

Halton Local Area Agreement - Transformational Issues

A. Liveability

Why is this an issue for Halton?

The visual quality of an area, namely the way an area looks, including levels of litter and rubbish, scruffiness of gardens and the prevalence of high rise flats or open space, is of crucial importance in determining quality of life in a local area.

A recent Mori poll which asked people what most needs improving in their own local area, found liveability issues are still top of the public priority list, well ahead of health and education. In Halton, the opinions of 2,500 local residents were surveyed in 2005. Removing rubbish, and cleaning the streets and verges was felt to be the biggest environmental improvement, which could be made. In the 2005 LSP consultation, residents thought that one of the most effective factors in improving the environment was to 'improve local parks and make them safer and tidier'.

How will we work to address the issue across the LAA?

The quality of the local environment impacts on people's health, their fear of crime, and the social and economic vibrancy of the area. Poor quality spaces are visible indicators of decline and disadvantage. Graffiti, street litter, abandoned vehicles, dog fouling drag down a local area and there is evidence that their presence signals a spiral of decline, which can undermine communities. It is only through partners working together to tackle these issues and their causes, that we are to bring about improvements in the liveability agenda and quality of life for local residents.

How will we work differently?

Working in partnership delivering joint initiatives has proven to particularly effective and this approach will be developed across partner agencies, and in particular through the Safer Halton Partnership. The recent police drug raids, were supported by other partners, who following the raids, successfully helped to deliver local environment improvements, and re-assure the local community.

Three of the more deprived areas of the Borough have been selected for the neighbourhood management pilot. A neighbourhood management board has been established and neighbourhood boards will soon follow. By tailoring services to meet the needs of local communities across the LAA, it is hoped that we can make a significant difference to their quality of life. Neighbourhood management is seen as an opportunity for partners to work more closely together and pilot new ways of working, which if successful can be rolled out across the Borough.

How do we propose to deliver on this area?

The recently revised Safer and Stronger Communities Fund Agreement, sets out a number of liveability targets across the Borough and more specific targets for the neighbourhood management pilots areas. The SSCF Agreement will be monitored by

the performance management group, of the Safer Halton Partnership (SHP) and the SHP, engagement and liveability task group, which will take the lead in delivering on the liveability agenda.

BLOCK - SAFER AND STRONGER COMMUNITIES						
Outcomes	Indicators	Baselines 2006/07 (Unless otherwise stated)	Targets 2007/08 (including stretch targets, and their annual unstretched targets)	Targets 2008/09 (including stretch targets, and their annual unstretched targets)	Targets 2009/10 (including stretch targets, and their annual unstretched targets)	Lead partners
To have cleaner, greener and safer public spaces boroughwide with real and sustainable improvements	Litter - % of residents satisfaction with the cleansing standards in Halton (Annual local Indicator)	N/a Baseline data to be established in 06/07	Increase by 10% from 2006/07	Increase by 10% from 2007/08	Increase by 10% from 2008/09	Jimmy Unsworth
	Graffiti - % of incidents of offensive graffiti responded to within 24 hours of notification	77.22% - 2005/06 2006/07 Target - 85%	100%	100%	100%	Jimmy Unsworth
	Fly-Tipping Year on year reduction in total number of incidents and increase in total number of enforcement actions taken to deal with fly tipping (based on scoring system for BVPI 199d)	1	1	1	1	Jimmy Unsworth
	% of incidents of fly-tipping responded to within 48 hours of notification	93.55% - 2005/06 2006/07 Target - 95%	100%	100%	100%	

	Vehicles Percentage of new reports of abandoned vehicles investigated within 24 hours of notification	70.76% - 2005/06 2006/07 Target - 85%	100%	100%	100%	Jimmy Unsworth
	Percentage of abandoned vehicles removed within 24 hours from the point at which the LA is legally entitled to remove.	77.31% - 2005/06 2006/07 Target - 85%	93%	100%	100%	Jimmy Unsworth
	Dog fouling Increase the number of fixed penalty notices	12	15	18	24	
	Noise decrease the average time taken to resolve residential noise complaints	34 days	32	30	28	
	Community participation increase the number of presentations to community and schools	?				
Cleaner, greener and safer public spaces (Relevant SSCF Agreement targets)	Increase residents' satisfaction with cleanliness standard in their area (BVPI 89)	2004 baseline 57.9% (very or fairly satisfied) 2006/07 Target 63.69%	Tri-annual Indicator	Tri-annual Indicator	70%	Jimmy Unsworth
	Increase the number of parks and green spaces with Green Flag Award	2006 baseline 5	2007 7			
	Increase the number of	03/04 baseline 71%				

	residents satisfied with local parks and open spaces (BV119e)	06/07 target 74%				
Improve the quality of the local environment by reducing the gap in aspects of liveability between the worst wards/neighbourhoods and the district as a whole, with a particular focus on reducing levels of litter and detritus	Reduce detritus and litter density to 16% (BVPI 199(a))	Baseline 03/04 22.3% Target 06/07 is 17.75%	16%	14.25%	13%	Jimmy Unsworth
Road safety	Reduce the number of people killed or seriously injured in road collisions Reduce the number of children killed or seriously injured in road collisions by 46%	Baseline (1994 – 1998 average) 157 KS1 Baseline (1994 – 1998 average) 33 KS1	34% reduction by 2007 41% reduction by 2007			
Increase domestic fire safety and reduce arson	Reduce deliberate number of incidents of vehicle arson to non-derelict vehicles (LPSA2) Reduce nuisance fires	200 (Jan – Dec 05) baseline	140 8% 2007 10% 2008			

B. Alcohol Harm Reduction

1.0 Why is this an issue for Halton?

- 1.1 In 2004 the Government produced the National Alcohol Harm Reduction Strategy, which underlined the important part alcohol plays in the UK economy. The value of the alcohol drinks industry in the UK is estimated at more than £30bn and around one million jobs are connected to it. Moreover, most people enjoy drinking alcohol with few, if any, ill effects – in fact in moderation it can deliver some health benefits.
- 1.2 However alcohol misuse can be a source of considerable harm. The National Alcohol Harm Reduction Strategy identifies certain critical harms connected to alcohol misuse:
- Health – up to 22,000 premature deaths per year
 - Crime and antisocial behaviour – 1.2 million associated violent incidents per year
 - Loss of productivity and profitability – calculated at £6.4bn. per year
 - Harms to family and society – between 780,000 and 1.3 million children are affected by parental alcohol problems
- 1.3 Halton itself suffers from more than its fair share of alcohol related issues. The table below taken from a recent study on alcohol misuse in the North West conducted by the North West Public Health Observatory, highlights Halton's position against some of the key indicators for alcohol.

Indicator	Figure plus North West ranking (out of 43 L.A.s)
Synthetic estimates of binge drinking.	23.8%, 5 th highest
Hospitalised admission for alcohol specific conditions	Males: 6.14 per 1k, 7 th highest Females: 3.13 per 1k, 6 th highest
Hospitalised admissions for all conditions attributable to alcohol	Males: 13.68 per 1k, 4 th highest Females: 7.56 per 1k, 3 rd highest.
All violent offences attributable to alcohol	8.63 per 1k, 10 th highest.
Reduced life expectancy for all causes attributable to alcohol	Males: 13.46 months of life lost, joint 4 th highest. Females: 10.43 months of life lost, 2 nd highest.

- 1.4 During 2005 an alcohol survey of year 10 and 11 pupils in Halton was carried out. These were a few of the results:
- A higher than average proportion of 15-16 year olds are drinking alcohol in Halton – 92%. (North West 88% and 93% across Cheshire).
 - 40% of teenagers surveyed claim to drink in pubs.
 - 50% of teenagers surveyed claim to get their alcohol from their parents.

2.0 How will we work to address this issue across the LAA?

2.1 Alcohol harm affects many different agencies and partnerships across Halton. This is why we have chosen alcohol as one of the key drivers for change within the LAA.

2.2 The cost of alcohol misuse, both social and economical provides serious cause for concern in Halton, particularly given the latest statistics. We know that if we can reduce alcohol harm across the borough we will make an impact on improving a range of associated issues. For example, these would include health, crime and community safety, employment, liveability, regeneration and educational attainment.

3.0 How will we work differently?

3.1 As with all blocks of the LAA and the key drivers for change that we have identified within it, we will need to adopt a holistic approach to address many of the issues surrounding alcohol.

3.2 No single partnership or agency can act alone on such a complex issue. In order to meet the significant challenge of reducing the harm caused by alcohol the different components of the partnership structure in Halton must recognise the relevance of alcohol to their core business and must include it as a cross-cutting issue.

3.3 To a large extent this work is well underway with the alcohol priority. A multi-agency task group has been established and a comprehensive Alcohol Harm Reduction Strategy developed. An Alcohol Intervention officer is about to be appointed, whose primary purpose will be to ensure the delivery and implementation of the Strategy and Action Plan.

4.0 How do we propose to deliver on this area?

4.1 In order to deliver on this area of the LAA we intend to focus on 5 key priorities, which bring together the strategic priority areas identified in Halton's Alcohol Harm Reduction Strategy. These are **Health, Crime and Licensing, Children and Young People, Workplace and Communities and Regeneration**. Under each area we have picked the key outcomes and targets that we feel the LAA can help us to achieve. This action plan will be monitored and delivered by the Alcohol Task Group and will sit alongside the main Alcohol Harm Reduction Strategy and action plan. Relevant SSPs will also need to take responsibility for outcomes relating to their priority area.

Appendix 1 to this report provides an explanation of why we have chosen to focus on these areas along with the Alcohol LAA action plan itself.

Appendix 1

Health

In terms of **health** the Government produced a white paper in 2004 entitled "Choosing Health: Making Healthier Choices Easier". This paper establishes a framework for helping people to make healthier choices. It recognises that people need sound information to make informed choices and that we need to be protected from those who make harmful

choices. Children can be particularly vulnerable in this context. The paper endorses the call for services to be tailored to the needs of individuals and for organisations, including those that are not directly delivering health services, to work in partnership to reduce health inequalities. The white paper presents the issue of sensible drinking within a range of lifestyle choices, including smoking, obesity, exercise, sexual health and mental health.

The DoH's Dual Diagnosis Good Practice Guide indicates that mental health services should take the lead responsibility for people who have both mental ill health and substance misuse problems. Local implementation Teams should work in partnership with Drug and alcohol Action Teams to implement the Good Practice Guide.

The National Strategy for Sexual Health and HIV (DoH 2001) recognises the link between alcohol use and unprotected sexual behaviour. The Teenage Pregnancy Unit identifies sex between teenagers as a corollary to alcohol misuse among young people.

Crime and Licensing

The Crime and Disorder Act 1998 established the legal framework within which Crime and Disorder Partnerships were developed. The Government recognised that the Police alone could not tackle the complex causes and consequences of crime, disorder and anti-social behaviour and that it was only possible through collaborative partnership work, including a wide range of organisations and local communities. Crime and Disorder Strategies, agreed by the Partnership, should include the links between alcohol, crime and disorder and anti-social behaviour. The Act, in effect, established a preventative framework since the key task of the Partnership was not only to tackle the consequences of crime but also its complex causes.

The Anti-social behaviour Act (2003) empowered Local Authorities and Police to apply for Anti-Social Behaviour orders against any person who is acting "in a manner that caused or was likely to cause harassment, alarm or distress". ASBOS were intended to be used principally as a preventative measure.

The Criminal Justice and Police Act (2001) allowed Local authorities to designate controlled drinking areas, where police are given power to confiscate alcohol in public places.

The Licensing Act (2003) has four fundamental objectives: the prevention of crime and disorder; public safety; the prevention of public nuisance and the protection of children from harm.

Children and Young People

The National Healthy Schools Standard (1999) aims to help schools to become healthier places for staff and pupils to work. Schools working towards the standard have a structure in place for improving the way they educate pupils about alcohol in a whole school approach.

The National Curriculum PSHE and Science Frameworks (2000) support alcohol education by specifically including it within the statutory Science Orders and in the PSHE and Citizenship Framework.

Drug and Alcohol Action Team Young People's Plan - to ensure that they achieve the Government's Key Performance Indicators, targets and service levels for young people and substance misuse, including alcohol.

The Government's green paper "Every Child Matters" sets out the proposals for reforming the delivery of services for children, young people and families in order to protect children at risk of harm and neglect and support all children to achieve their full potential. Many of the proposals of the green paper are aimed at more effective partnerships to achieve common assessment frameworks between Connexions, YOT's, health and social services; setting up Children's Trusts comprising all agencies including children's health services; establishing local Safeguarding Children's Boards; having one person in each Local authority responsible for all children's services.

Children's National Service Framework (2004) establishes 11 standards aimed at improving the health of children and young people in England.

The Workplace and Communities

Health and Safety at Work Act 1974 sets out the duty of care of employers in the workplace. Section 2 places a duty on employers to provide a safe place of work and competent employees.

Management of Health and Safety at Work Regulations 1998 places a duty on the employer to make a suitable and sufficient assessment of the risks to health and safety of employees.

Transport and Works Act 1992 makes it a criminal offence for specified jobs to be undertaken by those unfit through drink or drugs. Employers must be able to demonstrate "due diligence".

Regeneration

The National Strategy for Neighbourhood Renewal Action Plan identifies as key areas tackling worklessness and supporting weaker economies, tackling crime, improving skills, tackling poor health and tackling poor housing and physical environment. The plan sets out how alcohol misuse is a factor in each of these areas; tackling alcohol misuse can significantly contribute to reducing inequalities in each area.

The National Strategy emphasises the role of Local Strategic Partnerships in delivering sustainable economic, social and physical regeneration and improved public services to meet the needs of local people.

OUTCOME	INDICATOR	BASELINES 2006/07 (Unless Otherwise Stated)	TARGETS 2007/08 (Including any stretch targets, and their annual unstretched targets)	TARGETS 2008/09 (Including any stretch targets, and their annual unstretched targets)	TARGETS 2009/10 (Including any stretch targets, and their annual unstretched targets)	LEAD PARTNER
<p>Health</p> <p>To reduce the level of alcohol related health problems.</p>	<p>To reduce premature mortality rates from heart disease, stroke so that the gap between national rates and the rate for the Borough is reduced by X% by 2010.</p>	<p>Achieve target by 98 per 100,000 by 2008 dying from heart related diseases including stroke against 2002 baseline of 134 per 100,000.</p> <p>To reduce deaths by cancer from 1996 baseline of 186 people per 100,000 population to projected target of 142 by 2008.</p>				

OUTCOME	INDICATOR	BASELINES 2006/07 (Unless Otherwise Stated)	TARGETS 2007/08 (Including any stretch targets, and their annual unstretched targets)	TARGETS 2008/09 (Including any stretch targets, and their annual unstretched targets)	TARGETS 2009/10 (Including any stretch targets, and their annual unstretched targets)	LEAD PARTNER
	To reduce male and female hospital admissions through alcohol.	To reduce male and female hospital admissions through alcohol by X for males and X for females.				
Crime and Licensing To reduce alcohol related crime, disorder and anti-social behaviour.	Establish baseline data for violent crime, anti-social behaviour and domestic abuse where alcohol is a significant contributing factor. (Cheshire Constabulary to develop a system of recording that can identify where offences are linked to alcohol, especially in respect of violent crime, anti-social behaviour and domestic violence.)	By December 2007 reduce by 7% the total number of disorder incidents reported to the police e.g. public drunkenness				

OUTCOME	INDICATOR	BASELINES 2006/07 (Unless Otherwise Stated)	TARGETS 2007/08 (Including any stretch targets, and their annual unstretched targets)	TARGETS 2008/09 (Including any stretch targets, and their annual unstretched targets)	TARGETS 2009/10 (Including any stretch targets, and their annual unstretched targets)	LEAD PARTNER

OUTCOME	INDICATOR	BASELINES 2006/07 (Unless Otherwise Stated)	TARGETS 2007/08 (Including any stretch targets, and their annual unstretched targets)	TARGETS 2008/09 (Including any stretch targets, and their annual unstretched targets)	TARGETS 2009/10 (Including any stretch targets, and their annual unstretched targets)	LEAD PARTNER

OUTCOME	INDICATOR	BASELINES 2006/07 (Unless Otherwise Stated)	TARGETS 2007/08 (Including any stretch targets, and their annual unstretched targets)	TARGETS 2008/09 (Including any stretch targets, and their annual unstretched targets)	TARGETS 2009/10 (Including any stretch targets, and their annual unstretched targets)	LEAD PARTNER
<p>Children, Young People & Families</p> <p>To reduce the harm and effects caused by alcohol misuse and sustain the ability of children and young people to make informed choices.</p>	<p>To facilitate a TSNW Regional and Halton alcohol survey with yr 11 pupils</p> <p>To provide educational opportunities for alcohol traders highlighting their social responsibility and including local Halton issues.</p>	<p>Copy of report available during 07/08 including comparative work from previous survey highlighting trends in drinking and future priority areas of work.</p> <p>External trainer engaged to facilitate 2 pilot training events, delivered and evaluated. Future events considered (funding and evaluation dependant)</p>				

OUTCOME	INDICATOR	BASELINES 2006/07 (Unless Otherwise Stated)	TARGETS 2007/08 (Including any stretch targets, and their annual unstretched targets)	TARGETS 2008/09 (Including any stretch targets, and their annual unstretched targets)	TARGETS 2009/10 (Including any stretch targets, and their annual unstretched targets)	LEAD PARTNER
<p>Children, Young People & Families</p> <p>To reduce the harm and effects caused by alcohol misuse and sustain the ability of children and young people to make informed choices.</p>	<p>To undertake test purchasing exercises based on intelligence led information</p> <p>Young people with a substance misuse problem (including Alcohol). Choose to have treatment and increase to 60% (from 2004 baseline by 2008.</p> <p>Increase the percentage of young people under 19 years engaged in the young peoples substance misuse service receiving universal education and harm reduction advice including alcohol and</p>	<p>Issue Fixed Penalty Notices (FPN's) to 100% sellers of alcohol to underage children on test purchase exercises where appropriate.</p> <p>90 young people will access Tier 3 services during 2006</p> <p>100% of Young People accessing the young persons substance misuse service, will receive harm reduction advice at tier 2 and</p>				

OUTCOME	INDICATOR	BASELINES 2006/07 (Unless Otherwise Stated)	TARGETS 2007/08 (Including any stretch targets, and their annual unstretched targets)	TARGETS 2008/09 (Including any stretch targets, and their annual unstretched targets)	TARGETS 2009/10 (Including any stretch targets, and their annual unstretched targets)	LEAD PARTNER
To reduce the level of alcohol related health problem	<p>tobacco. To reduce male and female hospital admissions through alcohol</p> <p>Increase life expectancy for all causes attributable to alcohol</p>	<p>3. 821 alcohol related admissions among residents of Halton – any diagnosis in 2002/3</p> <p>Average projected estimate of months of life lost for all causes attributable to alcohol for males 13.46 (males) variance from north west +2.49 10.43 (females) variance from north west +4.33</p>	<p>To halt year on year increase in alcohol-related admissions both male and female by 5%</p> <p>To halt year on year increase in estimated months of lives lost for all causes attributable to alcohol for males by 1% and for females by 1.5%</p>	<p>To halt year on year increase in alcohol-related admissions both male and female by 5%</p> <p>To halt year on year increase in estimated months of lives lost for all causes attributable to alcohol for males by 1% and for females by 1.5%</p>	<p>To halt year on year increase in alcohol-related admissions both male and female by 5%</p> <p>To halt year on year increase in estimated months of lives lost for all causes attributable to alcohol for males by 1% and for females by 1.5%</p>	PCT 5 Borough Partnership Arch Initiatives

C. Worklessness

Why is this an issue?

Since the mid 1990's the number of people employed in the United Kingdom has risen. However, for some areas of the country such as Halton, this masks the stubbornness of the rates of economic inactivity that have largely stayed the same.

Over recent years the emphasis in Halton has been to concentrate on residents who are unemployed, that is claiming Job Seekers Allowance. However, there is a much larger group of working age people that are economically inactive, many of which want to work. In May 2006 36% of the Halton population were economically inactive.,

In Halton the majority of those who are economically inactive aside from the retired are those who are sick/disabled (c 27%) and looking after home/family (c 19%)

As at May 2006, there were 8,790 people receiving incapacity benefit in Halton. As a proportion of the working population, this is almost double the national average.

The analysis of the spatial concentration of economically inactive in Halton shows that 6 wards have inactivity rates at or in excess of 25% - Castlefields, Windmill Hill, Halton Lea, Kingsway, Riverside and Grange.

More women than men are economically inactive in the borough, 27.7% of the male working age population and 30.6% females. The rate of economic inactivity is higher within older age groups. 38.2% of people aged 50 to retirement are economically inactive.

In the most recent LALFS survey 80.4% of the working age economically inactive stated they did not want a job, compared to 19.6% who declared they wanted one. In terms of gender, more women than men do not want a job.

The proportion of working age population who are claiming working related benefits in Halton in July 2006 was 3.4% compared to regional figures of 2.8% and national figures of 2.6%. In 1998 the claimant count rate for Halton was of 5.4% so there has been a significant reduction since then. However, the rate has been as low as 2.5% and is presently on the rise as indeed it is across the country.

In terms of long term unemployment and age breakdown, in Halton the proportion of young unemployed who have been unemployed for over 6 months is relatively low (1.3%), but significantly higher than the regional (0.9%) and national (0.7%) figures.

Long-term unemployment among people aged 50 and over (up to pensionable age) is relatively low (0.4%), but higher than the regional (0.3%) and national (0.4%) figures

Halton registers a very high proportion of people of working age with no qualification, 24.7% compared to 17.7% in the North West, and 14.8% in England. The proportion of 16 to 19 year olds with no qualification is higher in Halton (19.6%) than in England as a whole (18.9%), but still lower than the regional figure (20.4%).

13.9% (around 1000) of people aged between 20 and 24 in Halton have no educational qualifications, this compares to the 10.4% of the North West and 8.3% of England. Finally, 21.5% of people aged between 25 and 29 years have no qualification in Halton, compared to 12% in the region and 8.8% nationally.

How will we work to address this issue across the LAA

The LAA mirrors the strategic priorities of the Community Strategy which were arrived at through extensive consultation with both the community and partners and research and analysis into the prevailing conditions within the borough. Although the worklessness agenda and associated strategy lie within the Employment, Learning and Skills Strategic Priority, inroads can only be made to addressing the issue through a comprehensive cross partnership and multi-agency approach.

Across the country the reliance on the use of external funding for employment activity has often resulted in programmes and projects being put into silos. This has not helped joint planning and implementation and indeed has often seen key projects lose focus as they seek to deliver the outputs that funding streams are looking for and Halton has experienced this just as other areas have

As a consequence, there has been little progress on pooling or aligning partners budgets to improve outcomes. Indeed, the structure of government funding often prevents pooling as national organisations lack freedom due to the existence of nationally delivered schemes. This is an area for further consideration within the context of this Local Area Agreement.

How will we work differently?

There needs to be a more holistic view of the problem of worklessness, including the range of barriers faced and of the action needed at neighbourhood level. Worklessness initiatives should aim not just to tackle immediate unemployment issues but also more broadly to raise career aspirations, access employment opportunities and increase income in the area. Thereby developing long-term solutions to achieve sustainable change, breaking the 'cycle of deprivation'

We need to acknowledge that dealing with economic inactivity is not just about helping someone to find a job. The range of issues and barriers facing the target groups mean that the menu of interventions need to be comprehensive and flexible so that they deal with the range of issues facing the individual circumstances.

A particular example that offers real potential for aligning work across two SSPs is the development of children's centres and extended schools under the Children and Young People SSP with employment and adult learning activities of the Employment, Learning and Skills SSP. In addition it is clear that close working relationships will need to be established between the Employment, Learning and Skills Partnership and the Halton Health partnership around the issues associated with moving people off incapacity benefit and into work.

Joint working and joint teams between agencies will become increasingly necessary to deliver upon this agenda, and examples of this work has already commenced with the establishment of an NRF joint team between Halton Borough Council and Jobcentre Plus who will undertake outreach provision in Halton's most disadvantaged wards in order to begin tackling the deep rooted causes of worklessness

Enterprise has been a missing piece of the jigsaw. Over recent years Halton has invested a significant sum of money, most noticeably SRB, in developing start up businesses in a response to poor start up rate. However, until now there has been little linkage between business start up, particularly self employment, and what it may be able to do to help reduce unemployment and worklessness. There is now a clear steer from government that enterprise should be seen as a key tool to address worklessness and indeed, the Local Enterprise Growth Initiative is very much predicated on this basis. Halton intends to focus more on using enterprise within deprived areas and to help disadvantaged groups find employment.

How do we propose to deliver on this agenda?

Whilst Halton has made great strides in the creation of new jobs and the general reduction in unemployment the gap between individuals and the labour market in some instances has not improved as much for certain groups.

Over 50s

Despite the considerable reduction in the long-term unemployed, there are pockets of this age group in Castlefields, Norton South Halton Lea and Grange wards, which display double the long term unemployed figures compared to Halton as a whole. In Halton there are c 3600 people long term unemployed within the 50-59 age group, with particular concentrations in Windmill Hill, Castlefields, Halton Lea and Riverside. This figure has remained consistent over the last three years with some suggestion of a seasonal high in spring and autumn.

Economically inactive women

In Halton economic inactivity affects both men and women, but the latter category appears to be more strongly affected. According to the Labour Force Survey, there are around 10,100 females of working age who are economically inactive, against around 8,800 males, with the highest concentration found in the wards of Windmill Hill and Grange.

Lone parents with dependent children

In Halton 4672 households are lone parents households with dependent children, of these 4319 are headed by females. The wards with the highest concentration are Windmill Hill and Norton South.

Young long term unemployed

Whilst there has been a considerable reduction in the unemployed it is evident that there remains some low but persistent levels of young people who are long-term unemployed particularly Mersey, Hale, Windmill Hill, Halton Brook and Castlefields wards.

Sick and Disabled

Halton suffers from high level of health deprivation, having 58 of the 79 SOAs that make up the local authority within the 25% most deprived of the country. This is reflected by comparatively a high proportion of people suffering from LLTI. Indeed, 25440 people in the borough have a LLTI, and they tend to live in the wards of Castlefields, Windmill Hill and Halton Lea. Moreover, Halton has a significantly high number of people claiming IB and SDA benefits (c 10,000).

The Geography of Worklessness

There is clear evidence that the more general borough wide approach towards unemployment has produced real progress. However, there is now a need to focus on those areas where unemployment and worklessness remains stubbornly high and where levels of worklessness are way above the borough average - WARDS

A strategy has been developed to focus on and tackle these issues and will be led by and monitored through the new Employment, Learning and Skills SSP and it's Employment Subgroup.

Key Principles for the Future

It is evident that there is a need to achieve a step change in employment related work if the level of worklessness in Halton is to be significantly reduced. The key elements in achieving this should include -

- A formal recognition that worklessness and not just JSA claimants should be the focus.
- Targeting will be necessary to achieve step change – both in terms of groupings and geography.
- To be effective, interventions will need to be holistic and personalised to individual peoples needs – this must involve a full range of partners all working together.
- Enterprise must be put at the heart of addressing worklessness.
- Connectivity with jobs must be improved
- More work needs to be done to address the basic skills gaps
- There is substantial scope for the voluntary sector to be developed in employment related activity, particularly social enterprise
- stronger link needs to be made between investment opportunities and local labour market