

4.13 Milford- Fanad- Rosguill PCT Area Profile

1. Background

The Milford/ Fanad PCT area covers two peninsulas in North Donegal; the Fanad Peninsula stretching down as far as the town of Ramelton, and the Rosguill Peninsula. Both peninsulas are separated by Mulroy Bay and are linked on land at the town of Milford and via a bridge (the Harry Blaney Bridge) in the northern part of the area. The PCT area borders the Derryveagh PCT to the west and the Letterkenny PCT to the south.

Figure 1. Milford/ Fanad PCT area

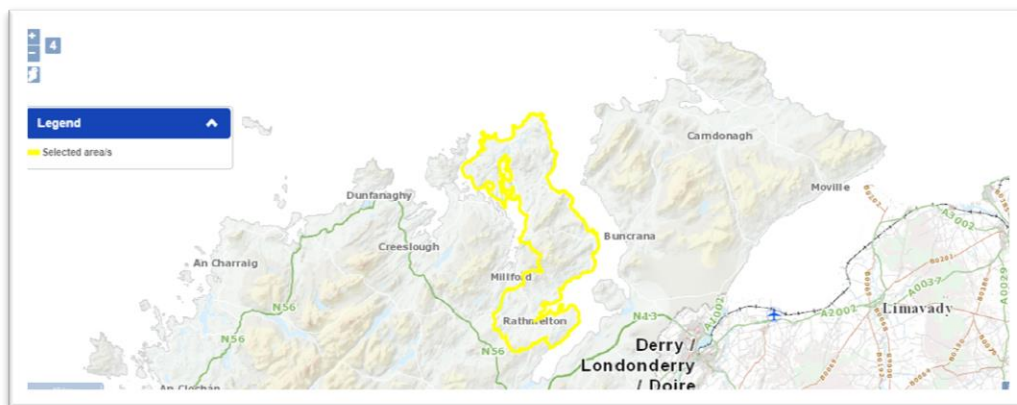
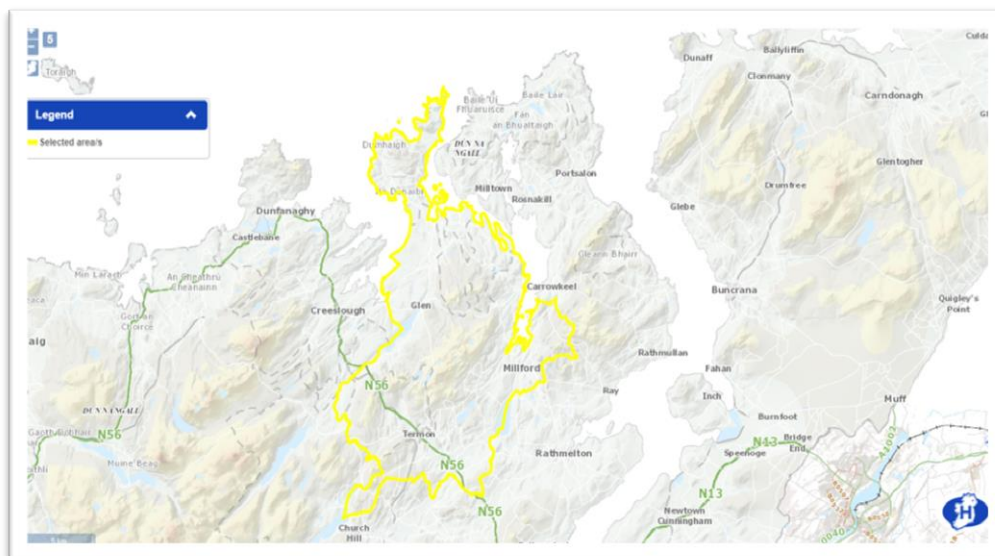


Figure 2. Milford/ Fanad PCT area (Rosguill)



There were two PCT's originally established in this area covering both peninsulas, but for practical purposes, they came together as one functioning PCT. The team works well in the area and meets monthly. It has HSE administration support, no HSE facilitator and operates through a rotating chair. Significant time and effort was put into team building in the early stages of this PCT and this has clearly paid dividends. Members of the Primary Care Team include Physiotherapists, Speech and Language Therapists, Public Health Nurses, Community Health Forum Representatives, the Social Prescribing Co-

ordinator and Ramelton Community Hospital and Community Mental Health Team representatives.

The Community Health Forum also works well in the area. Again, there were two Community Health Forums given the geography of the area, but they joined together about two years ago and alternate the meeting venues between Milford and Downings to share the travel burden. The CHF meets monthly. The PCT and CHF work well together and have undertaken a number of joint projects in recent years

Overview of Area¹

The Milford/ Fanad PCT area is one of the most geographically challenging, stretching across two peninsulas that are only linked at two points. It is a beautiful but somewhat isolated part of the county that faces particular issues around transport and access to services. There are a number of towns on the Milford/ Fanad side; Milford, Rathmullan, Ramelton and a range of smaller villages. Downings is the main town on the Rosguill Peninsula and it used to be a significant fishing port but the predominant industry is now tourism with some small fishing activity.

There is one Family Resource Centre located in the area, Meevagh Family Resource Centre based in Downings. It provides a range of parent and family supports, after school clubs, teen and youth support, youth clubs, education courses and support groups. There is an enterprise centre in Milford that offers supports to local business and community groups (Premier Services), and the area is well served by sports/ physical activity groups.

Given the remoteness of the location, transport options are limited. Private bus operators run daily routes around the area to and from Letterkenny. The Local Link bus service runs from Portsalon to Letterkenny daily, but there are no Local Link services in the Rosguill peninsula.

Population

The two Peninsulas combined have a population of 13,585 (6,497 living in Rosguill and 7,088 living in Milford/ Fanad). There are some differences in population shifts between the two areas. Milford/ Fanad area experienced one of the largest decreases of the 0-4 age category, a decline of 20% from 2011. This is one of the largest decreases among all the PCTs in Donegal and higher than the County figure (15%), CHO 1 figure (10%) and national figure (7%). Rosguill fared a little better with their birth rates not declining as much at 12%. Both areas have an average 5-14 age population, Fanad 15% and Rosguill 16%, which is in line with County and CHO1 figures, and are slightly higher than the national figure (14%).

Much like the other PCT areas, there has been a decrease since 2011 in the 20 – 34 year old age category but this is not as pronounced as in other areas, and is lower than the

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.

County and CHO 1 averages. The biggest population decline in Rosguill is in the 25 – 29 age group at 17% and in Fanad it is in the 20 – 24 age group with an 18% decline. It is worth noting that it is not as severe a population shift in this demographic as it has been in other areas, so the area appears to be losing less of its working age population.

A particular point of note is the increase in the older age population, particularly in the Milford/ Fanad area. There was a 20% increase in the 65 – 69 age group, a 30% increase in the 75 – 79 age group and a 34% increase in the 85+ age group. In 2016 there were 1,317 people over the age of 65 in Milford/ Fanad showing an increase of 177 people in this age bracket since 2011. At the other end of the age continuum, there was a decrease of 119 people in the 0 – 14 age bracket from the 2011 Census.

The Rosguill figures are less stark. The largest increase was in the 70 – 74 age group at 23% and conversely, the number of people over the age of 85 has decreased by 3%. There were 972 people over the age of 65 living in this area, an increase of 54 people since the 2011 census. At the other end of the spectrum, the number of people in the 0-14 age group has shown a small decrease of 13%.

Population projections for the Milford/ Fanad PCT area show the current trend continuing with significant increases in the 70+ age group (between 25% and 31% across the age categories equating to an extra 230 people) and decreases in the young people aged 14 and under by 236 people and as much as 27% in the 5-9 age group.

For the Rosguill Peninsula, projections are more marked, with a 48% expected increase in the 75 – 79 age group, 41% in the 80 – 84 age group and 67% in the 85+ age group. In numbers of people, this amounts to 989 people over the age of 70 in Rosguill Peninsula by 2025. There will be 247 less 0-14 year olds in the area by that time.

Age Dependency

The age dependency ratio (0-14 and 65+ age groups as a percentage of the 15 – 64 age group) is 65% and 64% for Rosguill and Milford/ Fanad respectively. This is a high age dependency ratio, higher than the County average of 60% and the national figure of 53%. What it means is that for every 1 person working in the area, there are 2 people dependent on public and state services (under 15 and over 65). This has implications for service provision in the area. The youth dependent population in Rosguill is particularly high (38%) reflecting the population demographic in this area, and is higher than the County average of 35%. In Milford, the young age dependency ratio is lower at 34% but the old age dependency is higher at 31% reflecting the population demographic. This is higher than the County (25%) and national (20%) figure and has implications for older persons service provision in this area.

Nationality & Ethnicity

The people living in the area are predominantly Irish (91% in Milford/ Fanad, 92% in Rosguill). There is quite a strong contingent of people from the UK (4% and 5% respectively). One percent of the population in Rosguill are originally from Poland and Milford/ Fanad has less than a 100 people in the area who are identify with nationalities other than Irish.

Both areas are home to members of the Traveller community with 0.7% of the population in Rosguill (equating to 46 people) identifying with this group and 17 people in the Milford/ Fanad area.

Socio-Economic Profile

Both areas have the same proportion of people (16%) who are classified as 'unskilled' or 'semi-skilled' and this is the same as the County figure but higher than the national figure of 14.1%. Similarly, 6% of the population in both areas falls into the 'Professional' category which is slightly higher than the County figure of 5.6% and slightly lower than the national figure of 8.1%.

Educational Attainment

The percentage of the population educated to primary level only in Rosguill is 13% and in Milford/ Fanad, it is 14%. This is similar to the County figure of 13.4% but much higher than the national figure of 8.1%. This has however shown improvement from the last Census in 2011. The third level attainment figures are also quite positive, particularly in Milford/ Fanad where 16% of the population has a third level qualification. This is one of the highest figures across all the PCTs, second only to third level attainment levels in Letterkenny (19%). It is also above the County average of 14% and close to the national level of 18.5%. Rosguill performs far more modestly in this regard with 14% of its population having a third level qualification.

Figure 3. Education attainment in the Milford/ Fanad PCT area

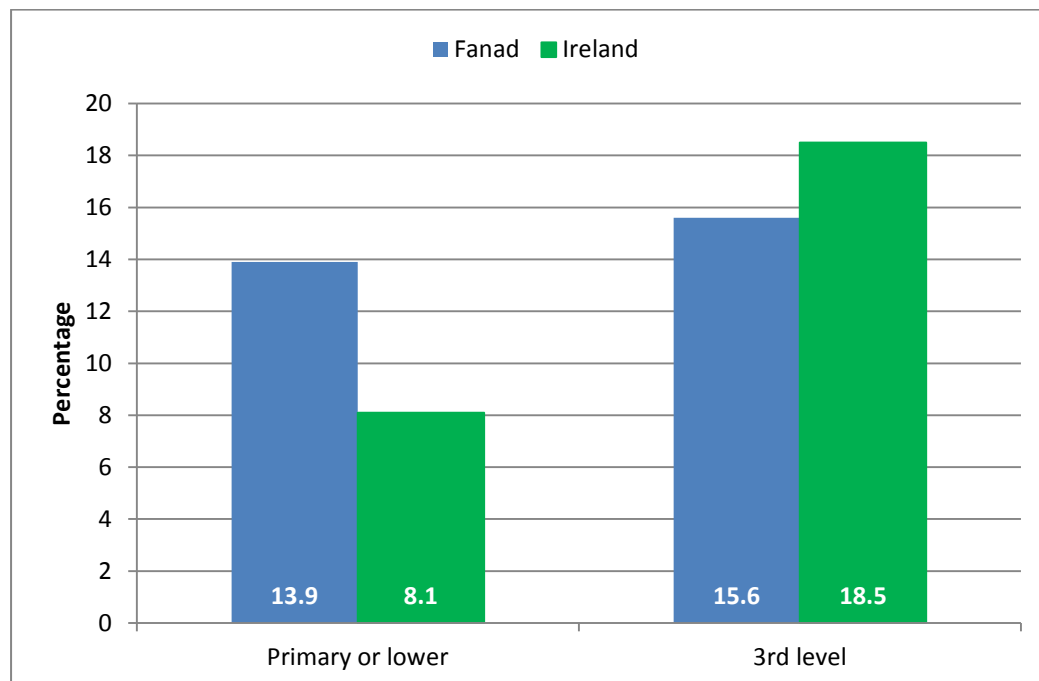
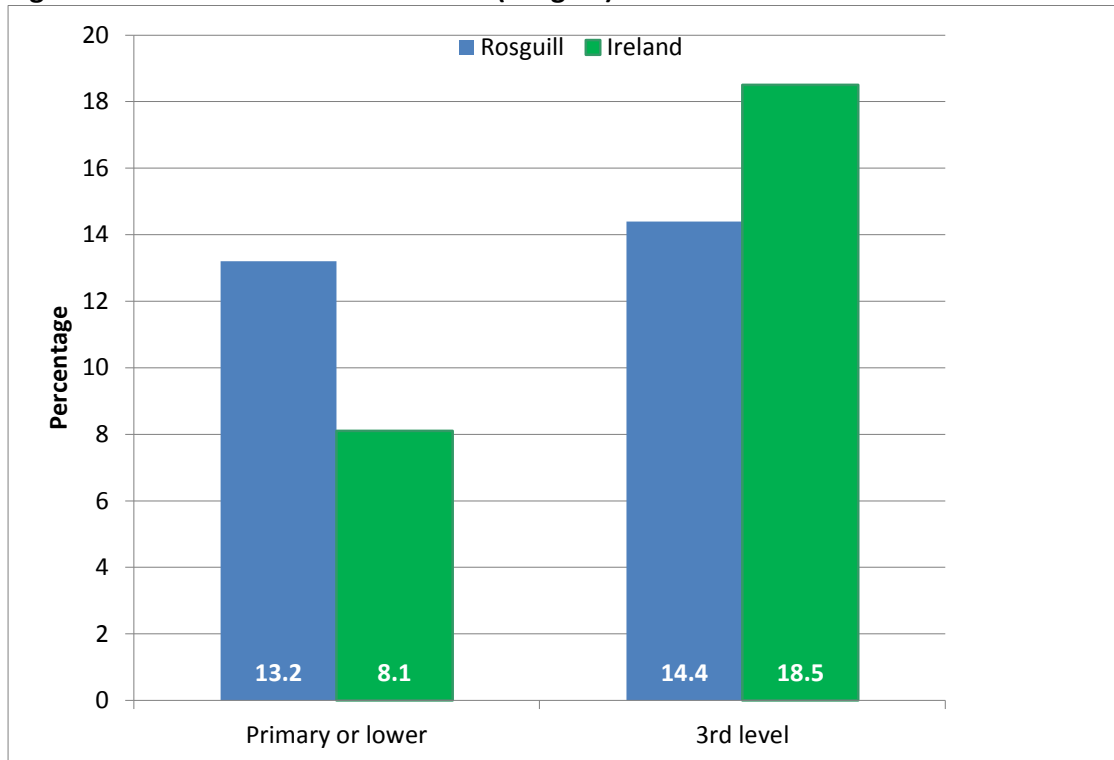


Figure 4. Education attainment in the (Rosguill) PCT area



Unemployment

The unemployment rates in both areas are similar, standing at 7% of the population (475 people in Rosguill and 503 people in Milford/ Fanad). This has reduced substantially since 2011 and is similar to the County and CHO 1 average. It is difficult to know however, whether the fall in unemployment is a result of job creation and opportunities in the area, the migration/ emigration of the working population, Government (DSP) schemes that remove people from the live unemployment register, or the number of people moving into retirement age.

Occupations

The total number of people at work in the Milford-Fanad-Rosguill PCT area in 2016 was 4,952. It is broken down across the two areas as follows: Milford-Fanad – 2,813 people at work (57% male; 43% female) and the greatest numbers work in Professional Services, Commerce and Trade and Agriculture, Fishing and Forestry; Rosguill – 2,139 at work (55% male; 45% female) and the greatest numbers work in Professional Services, Commerce and Trade and Agriculture, Forestry and Fishing.

Milford-Fanad

Industry	Total	Male	Female
Agriculture, Forestry, Fishing	496	432	64
Building & Construction	208	196	12
Manufacturing Industries	430	323	107
Commerce and Trade	524	252	272
Transport & Communication	114	94	20
Public Administration	127	50	77
Professional Services	543	102	441
Other	371	175	196

Rosguill

Industry	Total	Male	Female
Agriculture, Forestry, Fishing	316	287	29
Building & Construction	164	148	16
Manufacturing Industries	289	222	67
Commerce and Trade	392	182	210
Transport & Communication	91	73	18
Public Administration	142	53	89
Professional Services	480	98	382
Other	265	125	140

Family Structure

There are 1,365 families living in the Rosguill area and 1,805 living in the Milford/ Fanad area. Nearly a quarter of these are 'empty nest' families or 'retired'. A further 35% are in the education system either at primary or secondary. Nine percent of the families in both areas were in the pre-school family cycle in 2016.

Looking at the type of families in the area, the total number of families headed by one parent is 12% in the Rosguill area (170 families), the lowest proportion compared to other PCT areas (other than Derryveagh that records a similar figure), while the proportion in Milford/ Fanad is higher at 15% (275 families) but still lower than the County and national figure of 18%.

Deprivation

A significant proportion of the population (40% in Rosguill and 36% in Milford/ Fanad) are categorized as 'disadvantaged' with the County figure being 38.6%. Drilling down further into the data, one in ten people are considered very disadvantaged in both areas (10.7% in Rosguill, 9.4% in Milford/ Fanad), with a further 2% of the population categorised as 'extremely disadvantaged' in both areas. The deprivation indices can indicate what proportion of the population are living in poverty or at risk of living in relative poverty.

Figure 5. Deprivation Levels in the Milford/ Fanad PCT area

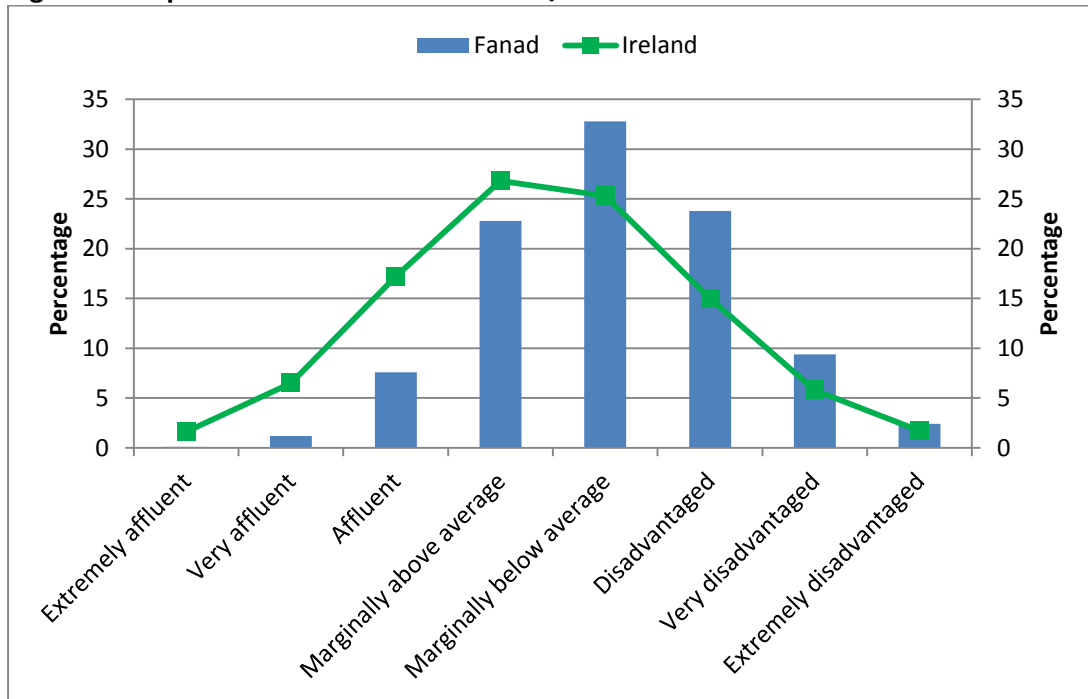
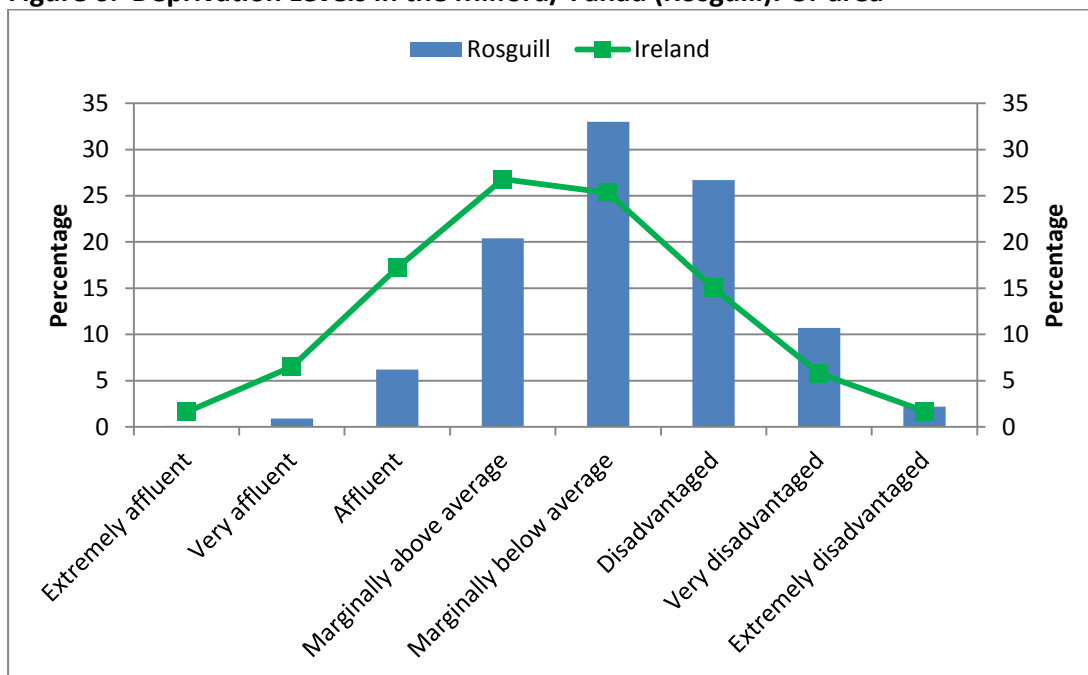


Figure 6. Deprivation Levels in the Milford/ Fanad (Rosguill)PCT area



Health Indicators

An average of 100 people across both areas consider their health 'bad' or 'very bad' (2%) and this is in line with County and CHO 1 figures. The proportion of the population in Rosguill with a disability is 15%, marginally higher than the County figure of 14.4% which is similar to what is recorded in Milford/ Fanad. The proportion of carers is also higher in Rosguill at 5% of the population (338 people in a caring role) where it is 4% in Milford/ Fanad accounting for 305 people.

Connectivity

The terrain and access across the peninsulas is particularly challenging given its location and its landscape. As a result therefore, it is no surprise to find that car ownership is higher in these areas with only 6% saying they have 'no car' in Rosguill (102 people) and 8% in Fanad (207 people). This is the highest rate of car ownership across the PCT areas and is much lower than the County rate (14% have no car) and CHO 1 (13% have no car).

One in every four people does not have access to internet across both peninsulas (23% in Rosguill and 27% in Milford/ Fanad). Rates of broadband in Milford/ Fanad are particularly poor compared to other areas at 59% while in Rosguill, 65% have access to Broadband.

3. Consultation Findings

Overview

This section presents the findings from a joint focus group consultation held with PCT and CHF members where 11 participants attended. A further two people filled out the online survey. It also incorporates the findings of the consultations held as part of the Healthy Ireland Community Engagement process where meetings were held across the 5 Municipal Districts (the MD of Letterkenny 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

Transport. Given the location and terrain in the area, it is no surprise that transport arose as a key issue. People find it difficult to get to appointments, events or activities due to poor transport provision. Everything seems to be centred around Letterkenny, and unless the timing is right for the bus service, it is impossible to get to. Many people do not live on the Local Link routes to enable access to this service. Not only does transport present a barrier around access to services, it also hinders greater community

connectivity as people find it difficult to get out and meet up, increasing the risk of loneliness and isolation.

Services and Community Connectivity

The loss of a young working generation was felt keenly at this consultation with people saying that there is little for young people to come back for. This has had a real impact on the community left behind – a loss of vibrancy and energy and contributing to older peoples isolation and loneliness. The general feeling is that ‘everything and everyone is going to the east’, and the ‘west is only good for farming and tourism’. Rural isolation is particularly pervasive in this area.

The road infrastructure in both areas is inadequate, but equally the condition of the roads and footpaths (where they exist) is also poor.

There are some good services in the area, however there is never enough funding or support to adequately meet the needs of the area. A programme might only be able to have the capacity to take on ten people when the reality is that there is demand from another 100. The Good Morning Service is great, but visits are limited. There is limited Meals and Wheels service in the area (one in Downings), no Parent and Toddler group in the area, and the Lions Club funding for the Social Prescribing Programme is gone and this reduces the possibilities available to the Co-ordinator to support people into activities.

Health Services

Home Care. Home care services are very hard to get and there are significant issues with regard to what is on offer:

- The strict rules around personal care and not social care make the job very difficult, and increases the risk of loneliness and isolation for the client
- People in hospital are fit for discharge but cannot get home as no supports are in place. Beds become blocked clogging up the whole secondary care system
- The organisation of the Home Help's day is often unworkable as no time is allocated between appointments when the travel time between appointments is 10 minutes. Account must be taken of the additional time needed between appointments
- The Home Help role now requires a QQI Level 5, but there are a lot of people identified through Social Prescribing who would be very good at the role but can't do it as they don't have the relevant qualification

On a separate but related issue, discussion took place about Personal Assistants who are provided by the Donegal Centre for Independent Living to support people who have a disability to live normal, independent lives. Personal assistants assist with shopping, cleaning and social activity. This service is only available up to the age of 66 after which it reverts to Home Care support with the focus on personal care only, which is very different from what the person has been used to. This increases the risk of loneliness and isolation for this vulnerable cohort.

Counselling in Primary Care is limited in terms of access and the number of sessions allowed. For those ineligible for this service (no medical card), the only other option is to pay privately for counselling which many people cannot afford.

The Physiotherapy service has a high rate of referral for neurological conditions among older people (reduced mobility and increased falls). The Falls Clinic only takes place one day each month which is not enough. Services are set up and told that funding will come to support them but it never does. Consequently services and supports are increasing, but it is on top of an already busy workload and no additional staff are provided and waiting lists continue to grow. It is a 7 month wait now for a routine appointment when the target is to see people within 9 weeks. Other parts of the country have specialist teams to deal with neurological conditions, but in Donegal the Primary Care Physio deals with this in addition to the standard workload. The service is understaffed, making it difficult to develop and sustain new and existing services such as an MS Class and the Falls Clinic.

The accommodation and treatment space for Speech and Language Therapy (SLT) is not appropriate, and this impacts on waiting times e.g. lack of wheelchair access. Treatment is taking place in a multi-purpose room used for a leg ulcer clinic, the dietician, CBT and the incontinence clinic. The local Resource Centre offered a room for use a number of years ago and the request is still with the HSE Estates Office. Consequently the local PCT/ CHF found a solution to the accommodation problem, but remain unable to get a response on an official move from HSE Estates after 2 years of waiting.

The local CHF fundraised to buy a printer for the SLT service as the HSE would not supply one, and also refuse to pay for print cartridges for the new printer. A printer is a necessity and this is unacceptable. There are 4 SLTs on Maternity leave and 1 on long term sick, and no cover is in place.

The Day Hospital in Ramelton can only accommodate 16 people and there is a waiting list of 4 – 6 months. There is only space for one wheelchair user and transport to and from the centre is inadequate.

The Primary Care Team needs to be resourced with administration and accommodation. There is never an HSE management presence at PCT meetings, and no HSE Facilitator, therefore there is no one to feed issues to, to ask questions of and to get a response. The GPs are not engaged in the PCT which is also a real loss. It seems all the decisions are taken in Dublin or Galway with no understanding of the specific challenges and needs facing people and the health services in Donegal.

Economy and Deprivation

Discussion took place about the unemployment rate in the area and people took issue with the figures, arguing that the Department of Social Protection devise ways to remove people from the live register via work schemes, but these are not real jobs for the area. The TUS and CE schemes are however assets to the area because of the support they provide to local groups, and also good work experience for the individual. However, if you are with 'People First', you cannot do a TUS or a CE scheme, and it appears to be 'any job' rather than the 'right job'.

Access to training and the cost of training is an issue for unemployed people; it is not made accessible and the travel allowances are inadequate in a rural place. The Donegal ETB provides no support for transport (or childcare) for their courses.

Employment for people with disabilities is very difficult and this was flagged up through the Social Prescribing Programme. They can't access TUS or CE schemes, as they risk losing their disability allowances. People with disabilities want to be involved in work and be involved in community life, but the current link between volunteering and benefits means people can't volunteer (more than a specified number of hours per week), as it is seen as 'not being available for work'. It is so important to get people out into (supported) employment. The current policies exclude people.

Mental Health

There is a need for CBT and wellness programmes, but there is a significant waiting looking for access to these services. The demand would require a full time CBT therapist in the PCT area.

Stress Control programmes are very positive but the group sizes are too big and intimidating for some people. Smaller interventions (10 – 12) people would work for many as a starting point, such as 'Launching Pad' which a six week course that proved a great success.

There is very little support for the 16 – 18 age group around mental health. The CAMHS service waiting lists are too long and there is the added difficulty of getting to and from the service in Letterkenny when an appointment is given. People at the consultation believe that too many people are sent out of hours to the ED at Letterkenny University Hospital as a consequence of this. More counselling services for young people are needed. Jigsaw is often not appropriate or not suited to meet their needs as the thresholds are too low. There is currently a two year wait with the Psychology Service and there is no psychiatrist in the Central Sector of the County.

Healthy Ireland Priorities

Physical Activity. Weather impacts so much on health and wellbeing and people are less inclined to go out or go for a walk or meet people when the weather is bad. Other options need to be considered that are not so weather-dependent, and they need to be available all year round. Many activities seem to close down over winter when people need to get out the most.

Vulnerable Groups

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

- The 16 - 18 age group (due to lack of accessible mental health supports and services)
- The over 65 age group

Positives identified in the Milford/ Fanad area

- The Good Morning Service is great
- The PCT is a good team, and the PCT and CHF work well together.

4. Recommendations from the Milford/ Fanad Consultations

Home Care services

- Review and improve the Homecare Service for Older People. Take account of the time taken to get from one client to the next. Review the criteria for being a Home Help to get more people into the service and alleviate the backlog
- Extend the Personal Assistant service to people >66 years old, and enable all of them to drive the person they are linked with to make the service consistent and more effective.

Clinical Services:

- Mental Health:
 - Provide increased and improved Primary Care mental health supports
 - Extend counselling for the whole population, with the priority being on young people
 - Extend the SCAN service to under 18s
 - Address Psychology and CAMHS waiting lists as a priority
 - Ensure Jigsaw outreach services are in place and meet local need
 - Expand CBT services at Primary Care level
- Support services:
 - Provide adequate and sustainable administration supports for services such as suitable accommodation, printers etc., with the specific recommendation of providing suitable Speech and Language Therapy accommodation.
- Physiotherapy
 - Introduce 1 Domiciliary Physiotherapist per Primary Care network area

Local Hospital:

- Increase space at the Ramelton Day Centre and increase the number of wheelchair spaces

Primary Care Team:

- Invest in the PCTs properly with funding and support staff, and work to reengage with local GPs

Access:

- Improve transport within, and to and from the area
- Improve pavements and pathways in the towns

Positive Mental Health

- Explore the feasibility of introducing smaller Stress Control (or an alternative) sessions for people who aren't able to go to the larger group
- Investigate the use of the Launching Pad mental health programme

Healthy Eating

- - Provide nutrition and cooking skills workshops locally in community centres

Employment

- Support people with disabilities to get (back) into employment and remove the barriers e.g. TUS CE scheme restrictions and access to volunteering while receiving benefits
- Make training for the unemployed more accessible through the provision of adequate travel payments

Positive Ageing

- link Social Prescribing clients who have the interest and the capacity, with the Befriending Service
- Implement the Meals on Wheels service more broadly in the area