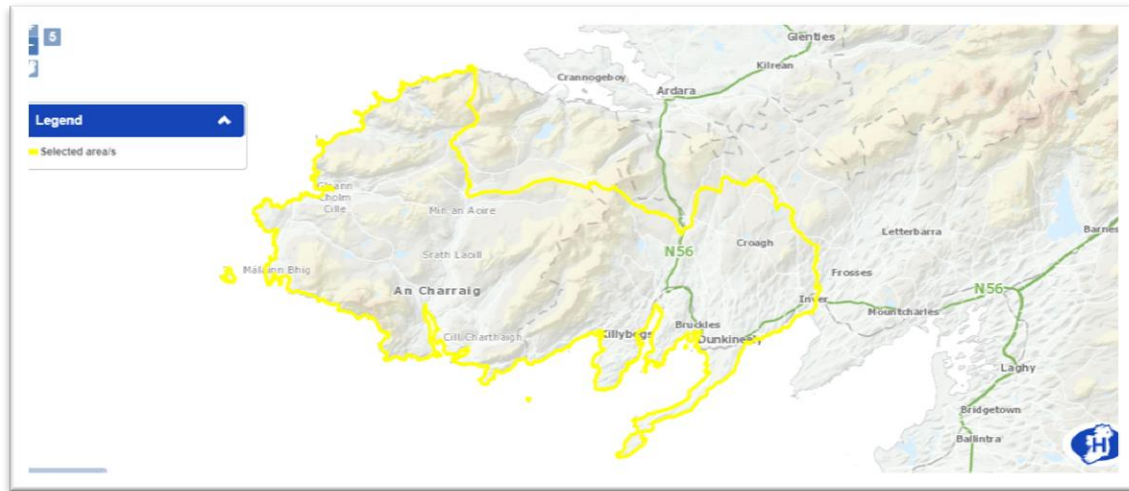


4.7 Killybegs Primary Care Team Area Profile

1. Background

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

Figure. 1: Killybegs PCT area



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

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

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

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

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

2. Overview of Area¹

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

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

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

There are a number of local bus services operating between Killybegs and the rest of the County, Letterkenny, Donegal Town, Sligo and Galway and a number of bus services connect Killybegs with Dublin. Up to 6 private taxi operators also provide transport services in and around the town. The Local Link bus service runs daily services from Glencolmcille through

¹ The statistical data in the section is drawn primarily from the Area Profiles developed by the HSE Public Healthy Department using Census 2016 data and other relevant health data sources.

Killybegs to Donegal Town. There are no rail links and the closest airport is Donegal Regional airport at Carrickfinn, 58 kms away that serves Dublin and Glasgow.

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

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

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

Population Structure

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

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

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

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

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

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

Age Dependency

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

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

Nationality & Ethnicity

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

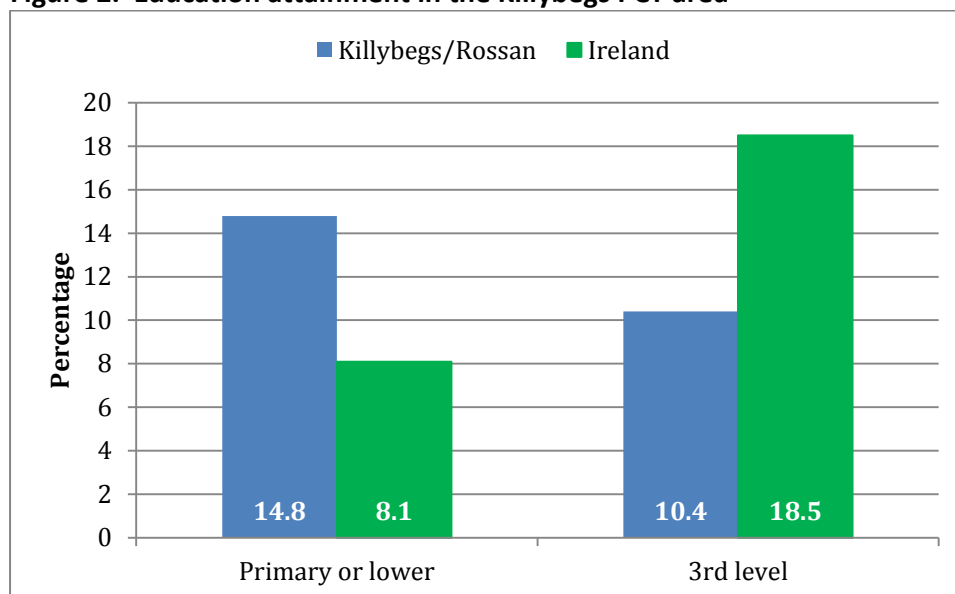
Socio-Economic Profile

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

Educational Attainment

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

Figure 2. Education attainment in the Killybegs PCT area



Unemployment

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

Occupations

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

Industry	Total	Male	Female
Agriculture, Forestry, Fishing	333	308	25
Building & Construction	216	204	12
Manufacturing Industries	456	322	134
Commerce and Trade	564	283	281
Transport & Communication	141	108	33
Public Administration	144	64	80
Professional Services	638	136	502
Other	325	151	174

Family Structure

There is a total of 1,940 families in the Killybegs PCT area. A quarter of these are retired & 'empty nest' families, and a quarter are families with pre-adolescent or adolescent children. A

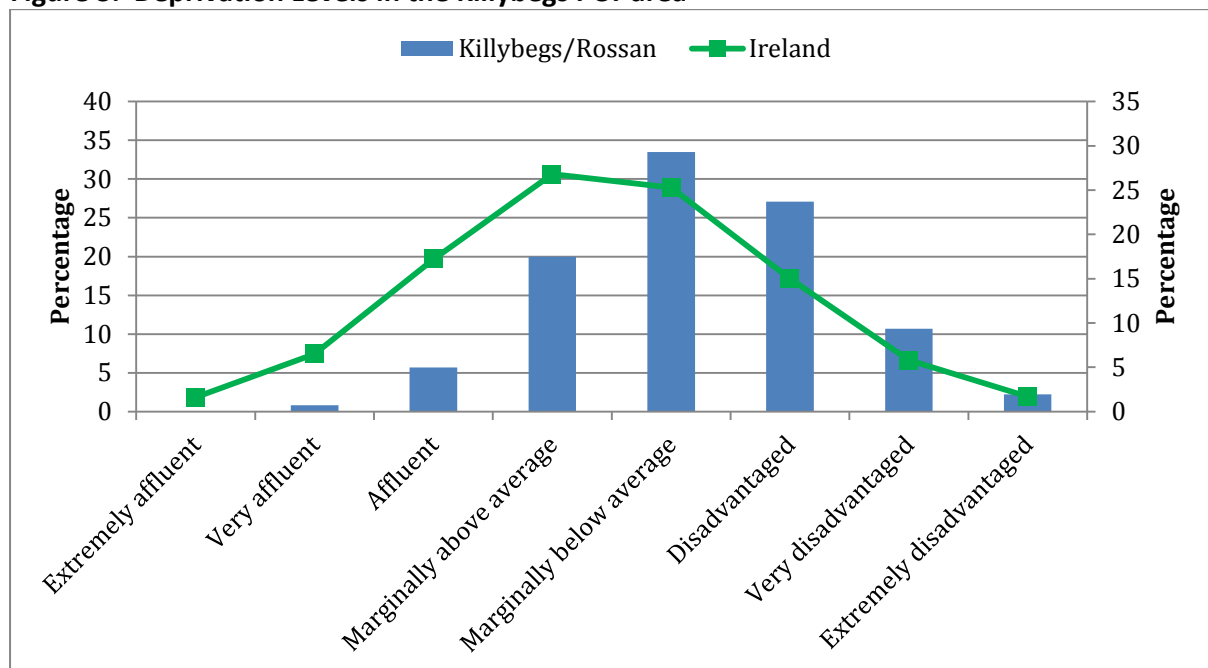
further 25% are made up of families in the pre-school/ early school phase (19%) and pre-family units (6%).

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

Deprivation

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

Figure 3. Deprivation Levels in the Killybegs PCT area



Health Indicators

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

Connectivity

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

3. Consultation Findings

Overview

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

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

Access

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

Transport. There are limited public transport options available for people living in the Killybegs PCT area. Census data tells us that 12% of the population do not own a car meaning that 1 in ten of the population are reliant on other forms of transport. While Local Link offers a welcome service in the area, this is limited both in terms of times and routes. People who do not own a car or drive, are therefore relying on family and taxis for both local and longer distance travel.

The rural nature of the PCT means that access to transport is central not only for every day services such as banking, post office, shopping, but also for attending appointments for health and other services. It also has a significant impact on community connectivity and increases the risk of isolation and loneliness.

Information. Access to information about services in the area is a constant source of frustration for service providers. Community providers say they advertise, promote and inform through various communications channels; print media, radio, social media, parish notices, posters and word of mouth, but attendance at events, programmes or projects is generally still low.

Communication and engaging the local population is something that needs to be constantly worked on.

If services and supports are not used, then they will be withdrawn from the area and this is a real concern. People consulted for this project say there are a lot of good services in South West Donegal, but they are not used to the full potential. Discussion took place about the disconnection between communities in the area (see below).

Services and Community Connectivity

One of the themes arising from the discussion was around the disconnection between communities in the area. There was a general sense that people do not connect and engage well with services in the area, particularly if they live in the outlying rural areas of the PCT (transport is an obvious barrier here). There are a number of outreach services offered in Killybegs, but people often end up going to Sligo or Letterkenny, even when they have an equivalent service locally. If the service is not used, then it is withdrawn and lost to the whole community. The Municipal District (MD) consultation flagged up that people who are most vulnerable are often low in confidence and motivation find community engagement a challenge.

Community spirit in Killybegs was also discussed, and the general view was that it was absent or low in the area. This can be attributed to many factors: the primary industry in the area (fishing) means that work can be fluid or seasonal with people leaving for periods of time; many people living in Killybegs are not originally from the area and if they don't get involved in the local community, it can dilute community spirit. The issues of access and transport (as mentioned above) also contribute to this.

The fishing industry can be particularly stressful on family life, both when the worker is away and at home. His or her partner may not be from the area and therefore does not have the support of extended family, and is left to manage alone and can often be disconnected from the local community.

Engaging parents and schools in local community services has proven difficult. It is particularly difficult to get parents from the more outlying rural areas engaged in services and supports e.g. a family services event was recently held where all the Primary Care professionals were present and only 20 families attended. Donegal Youth Service hosted a sexual health event for all secondary schools in Donegal and only 50 people attended.

Early intervention with children is crucial to prevent problems as children grow up. Early intervention needs to stretch across behavioural issues, mental health and physical health. Children are often lacking the basic skills to engage in activities i.e. balance, gross motor skills and fine motor skills. Behavioural issues are being left unchallenged leading to difficulties when children are transitioning through the education system. In addition, access to screens/social media from a young age is negatively impacting on their physical and emotional development e.g. eye muscle development, speech development and increased anxiety levels.

The issue for the community and voluntary sector in the area is not necessarily around community infrastructure, but community capacity and engagement. The recession has had a huge impact on the sector throughout the county, and the cuts over the past number of years and the change or withdrawal of community supports has left its mark. There is a feeling that as

state services have been withdrawn or cut from the area, the responsibility has been left with the community and voluntary sector to step in and fill the void but with no additional resources. The funding that is available often leads to competition between groups which in turn has an impact on community spirit and connectivity. It is really difficult for groups to apply for, secure and report on funding with the increased level and complexity of paperwork and bureaucracy. Funding is often 'year on year' and it would be much more suitable if it was multi-annual, thereby allowing the sector to plan more effectively. The exclusion of funding for operational expenses also makes it very difficult for groups to deliver supports and services.

Health Services

The community is well served by the local Community Hospital, which now has a much needed x-ray unit. However, the strains on the health service that is being felt all over the country also manifests itself in the Killybegs PCT:

- the Kilcar Primary Care Centre has been closed 'until further notice'
- The Home Help service is inadequate and it is exceptionally difficult for people to get home care support in their own home leading to either (a) people occupying beds in the local hospital when they could be cared for at home and thus freeing up beds for other patients, and (b) older people at home not being able to access extra support as they age, and without this support, may not be able to continue to live in their own homes. This not only affects their quality of life but can also increase their health risks e.g. risk of falling, poor nutrition. It also goes against the national policy of keeping older people in their own homes with the support they need for as long as possible
- There has been a high turnover of GPs at the local health centre, meaning that people have to repeat their story over and over to different locums. It makes it difficult to build a relationship and have continuity of care
- The Primary Care Team, which had been working well, is no longer meeting regularly. Meetings are being cancelled at the last minute and health professionals are finding it difficult to make time for meetings with their workload (the HSE does not give release staff for the meetings). The PCT is the only local policy vehicle to get services improved/established in the area, and without the PCT driving local health issues, very little is happening. There is no link back to the community and the CHF cannot find out what is happening as meetings are cancelled resulting in a significant communication gap. For example, the HSE took over the top floor of Clara House to provide facilities for people with Intellectual Disabilities over 2 years ago, and to date nothing has happened on this
- The Social Prescribing Programme is operational in the area as a result of the past efforts of both the PCT and the CHF, but the service is not adequately resourced to meet the need in the area. There is evidence that Social Prescribing can reduce the burden on secondary health services, supporting the people with mild to moderate depression and anxiety in their community
- There is now only 1 ambulance for the Killybegs area (reduced from two)
- All hospital admissions seem to be channeled through the Sligo and Letterkenny University Hospital EDs, resulting in very long waiting times. This could be reduced by improved local services e.g. a minor injuries clinic
- Access to coronary care is difficult in this area
It is a one hour drive to the nearest hospital (Sligo or Letterkenny) and with the reduced ambulance service in the area, if anything serious happens to someone, there are at an increased risk

Mental Health

The waiting lists for counselling are very long, and it is difficult to get access to counselling if the person is not eligible for the Counselling in Primary Care (CIPC) service, without paying for the service privately. For young people in particular, the Jigsaw thresholds for support are low, so they are being referred to CAMHS where there is a waiting list of up to 2 years for non-emergency cases. The MD consultation spoke of a lack of services to deal with mental health, with some community supports (such as Social Prescribing) receiving inappropriate referrals because of the lack of alternative primary care support, and the long waiting list for secondary mental health services.

Services are seeing an increase in the levels of anxiety among primary school children and believe this has much to do with dependence on screens and use of social media, which has an impact on their social and physical ability and on mental health.

Healthy Ireland Priorities

Physical Activity. The closing of the local hotel swimming pool was mentioned as a particular blow to the town, the nearest pool now being in Donegal Town. This is particularly felt by families with children who have special needs, as they used the facility frequently.

While there are many sporting groups in the area, the weather has a significant impact on other type of non-competitive physical activity opportunities such as walking groups, gardening groups etc.

Vulnerable Groups

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

- People with disabilities:
 - Over age 18 - there is nowhere for adults with additional needs to go during the day apart from Letterkenny one day a week
 - No in-home support for the families of people with disabilities
 - Limited leisure activities - to get to a cinema is a big undertaking for a family with a member with additional needs and it is a pity that the cinema proposal for Donegal Town did not obtain planning permission
- Children (0 – 5). The MD consultation raised the importance of early intervention with young children to prevent problems arising as they grow up
- Older People (over 65). This age cohort accounts for a large population (20%) in the Killybegs PCT area, one in every five people. Life has changed significantly for them, not least with the technological developments where everything is moving online, and the withdrawal of services locally such as banks and post offices, and the closure of shops in the local area. The transport barrier only compounds this isolation

Positives identified in Killybegs

- A lot of initiatives being rolled out by the community in the area
- A very good strategic, hardworking community health forum in the area
- The tourism industry

- Killybegs provides a range of neighbourhood services to its residents and to the wider surrounding hinterland including a number of community and cultural services, recycling facilities, public service, financial, post office, An Garda Síochána, fire station, Killybegs Harbour, Killybegs Community Hospital as well as primary, post primary and third level education facilities.
- Cruise ships docking at Killybegs Harbour

4. Recommendations from the Killybegs Consultations

Primary Care Team

- The local Primary Care Team needs to be revived and resourced as a matter of priority, with clinicians supported to attend by allowing time for meetings. GPs must be actively encouraged to begin attending again. This will ensure that it has the support it needs to flourish (HSE chairperson, administration support), and to ensure that there are resources in place to support innovative projects/ programmes that respond to local health needs. It can also ensure that there is a policy channel to feedback issues to management level. As the national policy requires that the majority of care is delivered at Primary Care level, then the HSE needs to invest in this
- If/When the PCT is back operating, there are a number of issues that need to be addressed:
 - Examine the issues surrounding the closure of Kilcar Primary Care Centre and see if there is any way they can be addressed
 - Look at the issue of a lack of a permanent GP at the local health centre (could be due to issue of lack of rural GPs nationwide), and see if there is any way this can be addressed. Continuity and consistency of care is crucial at primary care level
 - Examine the issue of local respite services (including residential respite) for people and families with members with disabilities, and determine and assess the level of demand in the area, what is currently available and consider how the gaps can be filled
 - Explore the possibility of having a local minor injuries clinic (to take pressure off the hospital Emergency Departments), and reduce travel/waiting for the injured person
 - Look at the issue of Home Help locally (or as part of a County wide review)
 - Get local services for people with Intellectual Disabilities set up at Clara House as promised two years ago

Information and Communication:

- There needs to be an improvement in communication between the Primary Care health services and the public, with support from the community sector; greater awareness of services, location and times of services, and where to go for help. The recent launch of the Community Health Directory can provide a useful platform from which to build
- Have one point of contact for the whole PCT who has local knowledge of what is available locally (supports, services, events, form filling, community/PC links, working with priority groups, targeting vulnerable people etc.)
- Explore the feasibility idea of a mobile Health and Wellbeing unit that can travel around the area, and begin to start engaging and building relationships. (Link with CAWT Community Health Project being run by DLDC)

Physical Activity:

- Put in place an education and information campaign for parents around the benefits of outdoor physical activity for young children. This could be linked into the Donegal Sports Partnership and community/ voluntary/ sporting groups locally be involved.

Positive Mental Health:

- Ensure that the Social Prescribing Programme is able to meet local needs. This is a particularly important intervention for people with mental health problems
- Work with schools, community supports and mental health services to improve the resilience and coping skills in young children to help reduce anxiety levels

Community Connectivity:

- The Community Health Forum should act as an umbrella group with regard to funding applications relating to health and wellbeing activity in the area so that there is a connected and strategic attempt to address issues across the area. The CHF can help to connect Community Groups and would avoid groups competing for funding