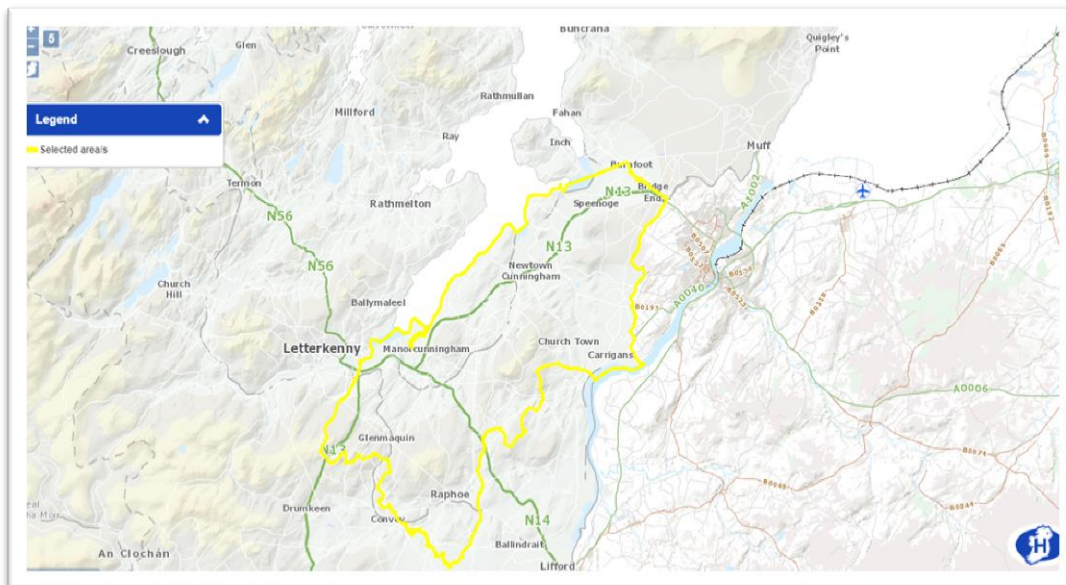


## 4.9 Lagan Valley Primary Care Team Area Profile

### 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 Convoey. 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 20016 (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>1</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, Manor Cunningham 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 are 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 Manor Cunningham. 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 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.

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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.

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%.

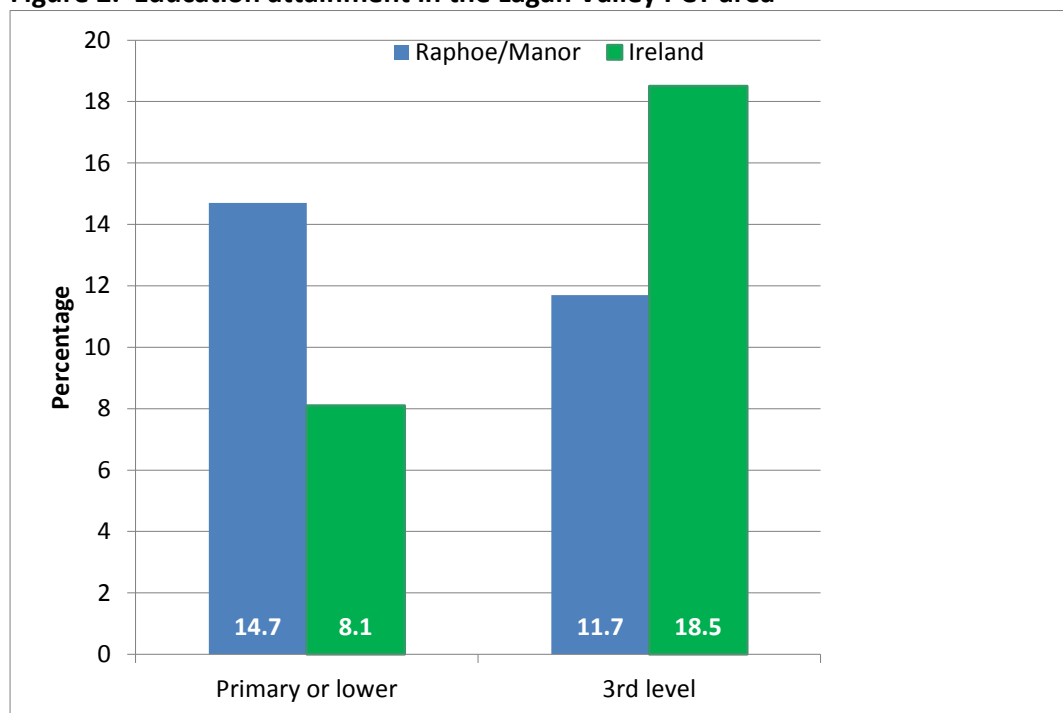
### **Socio-Economic Profile**

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 Industries	548	387	161
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

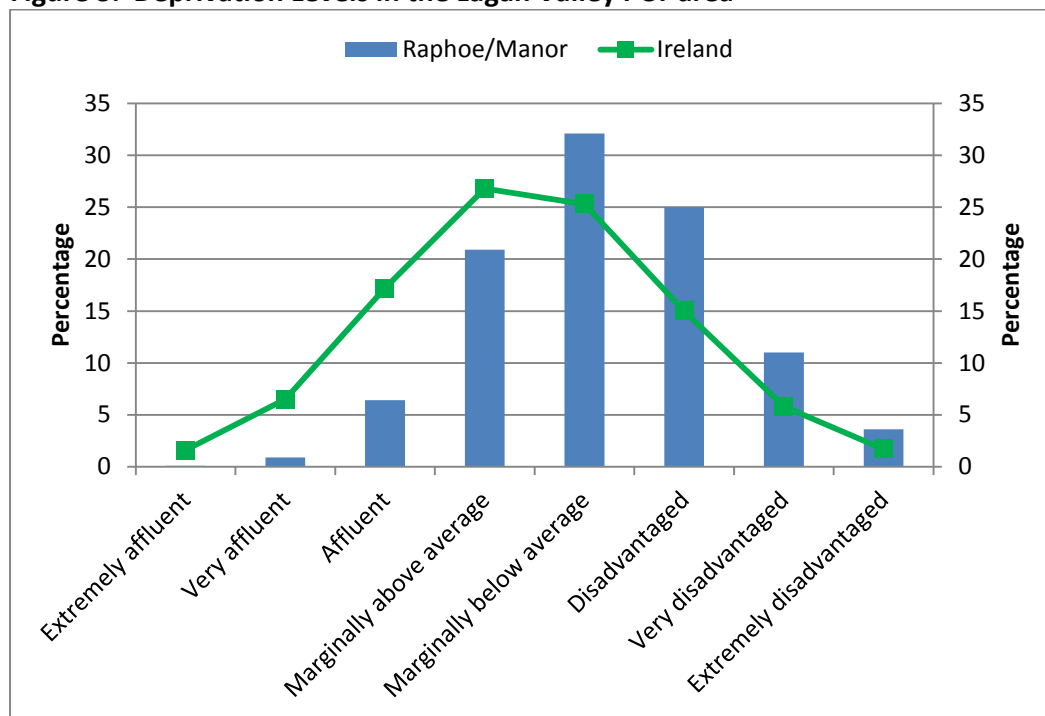
There are 2,390 families in the Lagan Valley PCT area with 33% of these families with children in the primary and secondary education system. Another 10% of them are in the pre-school phase of family life (233 families) and this is higher than the County figure of 9% but in line with the national average. 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