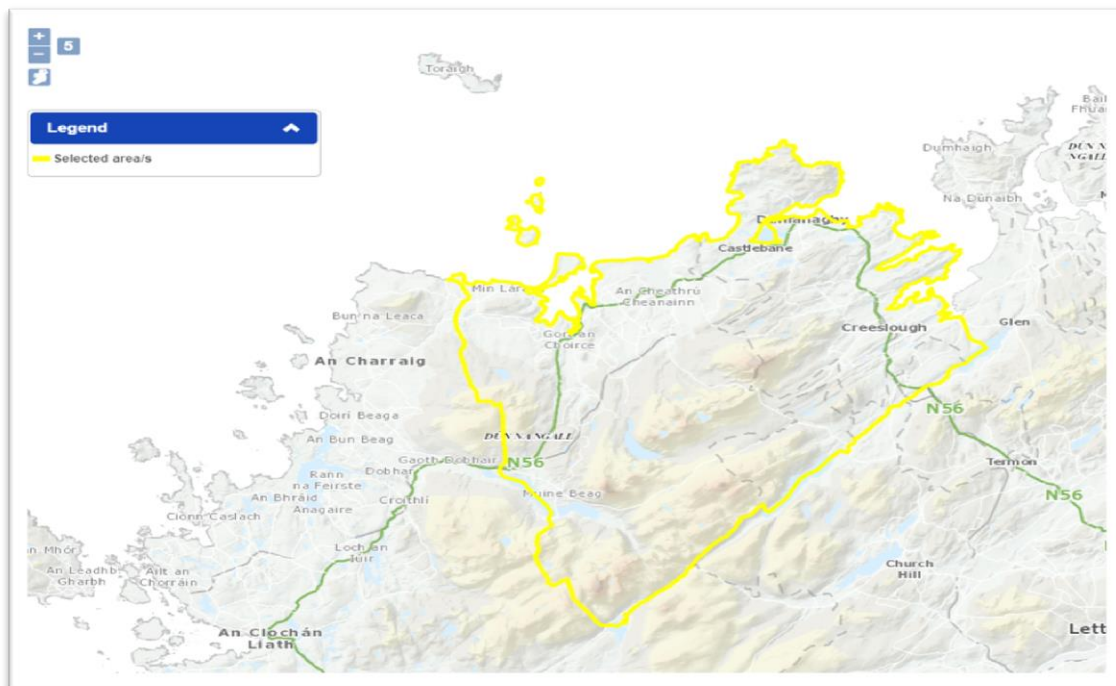


4.2 Derryveagh Primary Care Team Area Profile

1. Background

The Derryveagh Primary Care Team (PCT) area covers the townlands of Dunfanaghy, Falcarragh, 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, Falcarragh 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 Area¹

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

¹ 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.

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 Creeslough 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

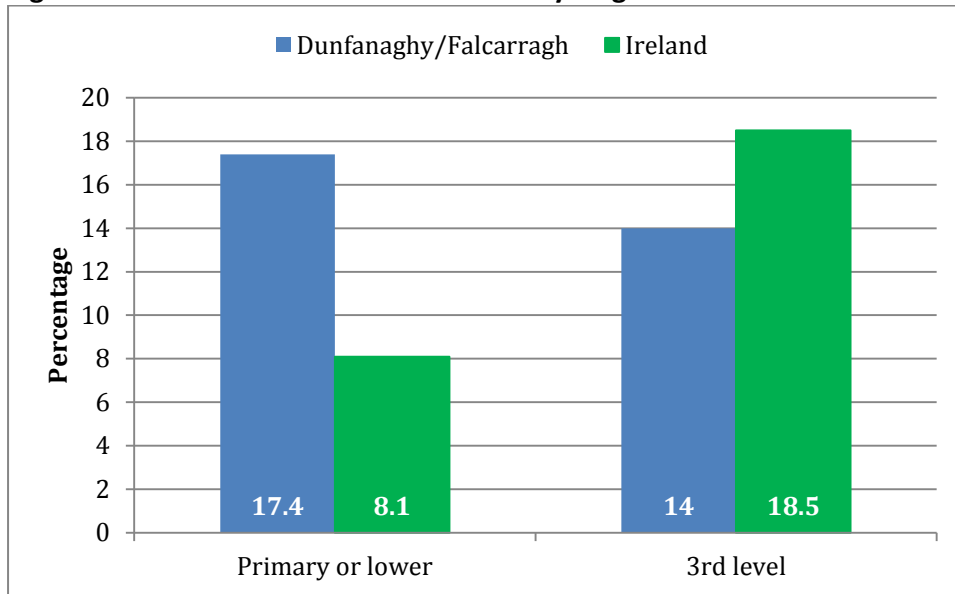
Nearly one in every 5 people (18%) falls into the 'semi or unskilled' work category, which is above the County (16.6%) and State (14.1%) figures. At the other end of the spectrum, 4% of the population falls into the 'professional' category, again lower than the County and national figures of 5.6% and 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 1² (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 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%).

² CHO Area 1 covers the counties of Donegal, Sligo, Cavan, Leitrim and Monaghan

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.

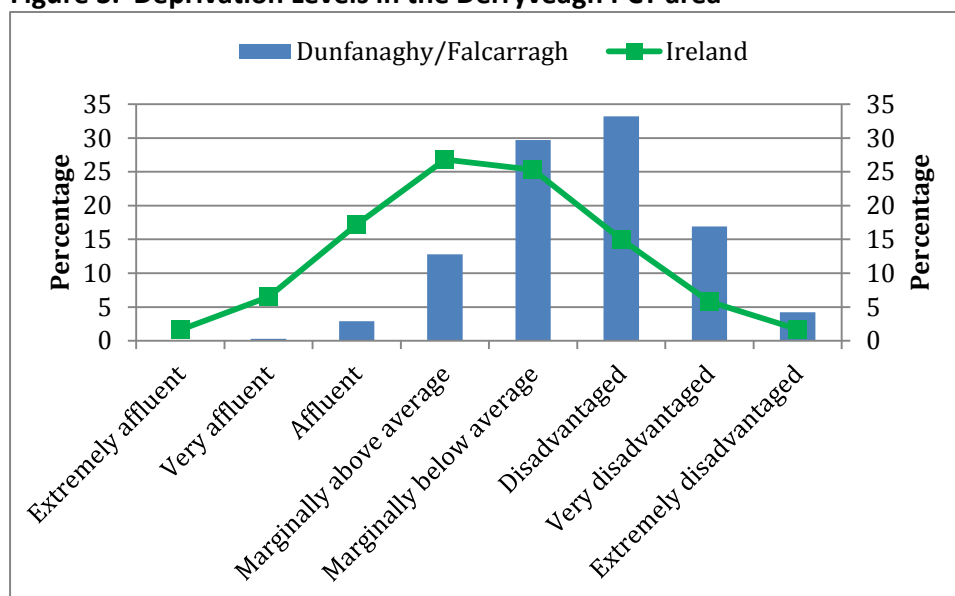
Reflecting the population figures above, it is no surprise that the greatest proportion of families fall into the empty nest and retired categories (13% and 15% respectively). Thirty three percent of the population are in the primary and secondary education system with 7% in pre-school (lower than the 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 3rd 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