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**From:**  
**Sent:** 25 November 2024 14:54  
**To:** Planning  
**Subject:** Comment on Appeal of Pulse Smart Hub - 2024/3313/P

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FAO  
Fast Track TY 2687

Good afternoon,

In regards to the appeal for **the installation of a Pulse Smart Hub with integrated digital screens and emergency functionality including provision of defibrillators at 85 Chalk Farm Road**. My objection remains and my comments on the original application are still valid.

Further to the previous planning comment the following information has been taken from the submitted design management and operation statement:

- Police and other emergency services Direct access to life-saving equipment and ability to override screen content if required to spread messages to the public in response to real-life scenarios. **There is no objection to a defib unit but how is the override of the screen content achieved? There is no further detail on this aspect within the document. How quickly can this be actioned and who is responsible?**
- Our Hubs provide people with reliable connection 24/7 all year round. Using the simple public interface on the side of the Hubs, people have access to: ♦ Free phone calls. ♦ Free Wi-Fi provision. ♦ Free mobile device charging, including wireless charging. **The charging of mobile phone devices will mean that they are on display to potential thieves. This area is already well known for street crimes such as theft from the person and robbery. It is noted that WI-FI can be switched off at certain hours to reduce potential ASB and that repeat phone numbers can be blocked. Is this monitored through the WIFI as well when using applications such as WhatsApp and other communication platforms. It still seems to favour and already established drug trade in this area.**
- Public access Nasal Naloxone to respond to someone having an opioid overdose. **This is a prescription drug. It is noted that it does not have issues regarding side effects and it can be issued by drug treatment services for free. How is it provided? Can children obtain this as well as adults? Is there any verification and is there a limit to the number of sprays that can be administered?**
- Our Hubs act as a place of safety for anyone who is in immediate danger due to domestic abuse, stalking, or any other imminent threat. **Does the 'place of safety' mean that the pulse smart hub is actively monitored and the communication channels held open (with CCTV recording)? There is no protection if a person is fleeing violence in that the person seeking help is on the street and vulnerable. They are not behind any physical defensive line or barrier.**

From the Gov website:

Regulations do not limit supply to specific individuals, except to state that the “supply shall be for the purpose of saving life in an emergency”. Therefore, drug services can supply naloxone to:

- an outreach worker
- a hostel manager
- a drug user at risk
- a carer, a friend, or a family member of a drug user at risk
- any individual working in an environment where there is a risk of overdose for which the naloxone may be useful

The regulations do not allow people who have been given the naloxone by a drug treatment service to supply it on to others for their possible future use. However, in an emergency, anyone can use any available naloxone to save a life.

## **Children and young people**

If any drug treatment service is considering providing a child or young person under 18 with naloxone, or training on the use of naloxone or overdose management they need to act in line with established clinical principles for the treatment of children and young people. This is the case whether the goal is to reduce risks to a young person who is using drugs, or to reduce risk for others (such as an opioid-using parent).

There is no legal restriction under the legislation on the supply to children or young persons of naloxone by a drug treatment service. However, any decision to supply naloxone to a child would need very careful consideration and oversight and would need to be made on a case-by-case basis.

An appropriately competent professional acting within a suitable clinical governance framework would have to consider the needs of each child or young person, taking account of potential benefits to the child of the intervention and any risks. They are expected always to take proper account of the child or young person’s ability to understand the issues involved and to provide suitable consent.

In the case of a child who has a carer role for a drug-using parent, considering the interests of the child can be quite complex.

The drug treatment service should take account of any relevant guidance, including guidance on consent in children and young people and child safeguarding.

## **Using naloxone to save a person’s life without their permission**

Under the regulations, it is legal for a drug service to provide a family member or friend of a heroin or opioid user with naloxone without the express permission of the person who is using the heroin or opioid, if it is being supplied to save life in an emergency. However, services that are supplying naloxone need to consider the ethics of supplying naloxone to friends or family without the drug user knowing or agreeing.

We would expect drug services to address this issue in local protocols and through local clinical decision-making processes.

How are they stored and is the machine security rated/certificated?

Kind regards

Aran



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