

National Heat Risk Commission: organisational evidence

CoCreate Hackney - The CoHub Hackney

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Introduction

CoCreate Hackney is a resident-led social enterprise operating The CoHub at New Kingshold Community Centre in Hackney, East London. We provide advice and support, digital inclusion, wellbeing activities, volunteering, and opportunities for residents to shape local services. Alongside our sister organisation The Community Closet CIC, we also support access to clothing, food, fuel and other essential items.

The CoHub operates as a Warm Welcome Space, summer Cool Space and Community Response Hub. Our emergency preparedness work involves the British Red Cross, London Resilient Communities and London Borough of Hackney, alongside residents and community partners. We have recently developed the Hackney Community Response Network (HCRN) to strengthen local collaboration.

Our evidence draws on frontline delivery, our April 2026 heatwave tabletop exercise, the summer 2026 heat response and real incidents that have tested our continuity arrangements. We submit this evidence because national heat resilience depends on the practical capacity of neighbourhood organisations to reach people, maintain essential support and turn warnings into preparedness and action.

Our central recommendation is that community resilience should be funded and coordinated as permanent infrastructure, with trusted local hubs funded and equipped to respond throughout the year.

1. How is extreme heat affecting your organisation, sector and the people you serve?

Extreme heat adds another pressure to communities already dealing with ill health, financial insecurity, unsuitable housing and social isolation. For our organisation, responding involves making space available, providing accessible information using a variety of methods, refreshments, hydration and crisis support, and maintaining contact with residents alongside our usual services.

During the June to August 2026 Heat-Health Alerts, the CoHub provided a Cool Space and community information and hydration station. Our Heatwave Ready Hackney work included

nine coproduced resident-shaped factsheets. We distributed more than 2250 printed copies at our hub alone and dissemination through our digital networks had a reported reach of over 408,000. These figures demonstrate the scale of our information activity; they do not establish how many people read the advice or experienced improved health outcomes.

The response required staff and volunteer time, resources and coordination. Heat preparedness becomes part of the workload of organisations already supporting residents with housing, benefits, food and access to services. This additional responsibility needs to be recognised in operational funding.

Our experience also shows that issuing information is only one part of the response. Residents need practical opportunities to act on it: a place they can reach, drinking water, clear local contacts and support that accommodates disability, limited income and digital exclusion.

We have not undertaken any clinical evaluation or systematic temperature monitoring. Our evidence concerns community delivery and the barriers our service model must address. It shows the importance of connecting public warnings to accessible neighbourhood support and resourcing the organisations providing that connection.

2. Are some people or communities more affected than others?

Our work brings us into contact with disabled residents, older people, people with long-term health conditions, carers, low-income households, less heard communities and people experiencing isolation or digital exclusion. Heat preparedness must account for circumstances that overlap and compound one another.

A resident may understand heat advice but have limited control over their home, insufficient money for equipment or electricity, or mobility difficulties that prevent them reaching a cooler place. Advice that assumes access to suitable housing, transport, outdoor space or digital services can leave these residents with few workable options.

People sleeping rough must also be explicitly included. They may have limited access to shelter, drinking water, washing facilities, safe rest and secure storage. Support cannot depend solely on having a fixed address, receiving an online alert or attending a booked appointment. Outreach and accessible places to obtain help are essential.

People with diagnosed serious mental health conditions require particular attention. During summer 2026, we observed increased distress, agitation and episodes of crisis among residents with existing conditions, including bi-polar and schizophrenia, alongside greater demands for community support. These are frontline observations; we cannot establish that heat caused individual incidents.

UKHSA guidance identifies additional heat-related risks for people taking some psychotropic medicines, including antipsychotics, which can impair temperature regulation. Heat planning therefore needs stronger links with mental health services, proactive welfare contacts and accessible advice about heat and medication, with clinical decisions remaining with healthcare professionals. Community hubs also need clear escalation routes and support when residents present in crisis.

Digital exclusion creates a further barrier. Important messages need to be available through printed resources, telephone contact, face-to-face conversations and trusted community networks. Online publication alone does not establish that information has reached those who need it. However, in our own CoHub What's App channel – each factsheet generated a lot of response, shares, likes etc. It was also reported back to us that residents were sharing to other groups we were not in and had taken hard copy printed versions to display in local estates/noticeboards. We also formed a partnership with Homerton University Hospital – where a noticeboard in the main A&E noticeboard displayed all nine factsheets throughout the summer. This would also have helped the information reach hundreds of other residents who may be digitally excluded as well.

Existing responses can reduce inequalities when they provide free, accessible local support and involve residents in shaping delivery. They can reinforce inequalities when responsibility is placed on individuals without addressing the resources and circumstances needed to act.

Our recommendation is that heat responses should be assessed by who can use them in practice. Accessibility must cover the journey, opening hours, communication, welcome and support available once someone arrives and where possible, communications should be made available in other languages. For example, we have a big Bengali attendance at our Food Pantry each week, so we made sure there were Bengali versions of some of the key factsheets. These were emptied every week!

3. What is your organisation doing to understand, prepare for and respond to extreme heat?

We are developing a year-round community response model combining resident knowledge, practical resources, emergency planning and coordination through HCRN.

On 22 April 2026, we held a heatwave tabletop exercise involving residents, community organisations, police, council emergency planning representatives and the British Red Cross. It explored decision-making, communication, support for residents and coordination as a simulated incident developed. Learning informed our emergency plans, submitted to programme partners in May.

During the summer Heat-Health Alerts, we put heat preparedness into practice through our Cool Space, information and hydration station, and Heatwave Ready Hackney resources.

The CoHub provides a practical base for response: accessible community space, kitchen, Wi-Fi, SIMs, clothing and essentials, information and distribution facilities, parking, a defibrillator, and bleed kit. Our volunteers and resident relationships add local knowledge and ways to communicate beyond formal digital channels. These resources support distinct functions, although availability during an incident depends on staffing, supplies, access, and utilities.

Our plans also include paper-based arrangements and alternatives to digital tools. A recent power outage tested these arrangements in practice.

Winter Ready Hackney work starts in November and includes flood resilience workshops and another Tabletop. This extends the same approach across seasonal hazards: maintaining relationships, preparing residents, and testing local coordination. Heat-specific action remains essential, but much of the community capacity supporting it needs to be maintained throughout the year.

4. What has worked well, and what have you learnt?

A valuable feature of our approach is bringing residents, community organisations, and statutory partners into the same planning process. The heatwave exercise enabled practical questions to be raised before an emergency: who communicates, who makes decisions, how support reaches residents and where responsibilities sit.

Resident involvement also shaped our heat information- we created four core factsheets and then residents voted on which other ones would be the most helpful. Printed resources complement digital communication and allow information to be shared through everyday conversations and community contact.

Our plans have been activated and tested through real incidents throughout the year. During a recent power outage lasting an hour, we had to stop using our digital tools and return to paper, pens, and telephone calls. This demonstrated the importance of printed plans, accessible contact information, and arrangements that staff and volunteers can use without powered systems.

Had the outage continued, we could have maintained some community resilience functions, but not the full range available with electricity. This exposed the importance of understanding both our capacity and its limits. Telephone alternatives also need consideration of battery life and network availability.

The outage was not a heat incident. Its relevance is the continuity learning it provides for any emergency, including extreme heat: a plan must remain usable when ordinary systems fail.

Other learning has concerned welfare checks, triage and signposting, links with GP communications, volunteer identification, delivery access and staff and volunteer wellbeing. These are operational requirements that need named responsibilities and resources.

The strongest lesson is that preparedness develops through repeated use, review, and adjustment. A completed plan needs a functioning team, accessible resources, and continuing coordination to remain useful.

5. What tools, information, evidence, or guidance do you use, and what is missing?

Our approach uses Heat-Health Alerts, emergency preparedness work with the British Red Cross and London Resilient Communities, local partner discussions, resident knowledge, scenario exercises, and operational learning from incidents.

Our Heatwave Ready Hackney guides translate preparedness into community-facing information. Their resident-shaped format matters because usefulness depends on whether people understand the message and can act on it in their own circumstances.

We need stronger connections between warnings and local delivery. Community organisations need to know what an alert means for their role: when to activate arrangements, whom to contact, what support is available and how to escalate concerns (not us, but at a local/hyperlocal level on a national scale).

A shared local picture should include which spaces are open, accessible, and suitably equipped; their opening hours and capacity; available outreach; and arrangements for residents who cannot travel. This information must remain accessible when digital systems fail.

Practical guidance should also support community hubs to assess safe operation, including indoor conditions, staffing, supplies, and service continuity. Designating a building as a Cool/Warm Space should be accompanied by an assessment of whether it can fulfil that function.

Evidence collection needs improvement without creating an excessive administrative burden. Simple, supported ways to record attendance, requests for help, indoor conditions, referrals, and unmet needs would help organisations assess their response.

We also need a route for local learning to influence wider plans. Community organisations encounter practical barriers that may be missed by central guidance. Information should flow in both directions, enabling residents' experiences to change the response.

6. What barriers prevent further action or delivery of planned measures?

The main barriers are limited funding, staff and volunteer capacity, equipment, supplies, and control over premises. Community organisations are expected to maintain readiness while meeting substantial everyday needs with constrained resources.

Preparation has actual costs: coordination, staff time, volunteer support, training, exercises, printed materials, equipment, storage, and partnership work. Activation adds costs for opening, utilities, supplies, communication, and potentially extended staffing. Maintaining readiness between incidents also requires funding.

Small grants can support specific activities, but their value may cover only a fraction of the real delivery cost. A grant that funds visible outputs while leaving coordination and operational costs unsupported cannot sustain a dependable response.

Access to suitable premises is another constraint. Organisations working in buildings they do not own may depend on landlords or managing bodies for repairs, adaptations, reliable access, and permission to change facilities. Expectations about heat resilience must reflect those limits.

Capacity is also affected by competing priorities. The same team may be supporting food access, housing problems, benefits applications, and residents in distress. Emergency work is additional work, even where it uses established relationships.

Unclear responsibilities make delivery harder. Hubs need agreed expectations about activation, referrals, escalation, and support from statutory partners.

Community resilience should be funded as infrastructure. The full cost of the role must be recognised, including the work required to keep a hub ready and the additional resources needed when it responds.

7. What do you need from other organisations or institutions?

We need sustained operational partnerships that connect community capacity with the resources and responsibilities of public bodies, infrastructure providers, and funders.

Local authorities and emergency planning partners should agree practical arrangements with community hubs: roles, activation processes, named contacts, escalation routes, and

access to support. Community organisations should help shape these arrangements because they understand their own capacity and residents' circumstances.

Public health and health services can strengthen communication, outreach, and referral links. These arrangements need to reach residents who are isolated, digitally excluded, or unable to travel, with appropriate consent and information safeguards.

Landlords and building managers need to support safe, accessible premises and timely improvements. A hub's ability to offer refuge depends partly on decisions outside its control.

Funders should provide multi-year support that covers staffing, coordination, equipment, training, and readiness, alongside flexible resources for activation.

Major businesses and infrastructure providers can contribute resources, technical expertise, equipment, and communications capacity. Community organisations bring trusted relationships, local knowledge, and direct contact with residents. Partnerships should resource both capabilities and allow community partners to influence priorities.

We need shared exercises and regular review, so that agreements are understood before an emergency. Partners should also recognise the welfare of staff and volunteers: they may face the same heat, financial and caring pressures as the residents they support.

The aim is a dependable local system in which each partner knows what it can provide, what it needs and how to obtain help when circumstances exceed its capacity.

8. What wider changes would help communities and the UK become more resilient?

Warm Welcome Spaces, Cool Spaces and Community Response Hubs should be mapped and coordinated together. They often draw on the same buildings, staff, volunteers, and resident relationships. Separate seasonal systems risk duplication, gaps, and fragmented information.

A shared local approach should show where residents can obtain support across weather hazards, while identifying the different preparations needed for heat, cold, flooding, and disruption. Seasonal coordination should include opening arrangements, accessibility, staffing, communications, and activation.

Mapping alone is insufficient. A listed space must be able to deliver the support advertised. Coordination should therefore be accompanied by investment in premises, safe operation, equipment, and staff capacity.

Heat resilience must also address underlying causes of exposure: unsuitable housing, poverty, isolation, inaccessible services, and fragmented support. Providing temporary relief

is essential, but funding should also reduce the conditions that repeatedly place residents at risk.

Without shared mapping and needs assessment, separate funding streams can support overlapping activities while other neighbourhoods or groups remain underserved. Multiple providers may be necessary; the question is whether investment responds to identified need, adds capacity, and connects with existing provision.

We recommend coordinated funding informed by local service mapping, resident experience, and gaps in access. Evaluation should examine whether investment reduces exposure, strengthens lasting community capacity, and reaches underserved residents, alongside counting activities delivered. Emergency support and long-term prevention should reinforce one another.

National and local funding should establish community response as a continuing function. Multi-year investment would allow organisations to retain knowledge, employ staff, train volunteers, and improve facilities, with flexible additional funding during incidents.

Housing and community-building improvements should address summer overheating alongside winter warmth. Residents' ability to remain safe depends on the environments available to them.

Resident involvement should always be built into planning and evaluation, including people whose circumstances are poorly reflected in standard advice. Accessible communication and outreach should be funded delivery requirements.

Finally, resilience should be assessed through practical outcomes: whether people can reach support, whether hubs can remain operational and whether help reaches those excluded from conventional communications.

The goal is a coordinated community response, whatever the weather, with specific provision for each hazard.

9. In ten years', what would good heat resilience look like?

By 2036, community hubs should be funded, dependable fixtures in local resilience systems. Residents should know where they can obtain information, water, a cooler space, and practical support, with accessible alternatives for people unable to travel.

Good resilience would mean that public warnings trigger agreed local action. Hubs would have trained teams, appropriate equipment, reliable premises, printed and digital plans, and tested continuity arrangements. Their operating limits would be understood, with clear support available when demand exceeds capacity.

Warm and cool space provision would form part of a connected year-round network. Coordination would support seasonal preparedness and reduce gaps between public services, community organisations, and infrastructure providers.

Major businesses would contribute resources, technical expertise and broad communications reach. Community partners would be funded for their direct resident relationships, local knowledge, and delivery. Communication would be two-way, enabling residents' experiences to influence decisions.

Funding would cover readiness as well as response. Communities would no longer depend on repeated small grants, unpaid coordination, or individual goodwill to maintain essential capability.

Progress would be visible in residents' experience: accessible support, clearer information, safer places, and earlier assistance for people facing the greatest barriers. Evaluation would examine who remained unreached and why, alongside activity totals.

For our organisation, success would mean maintaining a trusted, equipped, and sustainable CoHub that can support residents through heat and other disruptions. For the wider system, it would mean recognising community organisations as operational partners and investing accordingly.