for the most part, rates its health as good, but within the population, there are significant proportions of people who have a disability, the County figure of 14.4% is just slightly higher than the national average of 13.5%. Some areas such as Fintown & the Rosses, Bunbeg/ Derrybeg and Derryveagh record disability figures as high as 18%. With the higher number of people with disabilities and the significant older age population, the proportion of carers is also higher than the national and CHO 1 average standing at 4.5% of the population.

Mental health statistics highlight the ongoing challenge around suicide and self-harm. The male suicide rate in the County mirrors the national suicide rate, and it has been increasing since 2014 (2016 figures). The female suicide rate is lower than the male figure but higher than the national rate and has also been increasing since 2014.

The self-harm rate for men in Donegal is much higher than the national rate with the female rate mirroring national figures. The rates seem to fluctuate significantly over the years but there seems to have been a sharp increase in both genders between 2014 and 2016.

This is the overall picture of the challenge that local and national policy makers face. The national policy environment points to one which is strongly advocating investing in primary care services at local level, with the objective being to provide care as close to the community as is possible, with the target of 90% of health services delivered at primary care level. The recent Sláinte Care report has reinforced this objective and sets out a series of detailed recommendations as to how to achieve this. The national policy environment is also making the links between the living and built environment and the impact this has on people's health and wellbeing, everything from housing to jobs to education to income to transport.

The National Planning Framework reinforces these links emphasising the importance of factoring in people and communities into decisions about land use and development policy. The Healthy Ireland Framework has been central to moving health and wellbeing away from a concentration just on health services to embracing the wider social determinants of health, and stressing that health is everyone's business. As such everyone from the individual to the family to the community to the workplace to the decision maker, has a role to play in bringing about a healthier society.

The challenge is how to ensure these policy statements follow through to local level and become meaningful for local communities, as it often appears that the policy environment is far removed from the reality on the ground. The County Development Plan sets an ambitious target of attracting and sustaining the Donegal population over the next ten years and beyond. Part and parcel of achieving this objective is the location and provision of health and other services around the County, ensuring access to these services, creating opportunities for employment and actively facilitating community connectivity. These are all factors that attract people to live or stay in areas and promote positive health and wellbeing among communities which in itself contributes to economic and social development.

The section below summarises the nature of that challenge in Donegal by identifying the themes that emerged most consistently and strongly across all of the thirteen area profiles. It should be remembered, as pointed out throughout this report, that this is an analysis of need, gaps and challenges in the various PCTs around Donegal informed through data collection and qualitative consultations. The emphasis in the research therefore, was not on what the HSE or other service providers do well as this is generally accepted but instead on what the issues were in the local area and what the people consulted felt could be done better or differently to address these issues i.e. an analysis of need. This is the context in which the findings should be read bearing in mind that the

views expressed were those of the people who participated and they have not been filtered or diluted in any way.

## 5.2 Issues Emerging at County Level

### 5.2.1 Challenging Demographics

**Population shifts:** Throughout the County there has been a decline in the 0-4 age group from 2011 to 2016, with declines of up to 27% in some parts of the County e.g. Lifford/ Castlefin (the CHO 1 rate is 10% and the national rate is 7%). There has been a considerable decline in those aged between 20 and 34 years in the County since census 2011, similar to the trend for CHO 1 and Ireland, but the rate of change for Ireland has been much lower. This data suggests that people in this age group are moving within and emigrating from Ireland and is particularly pronounced in the Derryveagh, Bunbeg/Derrybeg, Ardara/Glenties, Killybegs, Bunrana and Carndonagh/Clonmany areas. There have been significant increases in the older age cohorts (65+) This reflects the national trend of an ageing population but it is particularly pronounced in some areas of the County such as Bunrana (the population in the 70 – 74 age group has increased by 57%), Milford/ Fanad and Killybegs.

**High Age Dependent Population:** The age dependent population is generally higher than the national average of 53% with figures ranging from 59% to 73%, with the exception of Letterkenny where the dependent population is 50%. This has significant implications for service provision in these areas where large numbers of the population are dependent on public services. The young age dependent population ranges from 33% to 40% (the national average is 32%) and is particularly high in the Lagan Valley, Milford/ Fanad, Bunrana and Carndonagh/ Clonmany areas. It is noticeably lower in Ardara/ Glenties which records one of the lowest youth dependency ratios at 19% reflecting the particular age demographic. The old age dependent population ranges from 16% (Letterkenny) to 39% (Fintown & the Rosses), which is nearly twice the national average.

**Educational Attainment is Improving:** The national percentage for those aged over 15 whose full time education had ceased is 8%, and the CHO 1 rate is 12%. The PCT area percentages range from 8% in Letterkenny, mirroring the national rate, and up to 17% in other PCT areas (Carndonagh/ Clonmany, Fintown & the Rosses and Derryveagh) and has been steadily improving since 2011.

**Unemployment Rate:** Unemployment rates have fallen significantly across the County and are generally in line with the national rate of 6%, although it is substantially higher in the in the Bunbeg/ Derrybeg PCT area at 11% and in the Lifford/ Castlefin area at 10%.

**Deprivation Levels:** Deprivation levels (disadvantaged, very disadvantaged and extremely disadvantaged categories) across the County are generally significantly higher than the national average of 38.6%. In some areas, over half the population is classified as 'disadvantaged'; Bunbeg/ Derrybeg (56%), Lifford/ Castlefin (57%), Derryveagh and Fintown & the Rosses (54% respectively). The lowest deprivation levels in the County are seen in the Letterkenny PCT area at 50%.

### **5.2.2 Limited Transport Provision**

Given the rural nature and broad geographic spread of the County, it is not surprising that transport emerged as an issue across most of the PCT areas. A significant proportion of the population rely on public transport to get to HSE services and supports, and the routes and times do not always fit with their needs. If people live away from the main Local Link routes it is difficult to access the service (although in some cases it is possible to arrange pick up away from the main route). Some bus routes are not wheelchair accessible preventing people with disabilities accessing the service.

Generally, it is felt that the connectivity of the public bus services is poor, both within the County and when making longer distance journeys e.g. to Dublin or Galway. In relation to taxis, there is a shortage of taxis that can accommodate people with disabilities in the County and also the cost of taxis can be prohibitive. Furthermore, driving may no longer be an option for many people as the population continues to age, and this will make public transport an increasingly important service in the future. Specific to the Social Prescribing Programme (where it is available in the County), accessing the recommended supports can be challenging without a car where public transport does not meet the need.

### **5.2.3 Access to Information and Dissemination**

In areas where the PCTs and CHFs are not functioning effectively, which in fact is the majority of cases as only 4 are currently meeting on a regular basis, there is often a vacuum around information sharing between Primary Care professionals which can cause delays and duplication. With the advances in technology, a lot of health and wellbeing information is online, including forms. Due to both internet access issues where one in four people across the County do not have access (higher in some areas) coupled with people's capacity (particularly challenging for older people), this presents difficulties. A recurring theme of the consultations was the lack of information on where to go for help for people with mental health problems. Both within the HSE and in the wider community in the County, there is a lack of understanding of the structures in the HSE and where services and supports sit, and how they link with each other. It can be difficult to find out what is going on local areas, and linked to this many health and wellbeing events are often poorly attended. This is often despite the great efforts made by community and statutory organisers of the events, and there is concern that if supports and services are not used locally they will be withdrawn. The other area where there is a distinct information gap is around sexual health, with a need to generate discussion and awareness in a responsible manner around sexual health and sexual relationships with all age groups but with a particular focus on young people.

### **5.2.4 Community Connectivity**

With the challenging population demographics and service withdrawal from outlying areas, the importance of community connectivity takes centre stage. Research on health and wellbeing shows that engaging and connecting within their local communities is intrinsic to people's health and wellbeing: it reduces isolation, feelings of loneliness and fosters a local community spirit. Cuts to the sector over the past number of years and the change or withdrawal of community supports have left their mark. It is felt that



there is no parity of esteem between statutory bodies and the community and voluntary sector, and the expectations on what the community and voluntary can and should do is growing, while access to funding seems to be shrinking.

This issue is very much affected by the themes detailed above: limited transport services, access to information and digital capacity. Access in and around towns and villages is particularly challenging for people with mobility problems (wheelchairs, buggies, walking aids) because of the poor state and/or absence of pavements and pathways. Access to community centres and local supports can be difficult for people with physical and intellectual difficulties.

A number of services were singled out for particular mention across a number of areas: the loss of the Community Welfare Officer at a local level has had an impact where this has happened, leading to a loss of local knowledge and understanding which has been detrimental to the service; Meals on Wheels, usually a joint enterprise between the HSE and the community and voluntary sector is not available in all areas of the County; the Good Morning and Befriending service is a huge asset to the areas in which they operate, but concern was expressed about the changes that are taking place where the national organization ALONE is taking over the running of them. While this is not a bad thing in itself, the organisation has said it will not be seeking local involvement.

While digital capacity is a challenge for many older people, the concern at the other end of the age spectrum is the overuse of screens for children, linked to lack of exercise and time spent outdoors, reduced coping skills and resilience, lack of gross motor skills development, less risk taking in play, increased levels of anxiety, that they are used too often as 'babysitters' and a lack of parental understanding over the impact of overuse, and also what their children are watching/what apps they are using.

This is linked to a concern about the lack of investment in early years services which is creating problems for the future. Children are often lacking the basic skills to engage in activities i.e. balance, gross motor skills and fine motor skills. Behavioural issues are left unchallenged which can lead to difficulties as the children grow up.

### **5.2.5 Challenges in the Health Service**

**Primary Care Teams (PCTs).** The general consensus from the consultation is that the PCTs are not functioning as envisaged and are not adequately supported and resourced by the HSE. Specific issues include: poor communication between Primary Care staff leading to delays and duplication; a lack of clarity on the purpose and role of the PCT (and how it links with the Community Health Forum), clinicians don't have the time or motivation to attend partly because they do not see their value, and also because their roles have become more burdened with administration; GPs are not engaged in any formal capacity.<sup>33</sup> Most of the PCTs have limited or no administration or facilitation support so there is no-one driving them at local level. Where PCTs are meeting, there is often frustration as the same issues are raised over and over again with no resolution as there is no central place or management structure to communicate these issues to and there seems to be little appetite within HSE management to make the Teams work

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<sup>33</sup> This is driven by national level concerns linked to GP contracts.

effectively.<sup>34</sup> Many Primary Care staff feel that local control over their roles and responsibilities is constantly being eroded, and decisions are being made centrally with no account taken of local need or circumstances. This is demoralising and also is not using the professional skills and experience of local staff.

**Home Care Packages.** Home Care was one of the biggest issues mentioned at nearly all of the consultation sessions and in the online survey. Issues identified include the lack of consistency of the service across the County, the lack of flexibility in the service to meet individual needs, an inadequate amount of time allocated to each patient and a lack of clarity on entitlements. In many areas there are long waiting lists. There is a lack of understanding in relation to the purpose of the service (personal care/social care), and the general view was that the focus on personal care only risks service users being increasingly lonely and isolated in their homes.

The scope of the Home Help role is seen to be limited e.g. unable to help people up from falls and unable to administer medication, and the requirement for a QQI level 5 to be a Home Help is restricting access for people who wish to carry out this post. It appears that no account of geography and travel time is taken in scheduling Home Help appointments and concern over the quality standards and governance of the private Home Care services was expressed in some parts of the County.

Public Health Nurses across the County reported that the application form is too long (18 pages) and much of their time is spent justifying why they are recommending a particular package rather than their professional judgment being trusted. It is not always possible for family to give the level of care to their loved one that is required as (bearing in mind demographic shifts as detailed above) many of them are living outside of the County.

The blockages in the homecare system are causing blockages in secondary services with people unable to be discharged from hospital as the required community supports are not in place. This leads to 'bed-blocking' and increased pressure on secondary services, and there is often poor communication between acute and primary care services during the transition from one to the other.

**Staffing Issues.** This is another consistent message emerging across all of the PCT areas and reflects a national issue, but there seem to be particular barriers in Donegal. There are a large number of unfilled posts across the County which are proving difficult to recruit for. Unfilled vacancies in different parts of the County were reported in SLT, OT, Physiotherapy and the secondary mental health services. The problem is not that the posts are not available, it is there is difficulty in filling them. Much of this is due to the centralised nature of the recruitment process via a national panel system. A person cannot get a post if they are not on the panel so everyone interested in an OT position advertised nationally will apply, be interviewed and if successful, be put on the panel. When a vacancy arises in Donegal for an OT, the person at the top of the panel is offered the job but this person may live in Cork and may have no interest in a job in Donegal. The job is refused and offered to the next person on the panel and so on. None of the

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<sup>34</sup> When Primary Care Teams were first established, a High Level Implementation Group was established chaired by the General Manager, where feedback was taken and given to PCTs but it has not met in over 5 years.

people on the panel might ever have any interest in moving or working in Donegal and posts are therefore left unfilled. Existing staff are stretched to cover lists and workload. This is further exacerbated by the number of maternity leave or long-term sick-leave posts that are not filled, further adding to waiting lists and impacting on staff morale as staff do not feel their role is of value to the service.

**Long Waiting Times and Waiting Lists.** The consultations reported up to 2 years for appointments in the County across many primary and secondary care services (affected by the staffing and resourcing issues referred to above). This includes the Mental Health service, where waiting lists can be up to two years (4 months for an ‘emergency’ appointment in some cases). OT waiting lists are very long with low priority cases often waiting more than 12 months, and Physiotherapy waiting lists are also long. The waiting list for Jigsaw is also increasing, CBT waiting lists are long in some parts of the County as is access to bereavement counselling.

**Shortage of Respite Services.** Access to respite is generally difficult throughout the County, with it being particularly challenging for people with Intellectual Disabilities (ID). Seaview House in Mountcharles keeps opening and closing due to staff shortages, and there is an absence of emergency respite beds in the County. Family need appears only to be recognised when things reach ‘crisis point’.

**Missing Appointments - Did Not Attend (DNA).** A similar story was told among many different PCTs where people missed appointments for reasons beyond their control, and no account is taken of the reason for their non-attendance and people are automatically put to the back of the queue no matter how long they have been waiting. Issues with transport, literacy (amongst others) may contribute to someone missing an appointment and a more equitable way of managing DNAs needs to be considered.

**Lack of services for people with Intellectual Disability (ID).** At present it is a ‘one size fits all’ for this vulnerable group as the service is from age 18 – 75 and little account is taken of the needs at different ages. There are also issues with ID with a dual diagnosis e.g. mental health, there is no Psychology or Speech and Language Therapy available, there is a lack of respite facilities throughout the County and there is inadequate sheltered accommodation to support independent living.

**Gaps in Clinical Services.** While discussion took place on existing services and the gaps and challenges that currently exist, other new services were identified by clinicians where they are seeing a demand and a need:

- Neurological services
- Bariatric services
- Adult SLT services. Currently there is no adult SLT service in the County and this is of particular concern for clinicians dealing with people who have had a stroke, those with neurological conditions, accidents victims etc.

**Other County wide Health Service Issues.**

- Throughout the County there are many HSE buildings that are in a poor state of repair and not fit for purpose.
- Concern was raised over the continuing reduction in GP numbers in the County
- There is confusion over the speculated changes in the NowDoc service

- Many hospital admissions seem to be channeled through the Emergency Department leading to long waiting times (up to 10 hours) when other local options could be considered e.g. minor injuries clinics
- People who go into Northern Ireland for cancer treatment find it difficult to 'get back into the system' here for their follow up care
- Too many pilot projects/services are completed and never mainstreamed, even if they have been very effective

### **5.2.6 Lack of Job Opportunities**

All the Primary Care Team areas expressed the view that unemployment figures as set out in the profiles are masked by labour market activation schemes, by people leaving the area to seek employment elsewhere in the country or abroad or by the vast number of people ageing into retirement (over 65). Having a job and working gives purpose to a person's life as well as the potential to increase income, and these are significant factors in influencing a person's health and wellbeing. The lack of employment opportunities in the area means that people either rely on benefits or move area to secure employment. This has an impact on family life and on the wider community with fewer people involved in sporting clubs, social clubs and available for voluntary work. It also increases the risk of loneliness and isolation for older parents who are left behind, many who are entering an age where they may need a little help and looking after. Work can be seasonal in many parts of the County leading to reduced employment opportunities in the low season, insecure employment and securing employment for people with disabilities is challenging.

### **5.2.7 Housing Shortages**

There is a shortage of rental accommodation in the County, and it is particularly challenging in Letterkenny and Donegal Town. Also, the standard of accommodation is often very poor. Despite this there are also a lot of empty properties in the County. Travellers in particular face specific issues around securing accommodation that is fit for purpose due to discrimination.

### **5.2.8 Poor Mental Health Provision**

Issues with all mental health services were raised across the PCT consultation meetings, with excessive waiting lists for CAMHS, AMHS and the Psychology service a big issue. The waiting lists for Jigsaw are increasing at the same time as the County outreach service appears to be reducing. The Counselling in Primary Care (CIPC) service is limited to medical card holders and there are long waiting lists in some areas. Private counselling is prohibitively expensive for many people.

Services and supports for children aged 12 – 15 are lacking (it is not possible to access Jigsaw until 15), and primary and post primary school children are showing increasing levels of anxiety and reduced resilience, with some children unable to attend school, but also unable to access appropriate services.

Traveller men were identified as one group with particular issues around mental health and the recent appointment of a Traveller Mental Health Worker across CHO 1 is welcomed.

### 5.2.9 Stretched Addiction Services

Children are drinking alcohol at younger and younger ages, and generally substance misuse, both alcohol and drugs are an underlying factor in many cases where people have mental health problems (the access to mental health supports referred to above does not help this issue). There are anecdotal reports of some people self-medicating while they wait for mental health support at both primary and acute level. Generally it was felt that addiction services are not stretched and challenged to meet the level of need in the County.

## 5.3 Vulnerable Groups in the County

The more vulnerable groups in the County that are particularly at risk of health inequalities were identified during consultations as being:

- Older people who are at risk from loneliness and isolation, dementia is increasing in line with the ageing population and services are ill-prepared to deal with this
- People with Intellectual Disabilities are particularly at risk and services require significant resourcing
- People with physical disabilities face issues of access to employment, access to volunteering and engaging with the local community and access to transport
- People with mental health problems. This is less of an issue if people can afford to pay for, and are able to access private treatment, but given the levels of deprivation in Donegal, issues around access (transport, information) and the difficulty in accessing mental health supports in the County, people in Donegal are at a distinct disadvantage. It is a particular concern for young people and their mental health given the importance of early intervention and the potential to address problems at a young age reducing the need for access in later life
- People who misuse alcohol and drugs. Addiction service supports in the County require greater investment and resourcing to meet the need and address the demand, and people also need to be able to access mental health services if needed
- Travellers and Roma. All the studies relating to Traveller and Roma health highlight particular health inequalities for people in these communities. Traveller men are at a higher risk of having mental health problems, there is lack of employment opportunities for these communities, a lack of understanding among HSE staff and GPs of Traveller culture, a general feeling that Primary Care staff are more reluctant to refer Travellers to secondary care services than the general population, education for people at primary, secondary and third level is challenging because of inherent access and discrimination issues
- People living in poverty. The deprivation rates for Donegal indicate that a significant proportion of the County is either living in poverty or at risk of poverty compared to the rest of the country. Poverty is not just about not having enough money to live a decent quality of life, it is also a poverty around choices and opportunity; the

opportunity to have a good education, the opportunity to find a job in your community, the choice of living where you want to live and look after your family, the choice in health care services and the opportunity to have your own home. These opportunities and choices are restricted in the County and are particularly restricted for people with disabilities, one-parent families, refugees and migrants and members of the Traveller community.

- Carers and young carers. Carers of all ages face practical and emotional challenges in caring for their loved one, and many young people may not identify themselves in this role which means they can't be linked with any supports that are available.
- Farmers. Farming can be a challenging and isolated occupation with increasing pressures, which can lead to mental health problems in a group that may not know where to go for help and/or how to ask for help.
- Resettled families from Syria and Iraq. Although significant support is provided in the first 12 months, families are left to fend for themselves after this, while they may still be struggling to settle into their home. Potential issues around securing employment, loneliness and isolation and mental health have been identified
- Long term unemployed people are at risk of mental health problems and this is exacerbated when families are facing a third generation of unemployment
- LGBTI+ people face ongoing issues around identity that requires education, awareness and support and also a wider awareness among society encouraging greater acceptance of difference. Access to support for adult LGBTI+ people is also difficult as there are fewer support groups for adults

#### 5.4 Regional Trends

During the research, consultation and writing of the individual area profiles, it became evident that certain commonalities existed between PCT areas. They may be neighbouring PCT areas or linked across common issues but they are summarised here with a view to informing any future joint projects.

**The Gaeltacht Communities:** It became apparent very quickly that the three neighbouring PCT's of Derrybeg/ Bunbeg; Derryveagh and Fintown & the Rosses are all facing similar issues as well as being united through the Gaeltacht communities in their areas. They all have high deprivation levels (some of the highest in the County). They all have high age dependency ratios (again some of the highest in the County), they all have above average unemployment levels, they all have high numbers of people with disabilities (among the highest in the County), they have all experienced a significant loss of the young working age population between 2011 – 2016 and they all have a high proportion of the population that is either semi-skilled or unskilled. Particular issues faced in these communities are around jobs and job opportunities, planning for an ageing population, cherishing the Irish language and culture and planning for island communities and access to services.

**The Fishing Communities:** The PCTs of Killybegs and Inishowen face particular challenges that are thrown up by having two large fishing ports in their areas. While this benefits the local economy in many ways, it does bring other issues to the fore around family support while a partner is away fishing, the seasonal nature of the fishing industry and what that means for family income, engagement of families in the wider community who are not originally from the area but now resident for work purposes.

**The Border Communities:** The border PCTs of Lifford/ Castlefin, Lagan Valley and Inishowen deal on an ongoing basis with the legacy issues left by the Troubles and the challenges in continuing to support peace and reconciliation efforts within and between communities. The border areas are inextricably linked with Northern Ireland and this is very evident in the Inishowen area which only has 9 miles of border with the rest of Donegal (County Leitrim at the south of the County). There is significant cross border activity (326,577 journeys are made per week across the three major crossings – Derry/Bridgend, Muff Village to Derry and Strabane/Lifford)<sup>35</sup> for both economic and social purposes. The people of Inishowen generally use Derry as their natural hinterland, using many of the day to day services in that region rather than travelling to Letterkenny. The existing arrangements regarding cross border workers have a significant impact here also with many availing of dentist and GP services as their entitlement. Maternity care, cancer care and coronary care have been developed as cross border co-operation projects and many would also use hospice services and counseling services from across the border.

Relevant health successes and issues in relation to Brexit identified in the *Initial Analysis of the Challenges and Opportunities of Brexit for the North West City Region, Derry City and Strabane District Council and Donegal County Council, February 2017* are:

- Cooperation in the area of health in the North West predates the Single Market or EU entry
- The new Radiotherapy Unit in Altnagelvin Hospital provides care for over 400,000 patients from the North West of Northern Ireland and an additional 110,000 patients within County Donegal. The ability of patients from Donegal to travel to the Unit, within an hour in most cases immeasurably improves their quality of life when accessing radiotherapy and chemotherapy services. The critical mass of patients that a collaborative approach by two governments can provide makes the provision of new locally based services viable for health services on both sides of the border
- The Northern Ireland health services has concerns that any restrictions on travel whether through simple congestion at border posts or the requirements for work visas will lead to a loss of some of those staff who presently commute from Ireland to the health service in Northern Ireland
- Any loss of recognition of qualifications on a cross border basis would make recruitment to Northern Ireland difficult on a EU basis
- Issues of insurance relating to locums from Ireland working in Northern Ireland
- EU-nationals who have work visas to work in the EU may require additional visas to work in Northern Ireland
- Within the sphere of research institutions may not be able to share data outside of the EU e.g. academic institutions in Ireland with Northern Ireland research centres
- People attending A&E may be required to provide proof of identity and residence as is the case already in some parts of England
- Brexit affecting the pensions of health workers travelling within Northern Ireland and Ireland during their careers e.g. National Insurance and PRSI contributions

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<sup>35</sup> Initial Analysis of the Challenges and Opportunities of Brexit for the North West City Region, Derry City and Strabane District Council and Donegal County Council, February 2017.

The threat of Brexit is the threat of the unknown with concerns about how it will affect not only the local economy and the peace efforts but also the everyday social interaction of crossing the border where services/amenities are often more available, more plentiful and cheaper.



## Chapter 6 Recommendations

The recommendations in this chapter address the County wide issues presented in Chapter 5 concentrating on the issues that were common across a number of Primary Care Teams rather than individual localised issues. Additional PCT area specific recommendations as articulated by participants during the consultations are contained at the end of each profile.

The Consultants are conscious that many of the issues raised as part of this Needs Analysis around Health and Wellbeing and any proposed solutions are often outside the control of local services. Answers lie instead with central decision making structures, far removed from the reality on the ground in Donegal. They are also dependent on resources which again are often centrally determined. Consideration has therefore been given as to the best way to present the recommendations, and how to reflect the very real concerns of the consultation participants, and balancing them with managing expectations around the reality of what can actually be achieved.

Following much discussion, it was decided that recommendations should be made around the key issues raised no matter how slight the possibility of them being implemented. The reason for this approach is to demonstrate to the people who are members of Primary Care Teams and Community Health Forums that their voice was heard and has been reflected authentically. Many of the more intractable health service related issues raised during this process such as staffing and waiting lists are reflected nationally in the Sláinte Care Report which has detailed recommendations and implementation time scales laid out. The roll out of the Healthy Ireland Framework in Donegal through the Healthy Donegal Committee is also an opportunity for many of these issues not just to be left at the door of the HSE or Donegal County Council or the service provider is responsible, but to be approached and addressed on a partnership or interagency basis which shares the burden of responsibility somewhat.

Many of the recommendations below are already referenced in one or other existing local, regional or national strategies and where this occurs, these are listed at the end of each section. There is also an indication whether implementation of the recommendation rests with local/regional (L-R) and/or national level (N) to give readers an idea of where movement is needed.

### 6.1 Primary Care Teams (PCTs)

The Primary Care Teams offer great potential to address local population health issues in specific areas across the County as well as providing an important space to discuss the complex care needs of clients and to exchange information and experience. It is recommended that the PCTs are re-invigorated County wide given that it has stalled in so many areas in the following ways:

- Ensure the implementation of the [Community Healthcare Organisations – Report and Recommendations of the Integrated Service Area Review Group](#) (2014) report. Many of the issues and recommendations highlighted in this report are also reflected in this document and should it be implemented in full, it would go

- a long way towards solving many of the issues at Primary Care Team level (L-R; N)
- ⇒ Carry out a full review of the way PCTs are operating in the County, consider what is working well, how it can be transferred to other areas (L-R)
  - ⇒ Ensure there is HSE Primary Care management representation on each PCT (L-R)
  - ⇒ Ensure there is a communication channel in place that allows feedback between the PCT and HSE management so the issues that are coming up at local level can be responded to and in turn, communicated back. This communication channel would also allow PCT members to make proposals around services to management and get a timely response (there were numerous mentions during the consultations where clinicians made proposals to address a local issue to management but received no response) (L-R)
  - ⇒ Re-engage the GPs with the Primary Care Team process as one of the central lynchpins of Primary Care at local level (N)
  - ⇒ Identify a budget line to facilitate joint projects on population health issues that are identified at local level (L-R; N)
  - ⇒ Resource the local Primary Care Teams with a HSE Management Team member (as above), facilitation and administration support and an appointed Chairperson from within the Team (L-R)
  - ⇒ Support Primary Care Staff to attend meetings by building time into their workplan to attend meetings (L-R)
  - ⇒ Health and Safety audits to be carried out to make sure that buildings where primary care is being provided are fit for purpose, in response to PCT staff concerns about accommodation and facilities (L-R).

**Relevant Strategies:**

- [Community Healthcare Organisations – Report and Recommendations of the Integrated Service Area Review Group’ \(2014\)](#)
- Committee on the Future of Healthcare Sláintecare Report May 2017
- CHO 1 Service Plan 2018

**6.2 Home Care**

Review Homecare Provision in the County recognising the significant issues that were raised across PCT areas and the blockages in hospital beds that are caused by people unable to be discharged home because there are no homecare supports in place. The review needs to take into account the following:

- ⇒ Provide further training to Home Helps to increase the scope of their role (e.g. helping people with falls; administering medication) (L-R)
- ⇒ Provide better information and communication around Homecare entitlements, the purpose of the service (i.e. that the service currently only provides personal care) and how the process actually works. There are very high expectations among HSE staff and the public about the Homecare service and what it actually does and can do and this needs to be addressed (L-R)
- ⇒ Address the lack of consistency in service across the County (L-R)
- ⇒ Schedule adequate travel time into the Home Help schedule (N)

- ⇒ Review the communication between hospitals and Primary Care staff on patient discharge to ensure that it is timely and appropriate and the resources are available to meet the discharge need (L-R)
- ⇒ Allow some flexibility within the service to meet individual needs (N)
- ⇒ Review how the paperwork associated with the application for homecare can be reduced, and consider how to improve the relationship between the Public Health Nurses and the Home Care Coordinators. This will help address issues that arise and help build trust in each other's professional judgment. (L-R; N)
- ⇒ Recognize the importance of the provision of both personal care and social care as the needs of older people in particular are not just clinical but also emotional, and with the demographic challenges in Donegal and the loss of the younger populations, this is a real issue. This restriction on personal care only needs to be reviewed (N)
- ⇒ The contracts, Service Level Agreements and governance for private providers of Homecare services must ensure the quality standards are the same as within the HSE Homecare service (N)
- ⇒ Carry out forward planning to ensure there are adequate resources to meet the increasing health and social care needs of older people(L-R; N)

**Relevant Strategies:**

- CHO 1 Area Plan 2018
- Donegal Age Friendly Strategy
- Sláintecare Report

**6.3 Staffing Issues in Health Services**

This is a national issue and does not only affect Donegal, and lies not so much with the absence of posts, but the difficulties in filling vacant posts. This seems to be a particular issue in Donegal for reasons explained in Chapter 5. This has led to long waiting lists and while being short staffed is something that can be managed for a short period of time, it has stretched to years in some clinical services leading staff to comment on high stress levels and low morale during the consultations. Recommendations are:

- ⇒ HSE to review and provide derogation from the HSE National Recruitment Service (NRS) if necessary, in order to address the issue of posts not being filled. The barriers identified need to be addressed in a creative manner e.g. inducements or incentives to attract people to the region; look at ways the panel could be organised across regions rather than nationally (L-R; N)
- ⇒ HSE to ensure budgets are in place to provide cover for maternity, long term sick leave and career breaks (L-R; N)
- ⇒ To address the concerns of stroke victims, patients with neurological patients conditions and accident victims, the appropriate number of adult SLTs for the County need to be appointed as there are none currently in place (L-R; N)
- ⇒ Address the clinical gaps in the County in neurological services and bariatric services (L-R; N)

**Relevant strategies:**

- Committee on the Future of Healthcare Sláintecare Report May 2017
- HSE Service Plan 2018

- CHO 1 Service Plan 2018
- Slaintecare Report

#### **6.4 Waiting Times and Waiting Lists in the Health Services**

Waiting times and waiting lists are issues that affect people across the country and not just in Donegal. This is a long running issue and it is no surprise that it emerged as one of the biggest issues across the PCT areas with people waiting up to 2 years for some services. Waiting lists occur across all the directorates of the health service are affected primarily by staffing and resources (referred to above) and a change in these factors is needed in order to address this issue. Recommendations have been made in this regard in the Sláinte Care document and, if implemented, should go in some way towards alleviating the situation. Other recommendations arising from this Report are:

- ⇒ Implement Slainte Care Recommendations (N)
- ⇒ Serious efforts need to be made to reduce waiting lists particular across mental health, OT and Physiotherapy services. Suggestions include:
  - Addressing staff recruitment issue as recommended above (N)
  - Explore the feasibility of setting up local clinics to take the pressure off Letterkenny University Hospital Emergency Department e.g. minor injuries clinics (L-R)
  - Undertake a research project into 'Did Not Attends' (DNAs) to understand the reasons why people are not attending appointments e.g. transport issues and literacy difficulties (L-R)

#### **Referenced in the following Strategies:**

- Committee on the Future of Healthcare Sláintecare Report May 2017
- HSE Service Plan 2018
- CHO 1 Service Plan 2018
- Connecting for Life

#### **6.5 Respite and Supports in Disability Services**

The issues affecting people with disabilities within the health service revolves primarily around the provision of respite care. This affects not only the individual with a disability but also the family carers, with both parties often needing a much needed break. Donegal has above average numbers of people with a disability, with some areas recording particularly high numbers, and an above average number of carers. Specific recommendations in this regard are:

- ⇒ Provide increased Intellectual Disability (ID) respite facilities to meet demand (L-R)
- ⇒ Advocate for adequate sheltered accommodation for people with ID (L-R)
- ⇒ Provide sufficient staff to keep Seaview House (Mountcharles) open at all times (L-R)
- ⇒ Provide SLT services for adults with Intellectual Disabilities (N)
- ⇒ Provide emergency respite beds in the County (L-R)

- ⇒ Employ case conferencing (via the Primary Care Team if functioning) around patients with more than one diagnosis and particularly in regard to ID patients (L-R)

**Referenced in the following Strategies:**

- CHO 1 Service Plan 2018
- LECP
- Better Outcomes, Brighter Futures
- New Directions

## **6.6 Mental Health**

This is one of the most challenging issues to address across Donegal and there a number of aspects to it: the staffing issues that are affecting all the health services referred to above, the waiting lists for HSE Adult and Child Mental Health services, the Counselling in Primary Care service and the Psychology service and the growing waiting list for Jigsaw. Many of the recommendations below align with the actions being implemented in *Connecting for Life Donegal*. The first step must be to review progress of the relevant actions in this plan and then work with the Connecting for Life implementation structures at a national and local level to address the identified issues.

Recommendations include:

- ⇒ Addressing the HSE staff recruitment issue (detailed above) (N)
- ⇒ Explore ways of extending the Counselling in Primary Care to people in need but not in receipt of a medical card (N)
- ⇒ Continue to support and increase the number of community mental health initiatives currently operating e.g. Stress Control Programmes, Connect Mental Health, counselling offered through the community and voluntary sector (L-R)
- ⇒ Increase awareness and information about access to mental health services (what is available, when it is available and how to access it (referred to above) (L-R)
- ⇒ Work with schools and youth groups to address the growing issue of anxiety in primary and post primary school children and address the current gap in supports for the 12 – 15 year olds (L-R)
- ⇒ Extend the Jigsaw service to the 12 – 25 age group (N; L-R)
- ⇒ Improve the transition from CAMHS to AMHS with the aim of improving the experience for the client and ensuring follow through (L-R)

**Referenced in the following Strategies:**

- CHO Service Plan 2018
- Connecting for Life Donegal
- Healthy Ireland
- Donegal Age Friendly Strategy
- SICAP
- A Vision for Change
- Committee on the Future of Healthcare Sláinte Care Report May 2017

## 6.7 Substance Misuse

The addiction services in the County are stretched and it is a challenge to meet existing demand, and greater investment and improvement in the service is required. Many people are not aware of what is available and where they can access support. Recommendations are:

- ⇒ review and improve communication information and dissemination around addiction services (L-R)
- ⇒ improve access to existing addiction services in the County e.g. detox facilities, step down supported housing, therapeutic communities (L-R)
- ⇒ review addiction services in the County looking at where gaps are most evident and how they can be addressed (L-R)

### Referenced in the Following Strategies:

- Healthy Ireland (Reducing Harm- Supporting Recovery)
- Connecting for Life
- SICAP
- CHO1 Area Plan 2018

## 6.8 Transport

The importance of transport in the health and wellbeing of the people of Donegal cannot be over emphasised. In a large, rural county like Donegal with a rugged terrain and challenging landscape, access to transport is essential. Just over one in ten people do not own a car in Donegal and this is higher in some areas. More vulnerable groups such as people with disabilities and older people who are either no longer confident about driving or unable to drive, rely on public transport to get to and from places. It was one of the central issues arising in Donegal Age Friendly Strategy. While the routes operated by the Local Link service have broadened access in some areas, the transport options across the County are still very limited and wheelchair access in many buses and taxis not available. Recommendations are:

- ⇒ Set up an interagency County Transport Review Group to consider how the issues raised in the Needs Analysis can be addressed. This could link in with the recommendations in the Donegal Age Friendly Strategy.<sup>36</sup> This review should detail what the ideal transport service/connections should be in place to allow individuals access other services in the main towns and villages, what transport services/connections are currently available, and a roadmap on how to bridge the difference including infrastructure issues e.g. wheelchair accessible bus stops, bike racks at bus shelters/bus stops. Future services should be placed where the existing transport service/connections exist and developed in conjunction with the public transport providers. This (L-R)
- ⇒ Explore the feasibility of ensuring appointments for people travelling from Donegal to national centres of excellence fit with individual need e.g. a call from the appointments service to check on the best timing to fit with travel

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<sup>36</sup> Specifically with Action 2.1: Transport Auditing and Provision and 2.2: Establishment of a County Transport Steering Committee.

arrangements. This may seem like adding a layer of bureaucracy but in terms of the health and wellbeing needs and the budget constraints of people in the County this will make a difference, as well as ensuring the efficiency of the HSE services (reduced number of DNAs/late arrivals) (L-R)

⇒ Explore the feasibility of setting up a volunteer driver scheme to link in with places off the bus routes. This could be done in conjunction with the Volunteer Centre, the Good Morning service and would need to address such issues as insurance, vetting, expenses etc. (L-R)

#### **Referenced in the following Strategies:**

- Local Economic and Community Plan
- County Development Plan
- SICAP
- Age Friendly Strategy

### **6.9 Information and Awareness**

Being informed about what is going on in the area is central to feeling connected to community and to society and provides greater opportunities to engage. Disseminating information is difficult as it often passes people by, leaving poster, flyers and emails unread. However, only relying on social media means many people (particularly the older generation) are excluded.

There are a number of recommendations in this regard:

- ⇒ A central health and wellbeing information hub should be developed, modeled on the current Donegal Community Network Facebook Page and website. While this would primarily be social media led given the ease of updating and informing people via this platform, there would also need to be links with local radio/ print media on a regular basis to avoid excluding people less familiar with the digital age. This would include information on primary care services in the County but also feature community health initiatives (L-R)
- ⇒ Develop and disseminate easy to understand local and national HSE organisation structures (internal for HSE staff and GPs) and external for the general public (L-R)
- ⇒ Provide up to date information on where to go for help for people with mental health problems both online through yourmentalhealth.ie and through other appropriate channels (L-R)
- ⇒ HSE Communications to work with the PCTs and CHFs to raise awareness of services, supports and activities/events (L-R)
- ⇒ Provide improved awareness of sexual health to young people (L-R)
- ⇒ Collate information around all the various CHF/PCT initiatives across PCT areas and see what skills, resources and supports are needed to roll these out where needed. This information should be freely shared within and between PCT's and CHF's (L-R)
- ⇒ Ensure health promotion messages and supports offered through health and wellbeing services are disseminated throughout the communities in places where people congregate, particularly focusing on target groups

**Referenced in the Following Strategies:**

- CHO1 Service Plan 2018
- Local Economic and Community Plan
- Healthy Ireland
- SICAP
- Donegal Age Friendly Strategy

**6.10 Community Connectivity**

If the recommendations around transport and improved information dissemination were implemented, it would go a long way towards addressing community connectivity. This is something that is affected by many factors and is central to an individual's, families and community health and wellbeing with people of all ages engaged, connected and looking out for each other. One of the richest resources in local communities are the groups, clubs and local services that are provided through volunteers, paid workers and projects. In the recession the community and voluntary sector made best efforts to continue to provide services often on a shoe-string so they would not be lost. In the main funding has not been re-instated following the economic recovery and yet the expectations on the sector continue to grow. Recommendations are:

- ⇒ Ensure that community groups are facilitated and supported to continue their work in local communities through multi-annual funding streams (L-R; N)
- ⇒ Investigate how the barriers affecting volunteering in the County can be addressed looking at issues of paperwork, red tape, the fear of losing welfare benefits if and look to ways to reward and recognize the volunteer
- ⇒ Provide Meals on Wheels services where there is an identified need (L-R)
- ⇒ Ensure that the new national service (to be operated by ALONE) that has subsumed the County Good Morning Service and the Befriending Service has a local advisory committee. It is essential that local knowledge is part of the new service (L-R; N)
- ⇒ Implement a communications campaign aimed at increasing children's activity levels and reducing the time spent on screens, aligned to the Physical Activity strand of Healthy Ireland and the national Physical Activity Plan (L-R)
- ⇒ Donegal County Council to work with the Community & Voluntary Sector to identify where pavement and pathway improvements are required and put an improvement plan in place (L-R)

**Referenced in the Following Strategies:**

- Healthy Ireland
- Donegal Age Friendly Strategy
- Better Outcomes; Brighter Futures
- Local Development Strategy
- Local Economic and Community Development Plan
- SICAP
- Connecting for Life Donegal



### **6.11 Promote and Encourage Physical Activity**

The importance of physical activity to positive health and wellbeing was recognised across a number of the Area Profiles. The challenge is to establish and maintain amenities in local communities that encourage people to be active while also informing, educating and promoting the links between being active and being healthy.

Recommendations include:

- Establish and maintain accessible, low cost family facilities that positively impact on health and wellbeing e.g. parks, cycle tracks, walking routes, park runs (L-R)
- Ensure that provision for accessible amenities and public spaces is included in County Council Local Area Plans and other relevant plans (L-R)
- Improve walkways and green-spaces so they are accessible for people with physical disabilities (L-R)
- Put in place an education and information campaign for parents around the benefits of outdoor physical activity for youth and children. This could be linked into the Donegal Sports Partnership and to Community & Voluntary sporting groups (L-R)
- Develop and deliver physical activity programmes for Older People (L-R)
- Roll out Donegal Sports Partnership 'Building Positive Clubs' initiative to all clubs in the County (L-R)
- Implement a communications campaign aimed at increasing children's activity levels and reducing the time spent on screens, aligned to the Physical Activity strand of Healthy Ireland and the national Physical Activity Plan (L-R)
- Donegal County Council to work with the Community & Voluntary Sector to identify where pavement and pathway improvements are required and put an improvement plan in place (L-R)

#### **Referenced in the Following Strategies:**

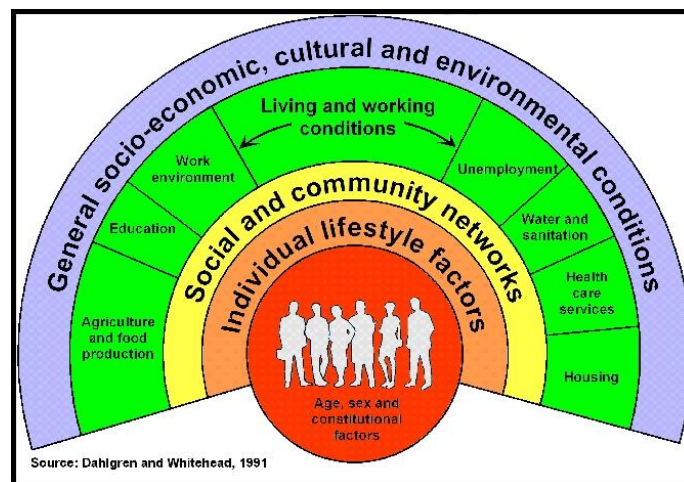
- County Development Plan and Local Area Plans
- Healthy Ireland
- Donegal Sports Partnership Strategy
- Donegal Age Friendly Strategy

## Appendix One.

### DONEGAL PRIMARY CARE TEAM NEEDS ANALYSIS PROJECT FOCUS GROUP QUESTIONS

#### Consultation Principles.

- PCTs and CHFs will be asked the same questions
- Where available the new local PCT profiles will be used to inform the discussion
- Focus Groups will be between an hour and an hour and a half
- The Social Determinants of Health model will be used as a guide for the discussion and will provide the template for the write-up



#### PCT AREA PROFILE HEADLINES [Example taken from Killybegs PCT profile]

- Significant decrease in the 20 - 34 year old age group ... pointing to significant emigration/ migration of this productive age group from the area ... implications for employment in area, social fabric etc. So while the unemployment figure has dropped from 36% in 2011 to 6% now, while this might look impressive, you could surmise that some of this reduction is attributable to the loss of working age population from the area
- Big increase in the over 65's and decreases in the younger age group e.g. 0-4 has a drop of 17% since 2011
- Interestingly in the over 85's, a lot more men than women (usually the other way around). Is this evident in the area?
- One in three are disadvantaged (74%) ... 48% in Ireland
- Only 3.4% in professional class (8.1% Ireland) and nearly a quarter of the population is semi skilled (14.1% Ireland) ... reflects the natural industry of the area namely, fishing.
- 10.4% go third level (18% nationally)
- High figure for people with disabilities (15.6%) as poised to 13.5% nationally
- Male suicide rates much higher than female and both have increased since 2014
- Self harm rates stabilising/ reducing ... higher female but in the last couple of years, rates of male and female are equal.

2. What do you think are the challenges for the people of the area in leading healthier and happier lives?
  
3. Are there any particular groups/ communities in the area who face particular challenges in pursuing a healthier life (prompt: Travellers; disability)
  - How can these challenges be addressed?
  
4. What do you think needs to happen in order for this area to become a more healthy community?
  
5. What is your experience of services (health and community) in Killybegs and the surrounding area?
  - What can be done to make them more effective given the constraints in the area?
  
6. What would improve your health and wellbeing/the health and wellbeing of the people in Killybegs and surrounding areas?
  
7. **Prompts/notes.**

#### **HEALTH ISSUES**

- Mental health, self-harm and suicide
- Obesity and overweight
- Diabetes
- CV Disease
- Substance misuse
- Tobacco use
- Access to health services
- Maternal, foetal and infant health
- Access to healthy foods

#### **SOLUTIONS**

- Promote and strengthen community resources
- Provide access to healthy eating
- Improve access to behavioural health
- Strengthen advocacy for health and wellness
- Increase access to reliable transportation
- Strengthen community connections across the lifespan
- Promote a thriving economy
- Expand community education opportunities
- Increase access to affordable child care
- Increase access to physical health

## Appendix Two.

### Donegal PCT Needs Analysis Project. Online Survey

#### Introduction

Please take a few minutes to share your thoughts on the health and wellbeing needs and challenges for the people in your Primary Care Team area. This survey is feeding into a Needs Analysis research project for the Community Health Forums and Primary Care Teams (PCT) in County Donegal. In responding to the questions below please consider the statement below relating to health and wellbeing, and the vision from the national Healthy Ireland strategy. 'Health and Wellbeing' can mean different things to many different people depending on their overall health condition and their overall health condition and their life circumstances. But there are a few common traits:

- There is a focus on both physical and mental health
- The emphasis is on preventing people falling into ill-health by promoting positive lifestyle choices
- While health services are central to a person's health and wellbeing, they are just one of many service providers who have a role in effecting positive change in this regard
- Healthy individuals create healthy communities

A 'Healthy Ireland' is one ***'where everyone can enjoy physical and mental health and where wellbeing is valued and supported at every level of society'***. (Healthy Ireland Framework).

#### Survey Questions

A 'Healthy Ireland' is one ***'where everyone can enjoy physical and mental health and where wellbeing is valued and supported at every level of society'***. (Healthy Ireland Framework).

1. What Primary Care Team (PCT) Area are you in? *[Drop down menu of PCT areas]*

If you don't know which PCT area you live in, please tell us the village/town nearest to where you live

2. Please tell us in what capacity you are responding to this survey

- Community Health Forum member
- Primary Care Team member

Other (please specify)

3. What do you think are the main health and wellbeing needs of the people in your PCT area?

4. Are there any people or groups or communities in your area that face particular challenges in leading a healthier lifestyle?

5. What is your experience of services (health and community) in your area? Are there any gaps in services you want to mention?

Experience of services:

Gaps in services

6. Is there anything that you have not already mentioned that would improve the health and wellbeing of the people in your area?

DONE