

To whom it may concern.

It is my pleasure to contribute to the consultation surrounding the potential introduction of the Health and Social Care (Control of data processing) bill. My name is Dale Ashford, I am a professional fire officer and have been a member of the Fire Service for 28 years. I am currently the interim Chief Fire and Rescue Officer, my substantive role is that of director of Community Protection where I have responsibility amongst other things, for fire prevention work. Our related strategies include our Integrated Risk Management Plan (IRMP) and our Prevention and Protection strategy.

My submission relates mainly to Section 1 of the proposed legislation but also section 2 and 3. I am not proposing changes to the draft legislation.

Numbers of fire deaths are falling in Northern Ireland. Our prevention work has been effective, but we cannot be complacent. I believe we could eradicate accidental fire deaths in Northern Ireland and the introduction of this legislation would go a long way to helping us achieve this aim.

People that die in fires in Northern Ireland tend to do so in their homes. The highly regulated commercial environment is generally speaking a safe place to be in terms of fire, but in private dwellings there is little or no control over how people manage fire safety.

People that die in accidental fires in Northern Ireland are, almost without exception known to Health & Social Care because of existing health conditions. Those most at risk tend to be older, they often have mobility or mental health problems. Another common feature is lifestyle issues such as alcoholism or drug addiction. This situation is made more complex in recent years by the introduction of "transforming your care", which has seen the movement of vulnerable people from a highly regulated care environment into a home environment where there is little or no regulation.

We can help. In Northern Ireland Fire and Rescue Service (NIFRS) we have a programme of prevention that includes a process whereby we visit people in their homes and offer advice and help to keep them safe. In homes of high risk we have (in partnership with others) recommended and contributed to the installation of assistive technology such as portable misting systems or cooker shut off valves to reduce risk.

We are also keen to contribute to the wider health and well-being agenda. This work will develop through our involvement with Community Planning Partnerships and PCSPs. I see no reason why in future NIFRS should not be helping keep people safe across a wide range of risks. As what I describe is a preventative approach I would propose that my submission offers evidence that would support allowing access to information under para (a) or (b) of section 1 of the proposed legislation, however I accept that this would be for the panel to decide.

We need to take a risk-based approach. We cannot afford a blanket approach to prevention, we simply do not have the resources and that is a situation that will only get worse in years to come. By having access to information that tells us where vulnerable people live we can take a directed risk-based approach and take meaningful steps to reduce risks where our actions have the most effect.

Under section 2 I would welcome the introduction of a panel to scrutinise the submissions of those agencies that seek to make use of sensitive information, and I would be willing to contribute to a further consultation on the introduction of an approved code of practice. I would also seek to reassure the committee that only information that is really necessary would be sought by NIFRS and I do believe that the information could be presented and protected in such a way that protects the privacy of those involved. I would be happy to expand upon my ideas for doing this if that would help.

My colleagues in Fire Services in England can gain access to GP data to help them to direct their prevention work. Access to similar data for NIFRS would allow us to transform our prevention work and make a significant contribution to the health, safety and well-being of the public of Northern Ireland.

I have been involved in many hundreds of fires and I can quote numerous examples where people have lost their lives and those involved have had existing health conditions, which, had we known about them, we could have taken preventative steps. I firmly believe that with a co-operative approach we can eradicate accidental fire deaths in Northern Ireland. It is my intention to do everything in my power to achieve that aim, but we know from experience that often it is only through legislation that we achieve consistent results.

Having read the Hansard from previous committee meetings I can understand the concerns that members have in relation to the protection of sensitive information. However, the outcome of this enabling legislation can be such that it will make a significant contribution to public safety, for that reason I am content to commit NIFRS to whatever safeguarding processes and governance procedures are necessary to provide the necessary assurances. Access to this type of data will, in my professional opinion, be the most important step that we could take to forward the prevention agenda in Northern Ireland.

I hope my submission has helped in the consideration of this legislation. I would be more than happy to contribute wherever possible as the bill progresses.

Dale Ashford

Interim Chief Fire & Rescue Officer