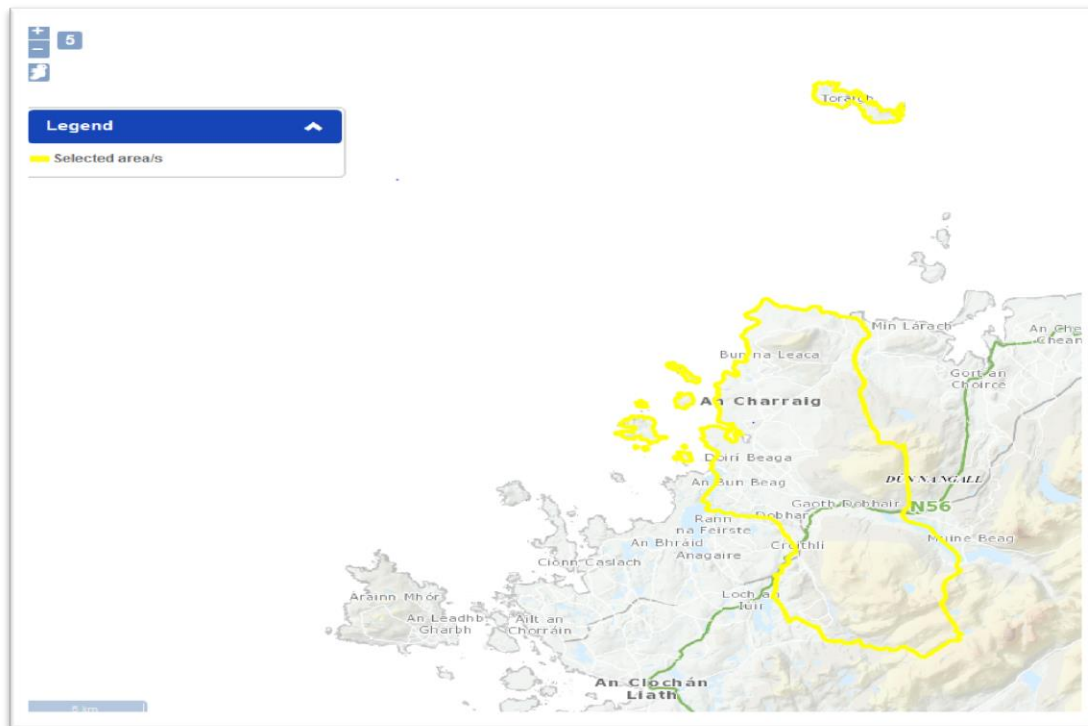


## 4.1 Bunbeg/ Derrybeg Primary Care Team Area Profile

### 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>1</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 Padraig, An Crannog, 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>1</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**

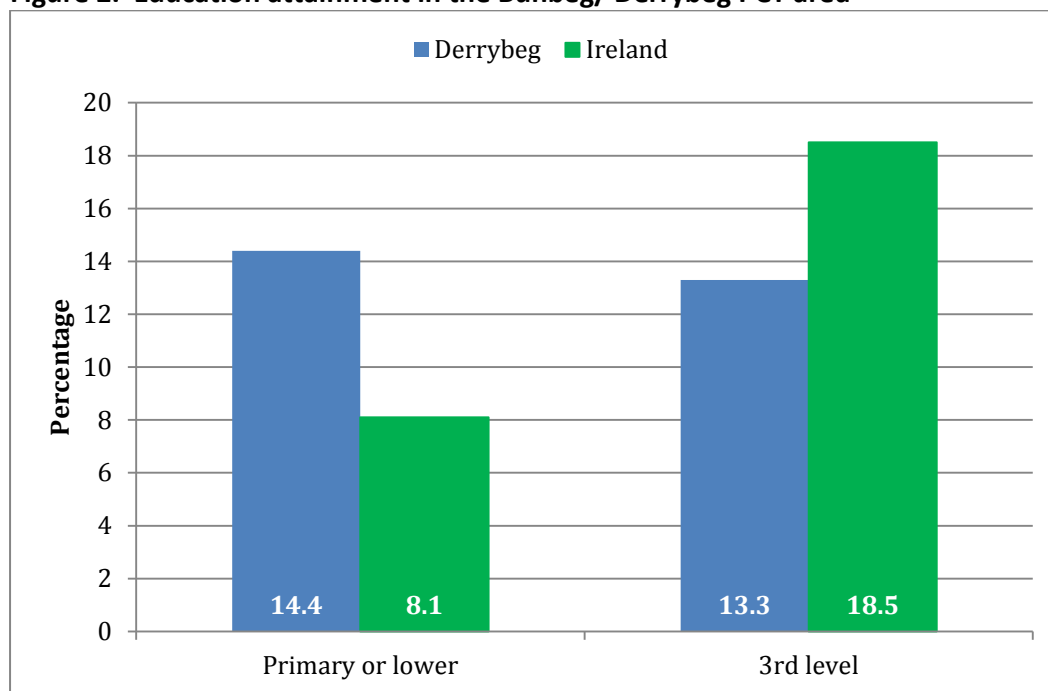
There is a significantly high proportion of the population classed as 'semi skilled or unskilled' in the area, accounting for 22% of the population. This is one of the higher percentages compared

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.

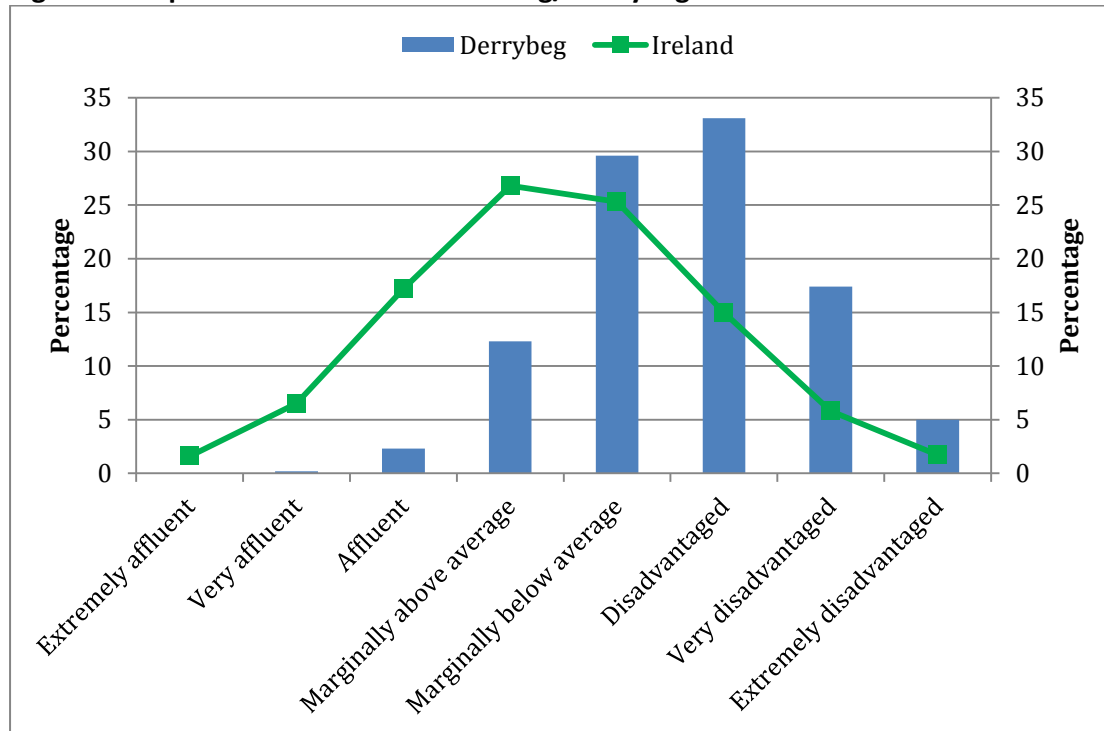
### Family Structure

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