

Tackling poverty

The government has long held the view that the best way to combat poverty is to help people into jobs. It is easier to get to a better paid job from a starter job than from no job at all.

The government had been very successful at creating the right conditions for many more jobs to be created. This Parliament was meant to be about securing more and better training for the many, so they can get better paid jobs. Business will work smarter as the workforce becomes better trained, and better supported with technology.

The current surge in unemployment is a most unwelcome interruption in this policy. People who lose their jobs or who are told they can no longer earn from their self employed businesses are suddenly plunged into poverty through no fault of their own. Many did not earn enough to save for a rainy day, and have no other sources of cash or income to fall back on. It is all very well for senior civil servants and Ministers with well paid jobs to tell them they must not work. They can afford to because they will still be paid, and can work from home in many cases.

It is vitally important we end the rise in unemployment as soon as possible. If we can start the return to work soon we may be able to retrieve the position more quickly. If we stay in Lock Down Britain for too long more of these jobs will be lost for good. The UK needs more productive capacity. We need to make more things for ourselves and grow more of our own food. This needs more all the companies and entrepreneurs we now have and more besides.

Time to review the lock down

I am sending this letter to Cabinet members.

Dear Colleague

It is time to review the lock down policy.

You will wish to have as your highest priority taking actions to reduce deaths from this disease. The evidence is abundant that the most at risk groups are the elderly and those with other medical conditions that makes them especially vulnerable to the severe form of the infection.

Policy should make it as easy as possible for all in the at risk groups to self isolate, to prevent infection Efforts need to be redoubled to ensure on line deliveries of food and other items to these households, and proper financial support for those in vulnerable categories who have lost jobs or

income over it.

Your review takes place against the background of the good news that NHS capacity has been much increased and is well above current high levels of demand for care from CV 19 patients.

You need to take urgent action to save the economy. None of us have ever witnessed such a sharp contraction in economic activity, with an all too rapid surge in unemployment. There will also be far too many business failures if this carries on for much longer. You need to make sure this is the shortest lived downturn as well as the deepest.

This means a new policy of trying to get as many people and businesses as possible back to work, with sensible modifications to working arrangements to reduce risk of infection. It should be assumed that most businesses re open, with more home working and more remote technology use. Offices may want to have more people working from home to allow more space for each employee in the office. More business meetings should take place with remote technology even where people are in the same offices. Factories tend to use large amounts of machinery already, reducing the numbers of employees on line and usually allowing social distancing. Where they do not they may need additional automation. You could consider asking people to wear face masks when working with others.

It is urgent to start lifting restrictions. Many more people will lose their jobs if the lock down continues. Many self employed have no income from work. Many small businesses are struggling to pay their overheads with no revenue. There are limits to how much the state can substitute for the loss of income. If we go on like this large amounts of economic capacity will be permanently lost. An advanced society needs substantial amounts of work to be undertaken so we have the output of goods and services which sustains living standards. It is time to start to get the UK back to work, whilst protecting the vulnerable and reducing the risks of catching the disease for the rest of us in sensible ways.

Dear Constituent

I write to wish you a happy Easter, despite the difficult circumstances we find ourselves in. I hope many of you can contact your friends and relatives with suitable technology, and that you can enjoy your homes and immediate family contacts. For any who have illness in the family, I wish you a speedy recovery.

Let me begin with some better news. On April 10th at the news conference the government showed that most recent hospital patients with CV19 actually fell by 2%, mainly owing to a turn down in the graph in London which still has the most cases. Let us hope we are somewhere near the peak of numbers

going into UK hospitals. There were 20,204 in UK hospitals with the virus on Friday (these figures excluded Northern Ireland). There were 3335 UK wide in intensive care. These large numbers are so far well within the stated enhanced capacity of the NHS , though I do not doubt the big efforts required of many staff in the front line facilities to sustain these numbers.

For me, the daily tasks of trying to get the government to ease problems for people financially damaged by the shut downs continues, as does the need to help the local NHS and social care providers where required.

I have stressed repeatedly to the government that their cash assistance to people and companies needs to be faster and easier to access. The initial success in getting schemes to allow workers to keep their jobs with state payment of 80% of wages , and with assistance for the self employed, was most welcome. There remain delays and gaps in provision.

The Treasury has made a few improvements and needs to make more. I have passed on frustrations with banks over access to credit lines. The Governor of the Bank of England and the Chancellor have written a joint letter to the commercial banks asking them to open the schemes and lend the money, but issues still remain.

I am sending in more detailed proposals for tackling the pinch points in existing financial support and for widening access to help schemes. Directors of small businesses are not looked after, job changers can lose out, and companies placing employees into furlough are still not in receipt of any cash to help pay the wages. Ministers want to help, but it is taking time for the administrative procedures to be put into place and to operate on the scale required.

There have been issues over the supply of protective clothing for health and care workers. I have taken these up centrally as have many others and more is promised. Companies around the country are engaged in increasing manufacture. There is plenty of government money to buy the kit, and plenty of Ministerial will to see more delivered, but the system is stretched by the sudden and continuing surge in demands.

Many people want to see more tests done to see if people have the virus. Testing care staff who are ill or have been in contact with those who are would allow the return to work of those without the disease. Ministers have made very clear they want many more tests carried out. They were also prepared to buy 3.5 million tests kits to see if people had had the virus and gained some immunity as well. These kits turned out not to be reliable so the order has not yet gone ahead. The tests for the disease that are being supplied are important for patients in hospital and for care workers as priorities. Government is encouraging the ramp up of more production.

The big decision to be made is how long should the lock down continue? The medical and scientific advice is that it is necessary to limit the spread of the disease. It does do grave damage to the economy, denying many people the right to work, costing us many lost jobs and damaged businesses. I have been

putting forward proposals of how we might start to lift the restrictions so more can go to work, whilst keeping strong protections for the old and vulnerable with other medical conditions who are most at risk from the virus. I am also seeking more accurate figures about the impact of the virus and the capacity we have available to handle patients. It is vital that this important decision is taken on the basis of reliable data.

Yours sincerely

John Redwood

[The numbers from April 10th](#)

Now I have been sent the published back up data for the Friday graphs shown at the news conference, I thought I should just highlight the current situation.

Yesterday's figures for hospital beds occupied by CV19 patients showed a small decline, thanks to London's graph falling a bit where the most cases are still concentrated. Current patient numbers at 20 204 remain high. 3335 patients are in intensive care.

These are high numbers which we all want to come down. They do impose a big strain on the staff having to handle this unpleasant disease, which is unrelenting at this level. They do, however, show the UK is still currently well within the enhanced capacity of the NHS to cope with the crisis. As part of the aim of policy was to avoid an unsustainable peak demand on the NHS, it is encouraging so far to see these numbers and to see the recent levelling off. Of course we hope to see this being maintained with no dangerous relapse to a steep climb in hospital cases. The NHS handling these volumes will inevitably limit other non urgent work taking place.

[Review the data](#)

The death rate is too high. Every death is a tragedy. We all want to see it going down. The nation mourns those who have lost their lives to this disease.

Soon the government needs to review progress with its object of flattening the curve of the virus spread, to consider how long we need to remain in lock down.

I am glad we are now privy to the figures the government relies on. In the daily briefings we are shown two graphs or "curves", the trend in hospital deaths from CV 19 and the trend in hospital admissions for the infection.

It is presumably these curves that need to be sufficiently flattened to allow the government to transit to the third phase of its advisers' planned handling of the virus crisis.

There are several issues with the Death figures that need getting right. I think it would be good for some administrators and statisticians from government and or from the scientific community advising the government to spend some time ensuring accurate data. This should not involve medical and hospital staff time which is needed to handle the patients.

There was a change in the basis of their compilation on March 26th, when they shifted from 8 hour to 24 hour reports, moving the numbers up. Can they smooth the figures to allow for this?

There is the issue of whether the deaths are all recorded on the appropriate day. The day before yesterday we were told the higher number included deaths from earlier days which they thought had not been recorded at the time. Can't the numbers be reworked for all but the most recent by reference to the death date on the medical death certificate?

There is the possibility of double counting. If deaths are sometimes recorded promptly before paperwork is completed, and other times when the paperwork is ready, there needs to be a check that they do not end up recording the same death twice.

The wider ONS figures are also of interest. These are higher as they include deaths not in hospital where CV19 was present. These include some where the deaths certified as with CV19 are based on statements about symptoms with no tests to confirm the presence of the virus. The figures include cases where CV 19 is mentioned where other severe conditions mean the patient would probably have died without the virus anyway.

Hospital admission with the virus is an easier series to get right. Presumably all on admission for CV 19 treatment are tested to ensure they have it, to make the correct treatment available. Admission takes place at one stated time and date, so it should be relatively easy to get a clean series of numbers that are accurate. A simple check would be to compare bed numbers and occupancy rates by hospital and to examine any outliers.

This is such an important decision both to control the disease and for the jobs and livelihoods of the many, that the decision takers need the most accurate possible numbers.