

# Public Health Link

From the Chief Medical Officer for Wales

<b>Distribution:</b>	As Appendix 2
<b>From:</b>	Sir Frank Atherton, Chief Medical Officer
<b>Date:</b>	November 2022
<b>Reference:</b>	N/A
<b>Category:</b>	Climate Adaptation
<b>Title:</b>	Cold Weather Health Risks
<b>What is this about:</b>	This advice is for Health and Social Care (HSC) system partners, to encourage and support planning and preparedness action to minimise risks to health and service delivery from cold weather, and to enable a rapid and effective response when needed.
<b>Why has it been sent:</b>	The <a href="#">UK Climate Change Risk Assessment</a> provides evidence of climate change in Wales and its links with more extreme weather events. The need for HSC system partners to undertake adaptation planning in response to the changing climate in Wales and to reduce risks to health is a key recommendation from the <a href="#">Chief Medical Officer for Wales Annual Report</a> published in June 2022.

Dear Colleagues,

The [UK Climate Change Risk Assessment](#) (CCRA3) provides evidence of climate change in Wales and its links with more extreme weather events. CCRA3 points out that “...even though there is an overall warming trend in the UK, including a reduction on cold days and extreme winters, extreme cold seasons are still likely to occur. There is concern that planning for cold risks may become lower prioritised as a risk, and investment and resources will decrease from current levels, thereby increasing vulnerability to such future events. It is therefore important that activities to prevent cold deaths are maintained or strengthened.”

## Harms to health from the cold

Cold weather can pose serious health risks including hypothermia, falls and injuries, heart attacks, strokes, respiratory diseases and flu. Indirect effects of cold include mental ill-health and carbon monoxide poisoning from poorly maintained/ventilated boilers, cooking and heating appliances. Public Health Wales provides more detail on [risks](#) here.

Those most at risk of suffering impacts from cold weather include older people, very young children and those with pre-existing medical conditions. Other health, housing and/or economic circumstances can also put some at greater risk of harm. A lack of awareness of the effect of cold on health is itself identified as a risk factor.<sup>1</sup>

## Services pressures

The health risks of cold weather on people, patients and vulnerable groups can put pressure on the HSC system. Although enhanced response actions may be needed during the coldest spells, it is worth noting that most of the burden of cold-related ill-health is from moderate outdoor winter temperatures (from 4 to 8°C).

Beyond direct impacts, Health & Social Care system partners (HSC) partners should also be mindful of health risks linked to wider consequences of cold and other extreme winter weather episodes. In developing contingency plans, HSC partners should consider the implications of other winter risks such as rain, snow, ice, wind and fog as these conditions can adversely affect water and power supplies, cause [flooding](#) and damage to buildings, and create travel disruption.

## Met Office advice and warnings

The Met Office operates a UK-wide National Severe Weather Warning Service (NSWWS). This service provides warnings of severe or hazardous weather which may cause danger to life or widespread disruption. The Met Office will formally issue NSWWS warnings directly to a range of agencies. Register to receive NSWWS warnings [here](#).

To support preparedness, we also **strongly advise** all HSC partners to register with the Met Office's Civil Contingency Advisors mailing list to receive early 'heads-up' information and advice ahead of any formal NSWWS warning issue. Register at [wales.cca@metoffice.gov.uk](mailto:wales.cca@metoffice.gov.uk)

## Preparing for cold weather

HSC partners should consider the implications of cold and other winter weather-related risks in contingency plans. These plans should be relevant year-round to help improve preparedness and resilience ahead of any extreme weather episode occurring, as well as underpin response to specific events.

- HSC partners should work with staff, patients and clients to raise awareness and signpost to actions which can reduce risks before cold weather sets in. For example, emphasising the importance of [vaccination](#) (e.g. flu jabs) as an effective health protection measure, holding sufficient medication stock to get through cold spells, and awareness of carbon monoxide risks. See [here](#) for more detail.
- Consider too how the cost-of-living crisis may exacerbate the pressures on HSC this winter. Welsh Government has produced guidance on how to access financial support (see [Get help with the cost of living | GOV.WALES](#)); it also provides advice on where to go if staff or patients would like to seek support for their mental health.
- HSC partner plans should identify and drive proactive, ongoing environmental improvements to reduce risks and increase safety for staff, patients and clients in cold

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<sup>1</sup> [Public Health England \(2019\); Data sources to support local services tackling health risks of cold homes](#)

weather. This may include maintaining heating systems, insulating buildings and making sure temperatures can be easily monitored and adjusted.

- HSC staff should know what they can do to reduce risks for patients and clients. For example, identifying those considered most vulnerable through individual risk and need assessments. In assessing risks, attention should be paid to medicines management, accommodation risks and ensuring care plans communicate, address, and monitor risks and impacts as appropriate. Flexible arrangements are invaluable, for example increasing provision of warm drinks, hot food and advice on layering clothing.
- HSC contingency plans should ensure any potential cold weather disruption to business continuity is minimised. This includes actions to protect staff, such as being flexible with changing rotas due to possible transport disruptions and increasing surge capacity or introducing alternative ways of working and using equipment in different ways, as well as actions on medicine storage solutions and IT system resilience.
- Communication plans should be pre-agreed. Staff, patients, clients and the public should all have access to [general advice](#) to support planning, communications and joint working.
- HSC partners should detail how they will respond to cold weather episodes. Roles and responsibilities should be defined, as should information flows (within organisations and to reach commissioned services) and action triggers. Join-up, within and across agencies and networks, is critical.
- At local and regional level, partners should ensure plans align and complement other preparedness and resilience arrangements. It is advisable to communicate and co-ordinate this through Public Services Boards, Local Resilience Fora, and other relevant partnerships. Regular multi-agency training and exercising can help test plans and ensure they are fit for purpose.

## Responding to cold weather

When any unusually cold weather episodes are forecast by the Met Office, HSC partners should consider implementing contingency plans as appropriate. Staff should be made aware of key messages, advice and actions confirmed, and a communications cascade actioned (within organisations and beyond to any commissioned service providers).

- HSC partners should activate contingency arrangements, including preparing for a surge in service demand, monitoring indoor temperatures and taking actions (as specified in plans) to minimise risks for patients and clients.
- HSC partners should notify staff and any commissioned service providers without delay.
- HSC partners should deliver patient/client services which take account of general advice (see [here](#) and Appendix 1) or pre-prepared needs-based patient/client care plans. This may include visiting or telephoning high-risk individuals, conveying key messages and offering advice to patients and clients on what practical measures can be taken to reduce risks and what should be done if they feel unwell.
- Public Health Wales (PHW) is an HSC partner with dual roles. From a service delivery perspective, the advice listed above should be acted on as appropriate. PHW will also issue general public health [advice](#) through traditional, social media and other communications channels. Advice may be tailored to meet the needs of different population groups and to cover different risk scenarios.
- HSC partners should monitor cold-health [and broader weather-related] risks and impacts on staff, patients and clients and share intelligence and evidence on any service pressures.

## **Incident escalation and Civil Contingencies**

The scale of the response required will always be determined by the characteristics of weather events, notably weather risks, duration, geographical area affected, population demographics, local context, consequences and impacts observed.

The response may be well managed within individual agencies, with informal updates to Welsh Government. However, there may be a need to escalate arrangements if Met Office NSWWS warnings are issued, or an emergency situation declared whereby multiple agencies are reporting that service pressures are significant and overwhelming.

If an emergency is declared, HSC partners will likely need to support regional Local Resilience Forum (LRF) emergency response structures and, if established, national emergency response mechanisms in line with the Pan Wales Response Plan. LRF partners will link with Welsh Government and provide regular situational reports and there may be a need for Wales emergency response arrangements to connect with any UK Government structures established.

## **Reflect and learn**

HSC partners should review their plans regularly and undertake timely debriefs on extreme event responses. This can inform important learning within and across agencies and the development of more effective future plans and actions to minimise health risks. Extreme weather adaptation plans should also reflect the latest evidence on the health impacts of climate change ([Climate Change Committee \(theccc.org.uk\)](https://theccc.org.uk)).

This advice note will be kept under review. If HSC system partners wish to give feedback and/or share experiences and learning, please email: [HscClimate.Emergency@gov.wales](mailto:HscClimate.Emergency@gov.wales)

Yours sincerely



**SIR FRANK ATHERTON**

## General advice for Health and Social Care service providers

Cold weather can pose serious health risks including hypothermia, falls and injuries, heart attacks, strokes, respiratory diseases and flu. Indirect effects of cold include mental ill health and carbon monoxide poisoning from poorly maintained or poorly ventilated boilers, cooking and heating appliances.

Those most at risk of suffering impacts from cold weather include older people, very young children and people with pre-existing medical conditions, as well as those whose health, housing or economic circumstances put them at greater risk of harm.

Health and social care colleagues are reminded to implement relevant escalation plans and take appropriate business continuity actions to ensure services are able to cope as best they can with any associated increased demand. We recognise that such plans and actions will differ across Wales, being tailored to local populations, geographies and service structures. However, all should address the following potential issues:

### Staff

- Take steps to ensure a 'healthy' front-line workforce.
- Consider deploying more staff or moving staff to deal with expected surges in demand in certain service areas.
- Consider accommodating key staff on-site overnight if transport network disruption anticipated.

### Service capacity

- Consider how team/service activities and capacity can be adapted to cope with a possible surge in activity.
- Ensure staff are prompted to signpost vulnerable individuals onwards to relevant services as appropriate.
- Ensure staff undertake home checks when visiting patients and clients e.g. room temperature, medications and food supplies.
- Also consider the needs of carers and the support they can continue to give.
- Implement local plans for contacting vulnerable clients. Consider daily visits or phone calls for high-risk individuals living on their own who have no regular contacts.
- Remind patients/clients of the actions they can take to protect themselves from the effects of severe cold.

### Resources

- Ensure supplies of required medications and other equipment is readily available and accessible.
- Consider how potential consequences of disrupted transport links, including disrupted access to patients' homes and care homes and possible delays in pharmaceutical supplies would be dealt with.

## Appendix 2

To: NHS Wales Shared Services Partnership to forward to:

All General Practitioners - please ensure this message is seen by all practice nurses and non-principals working in your practice and retain a copy in your 'locum information pack'.

All Community Pharmacists

Independent/Private clinics and Hospitals and Hospices throughout Wales

To: Health Boards and NHS Trusts:

Chief Executives

Medical Directors

Nurse Directors

Directors of Public Health

Directors of Planning

Directors of Therapies and Health Science

Climate Change and Sustainability Leads

Hospital Principals and Chief Pharmacists

To: Public Health Wales:

Chief Executive

Director of Public Health Services

To: Social Care System Partners

Chief Social Care Officer

LA Chief Execs

LA DPPW