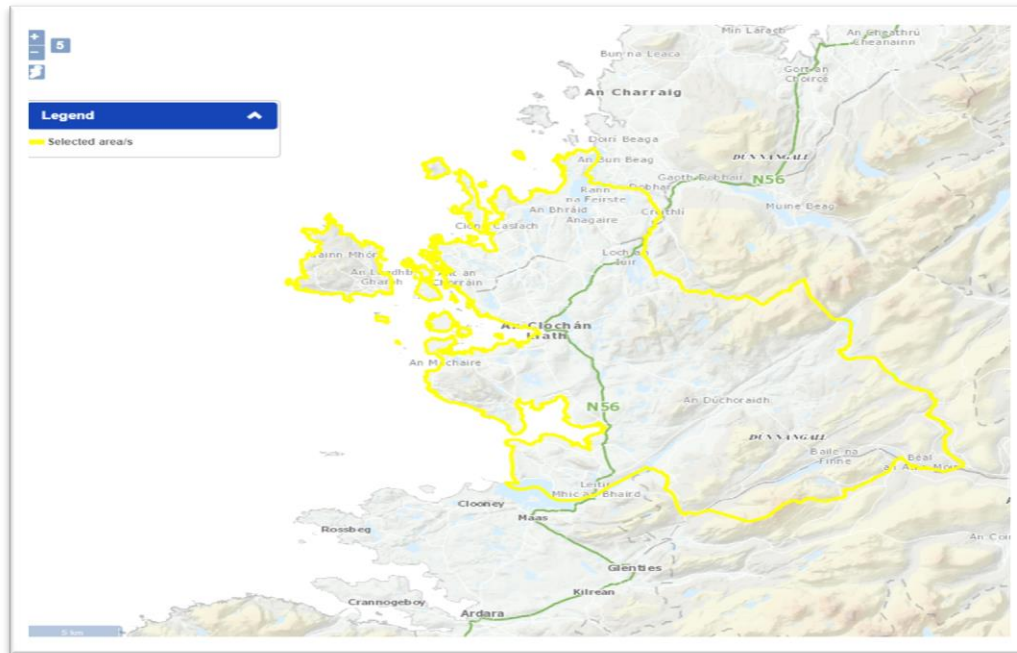


4.3 Fintown & the Rosses Primary Care Team Area Profile

1. Background

Fintown & the Rosses Primary Care Team (PCT) is located in the west of Donegal centred around the town of Dungloe and smaller town of Fintown. It also covers Arranmore island. It is bordered by the PCTs of Derryveagh to the north, Ardara/ Glenties to the south, Finn Valley to the east and to the west is extensive coastline.

Figure. 1: Fintown & the Rosses PCT area



The Primary Care Team has not met in well over a year. When several key actors left their posts or moved away the PCT lost its momentum. The Community Health Forum is relatively new in the area set up in November 2017, and is therefore at an early stage of development. It has met several times to organise and host the Glenties Municipal District community engagement event about the Healthy Ireland Programme, and to host a focus group for this research initiative. There have been some significant local staff changes (in the Community Development Project) that influenced the CHF's decision to prepare a health and wellbeing programme for the autumn of 2018.

One of the most recent projects of the Fintown & Rosses PCT was the production of a Community Needs Assessment in 2014 which this profile draws upon to inform the consultation and recommendations sections.

2. Overview of Area¹

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:

- Tourism and Wild Atlantic Way
- Irish Language

¹ 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.

- 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

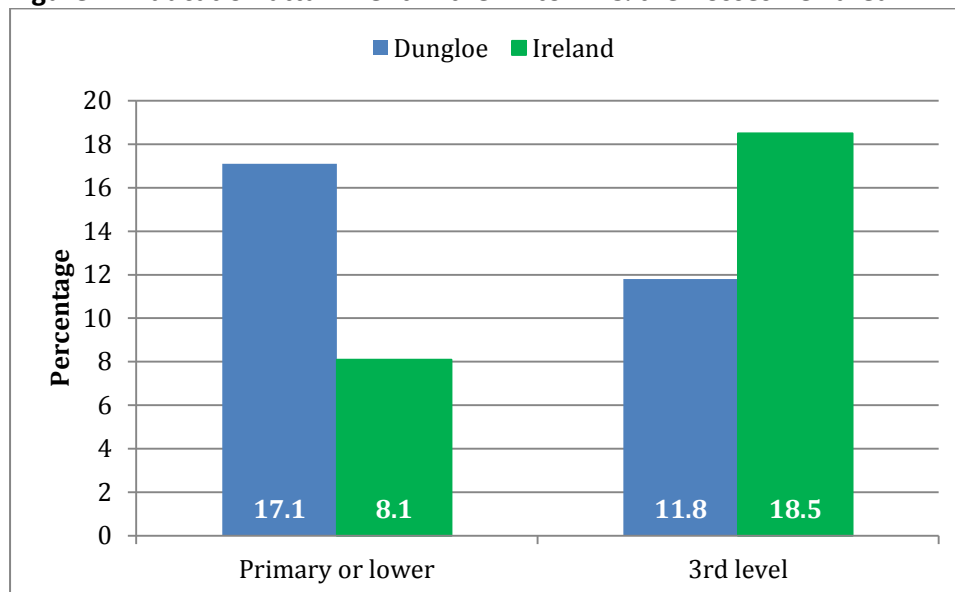
One in five of the population (20%) is categorised as either 'semi or unskilled'. This is one of the highest among all the PCTs and higher than the County (16.6%) and national (14.4%) average. At the other end of the spectrum, 4% falls into the 'professional' work category.

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

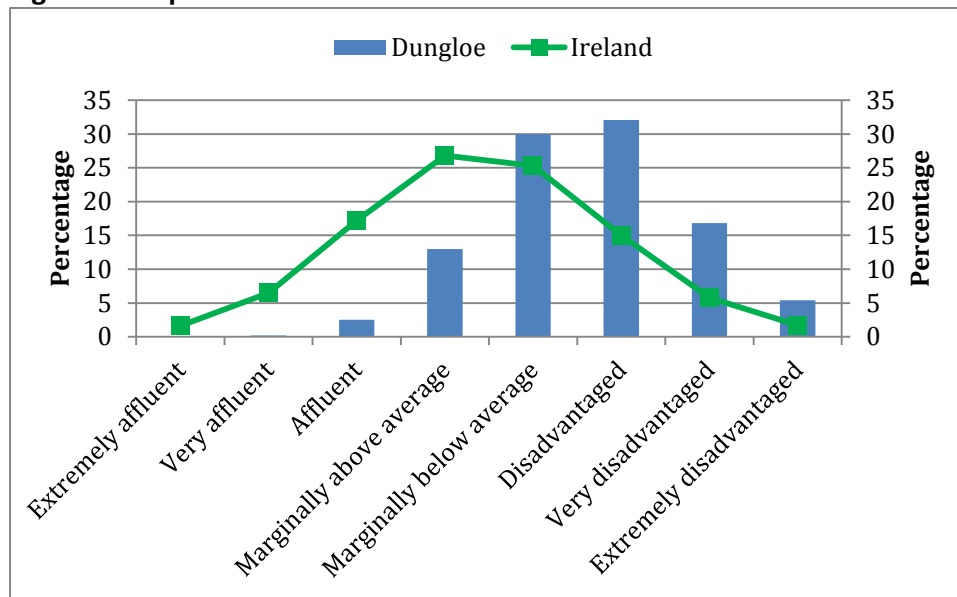
There are 2,130 families in the area with a relatively high proportion of those in the pre-school family cycle (11%) which is slightly higher than the County (9%) and national figures (10%). There is also a strong cohort of families in the primary and secondary education system (37%) which has implications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