

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Lee Kenyon on 24 June 2023 following his release from HMP Altcourse on 19 June 2023

A report by the Prisons and Probation Ombudsman

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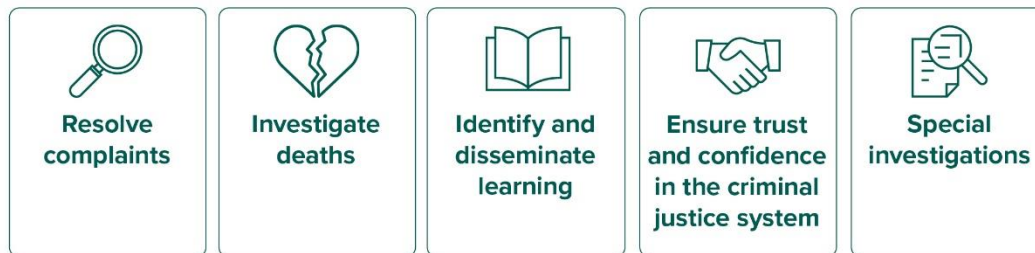
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OUR VISION

To deliver high quality and timely independent investigations and work closely with partners to achieve tangible benefits for the safety and confidence of those in custody and under community supervision.

WHAT WE DO



WHAT WE VALUE



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Summary

1. The Prisons and Probation Ombudsman aims to make a significant contribution to safer, fairer custody and community supervision. One of the most important ways in which we work towards that aim is by carrying out independent investigations into deaths, due to any cause, of prisoners, young people in detention, residents of approved premises and detainees in immigration centres.
2. If my office is to best assist His Majesty's Prison and Probation Service (HMPPS) in ensuring the standard of care received by those within service remit is appropriate, our recommendations should be focused, evidenced and viable. This is especially the case if there is evidence of systemic failure.
3. Since 6 September 2021, the PPO has been investigating post-release deaths that occur within 14 days of the person's release from prison.
4. Mr Lee Kenyon died of hanging on 24 June 2023, following his release from HMP Altcourse on 19 June. He was 44 years old. We offer our condolences to those who knew him.

Findings

5. Although Mr Kenyon had some risk factors for suicide, we found that prison and probation staff had no reason to assess him as a raised risk of suicide in the time pre and post his release. However, Mr Kenyon's community offender manager (COM) did not refer Mr Kenyon to the community mental health team on 6 and 20 June which would have been good practice.
6. The clinical reviewer concluded that the clinical care Mr Kenyon received at Altcourse was of a good standard and equivalent to what he could have expected to receive in the community. She was satisfied that Mr Kenyon was correctly referred to the appropriate services for his physical health prior to release. She did, however, identify some areas of concern relating to information sharing. A comprehensive release plan had not been shared with all agencies prior to Mr Kenyon's release and a discharge assessment was not completed on the day of his release.

Recommendations

- The Head of Healthcare should ensure that processes and systems are in place regarding release and discharge planning for all prisoners known to healthcare and who require ongoing healthcare input.

The Investigation Process

7. HMPPS notified us of Mr Kenyon's death on 11 July 2023.
8. The PPO investigator obtained copies of relevant extracts from Mr Kenyon's prison and probation records.
9. We informed HM Coroner for Warrington of the investigation. She gave us the results of the post-mortem examination. We have sent the Coroner a copy of this report.
10. The Ombudsman's office contacted Mr Kenyon's father to explain the investigation and to ask if he had any matters he wanted us to consider. Mr Kenyon's father raised some concerns, which are outside the remit of our investigation.
11. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS pointed out some factual inaccuracies, and this report has been amended accordingly.
12. Mr Kenyon's family received a copy of the initial report. They did not make any comments.

Background Information

HMP Altcourse

13. HMP Altcourse is a category B prison which holds male prisoners who have either been convicted or are on remand. It is managed by G4S. The physical, mental health and substance misuse treatment provider is G4S. The clinical and non-clinical teams are known as Stay out and recover (SOAR). Castle Rock Group (CRG) provides secondary mental healthcare.

Probation Service

14. The Probation Service work with all individuals subject to custodial and community sentences. During a person's imprisonment, they oversee their sentence plan to assist in rehabilitation, as well as prepare reports to advise the Parole Board and have links with local partnerships to whom, where appropriate, they refer people for resettlement services. Post-release, the Probation Service supervises people throughout their licence period and post-sentence supervision.

HM Inspectorate of Prisons

15. The most recent inspection of HMP Altcourse was in November 2021. Inspectors reported that there was evidence among newly arrived prisoners that not all risk factors were always identified or adequately addressed, and they recommended that the vulnerabilities and risks of newly arrived prisoners should be properly assessed, and adequate support and interventions offered. Inspectors noted that all new arrivals were screened for alcohol and drug use and if necessary, they were referred to a GP, ensuring clinical assessments took place promptly. However, they found that there was very limited non-clinical SOAR team support available to provide prisoners with psychosocial support and they recommended there needed to be effective, joined up non-clinical substance misuse support available for prisoners. They also reported the primary care health team prioritised those in crisis, however due the shortage of staff, there were long delays in some prisoners having an initial assessment, which meant risks may not have been identified promptly.

HM Inspectorate of Probation

16. The most recent inspection of National Probation Service (NPS) Liverpool North Division was in June 2023. Inspectors reported that the Probation Delivery Unit (PDU) was rated inadequate overall. They found insufficient levels of contact between probation practitioners and prisoners prior to their release in the community.

Key Events

17. On 27 February 2023, Mr Lee Kenyon attended court after being charged with assault of an emergency services worker. A court Probation Officer completed Mr Kenyon's pre-sentence report. Mr Kenyon said that he believed he was suffering from psychosis and that he often heard voices, but he had not sought medical advice. He said he had previously had suicidal thoughts and attempted to take his own life. When the court Probation Officer tried to discuss this in more detail, Mr Kenyon said that it was not an issue now. This information was shared with a Senior Probation Officer, who activated a mental health alert on Mr Kenyon's probation record on 5 March 2023, so that his Community Offender Manager (COM) would be made aware.
18. That day Mr Kenyon was sentenced to 16 weeks in prison and sent to HMP Altcourse.
19. A nurse completed Mr Kenyon's initial health screen. Mr Kenyon said that he did not have any thoughts of suicide or self-harm, but he reported current issues with drugs. Mr Kenyon's clinical opiate withdrawal scale (COWS - measures acute opioid withdrawal) score was eight and he tested positive for cocaine and opiates. He was placed on a methadone detoxification programme (used to treat heroin addiction by reducing withdrawal symptoms and cravings).
20. On 6 March, a nurse from the primary care mental health team saw Mr Kenyon. He said he had used heroin and crack cocaine for a long time, and that he would smoke six bags of heroin and 20 rocks of crack per day in the community. She noted from previous GP reviews that Mr Kenyon had experienced auditory hallucinations. Mr Kenyon said that he suffered with anxiety and depression, but due to not staying in one place for very long he did not regularly collect his medication. He said he had had no current mental health concerns. She decided that Mr Kenyon did not need any further intervention from the mental health team.
21. On 21 April, Mr Kenyon was released from Altcourse.
22. On 5 May, Mr Kenyon was recalled to prison for failing to attend his probation appointments and his whereabouts at that time were unknown. He was later arrested and sent back to Altcourse. His recall paperwork indicated that he had suicidal thoughts in the past, was a drug user and drank alcohol excessively. Mr Kenyon had said that he was hearing voices, and his behaviour was possibly due to drug induced psychosis.
23. That day, a nurse completed Mr Kenyon's initial health screen. Mr Kenyon said that he had tried to hang himself in the community 12 months earlier, and that he had psychosis but was not medicated for this. Mr Kenyon tested positive for cocaine, cannabinoids, benzodiazepines, methadone and opiates; his COWS score was 12. He was prescribed 40ml of methadone. She referred him to the mental health team and the substance misuse team.
24. On 8 May, a nurse from the mental health team went to assess Mr Kenyon, but he declined the assessment. Mr Kenyon said that he felt okay and that he tended to feel more anxious in the community due to gang related issues and that gang

members were after him for a burglary he did not commit. She noted no psychotic symptoms were evident and there would be no further follow up from the mental health team.

25. On 9 May, a practitioner from the substance misuse team completed Mr Kenyon's induction. Mr Kenyon said that he would like support with his recovery journey. The next day, a practitioner from the substance misuse team completed Mr Kenyon's assessment. She noted that Mr Kenyon was stable on his 40ml methadone script, and that he did not want to reduce it.
26. On 18 May, Mr Kenyon was released from Altcourse. He was released homeless.
27. Mr Kenyon failed to attend his initial probation appointment.
28. On 21 May, Merseyside police received a 999 call from Mr Kenyon. He told them that he was being burgled. The police attended the address, but Mr Kenyon's friend told them that Mr Kenyon had taken crack cocaine that evening and was under the influence. The police officers took Mr Kenyon to hospital for review.
29. At the hospital, a senior nurse advised the police officers that Mr Kenyon did not meet the threshold to be sectioned under the Mental Health Act because he had no diagnosed mental health disorders and his behaviour was believed to be an episode of drug induced psychosis. While waiting to be seen by hospital clinicians, the effects of the drugs wore off and Mr Kenyon said that he wanted to speak to someone about his mental health. The police officers recorded in the police report that Mr Kenyon said, 'I'd rather die by my own hand than someone else's', and 'If they [the people he thought were after him] are going to kill me, I'd rather do it myself'.
30. On 22 May, Mr Kenyon was recalled to prison for failing to attend his initial probation appointment on 18 May. Mr Kenyon was taken to Altcourse.
31. That day, a nurse completed Mr Kenyon's initial health screen. Mr Kenyon said that he had anxiety, depression, psychosis and that he was hospitalised on 19 May due to his psychosis. Mr Kenyon tested positive for cocaine and opiates and his COWS score was 15. Mr Kenyon denied any history of suicide attempts (contradicting earlier admissions) or any current thoughts of suicide or self-harm. Mr Kenyon was prescribed 40ml methadone.
32. On 23 May, a practitioner from the substance misuse team saw Mr Kenyon and gave him a leaflet about harm reduction and safer drug use.
33. On 25 May, a practitioner from the mental health team completed an assessment. He noted there were no mental health concerns or evidence of anxiety or depression, therefore he considered that it was not appropriate to re commence antidepressant medication and Mr Kenyon was discharged from their service. At interview, the Modern Matron for the mental health team at Altcourse said that Mr Kenyon had a baseline mental health screening and there were no concerns raised. He also denied thoughts of suicide and self-harm. She said that at that point, it was not deemed necessary for any further input from the mental health team.

Pre-release planning

34. Also on 25 May, Ms Annette Kelly a resettlement worker at Altcourse saw Mr Kenyon to complete a pre-release assessment. Mr Kenyon said that he did not want to go back to the St Helens area because people were after him and he was scared. He said that he was not on any medication for his anxiety or depression and asked to see the mental health team (Mr Kenyon had already been assessed and deemed unsuitable for their service and not requiring medication).
35. On 31 May, a caseworker from Intervention Alliance (an organisation which provides crime prevention services to prison and probation, to improve community safety) met with Mr Kenyon. Mr Kenyon said that he suffered with depression and psychosis, he did not want to return to St Helens because he felt under threat, and that he wanted to go to Preston, but he had no local connection to that area. It was noted if there was no local connection, his community offender manager (COM) would need to write a report to Preston council supporting his move to that area. The actions from the appointment included for the COM to complete a duty to refer (DTR - The Homelessness Reduction Act 2017 requires prisons and probation services to refer anyone who is homeless or at risk of becoming homeless within 56 days to a local housing authority) to the local council, for the caseworker to request the supporting letter from the COM, and a possible DTR referral to be sent to Preston council if the application was accepted. The COM approved the action plan on 13 June. She did not make a DTR or send a supporting letter to Preston due to Mr Kenyon having no local connection. However, she did make a DTR to St Helens council who were responsible for housing Mr Kenyon.
36. On 6 June, the COM visited Mr Kenyon in prison. She discussed with Mr Kenyon the reasons why he had not been attending his probation appointments in the community, his circumstances at the time and issues with accommodation. Mr Kenyon said that his mental health was not the best at that time. She admitted that she failed to refer him to the community mental health team and said that this was an oversight. We recognise that there is no policy or requirement for her to complete this referral, and we note that he was recently discharged from the prison mental health service. However, we consider that a referral to a community mental health team would have been good practice. Given Mr Kenyon's fluctuating mental health presentation when he had his initial appointment with her, an early referral would have ensured he had prompt access to mental health support in the community, should he need it.
37. On 7 June, the COM made a DTR to St Helens council, and arranged an appointment with Housing Options (an advice service designed to provide information and advice on housing options for those in crisis) for Mr Kenyon once he was released. He was offered a bed at a YMCA, but Mr Kenyon did not stay there.
38. On 12 June, the COM made a CAS3 referral (CAS3-provides temporary accommodation for up to 84 nights for homeless people leaving prison) to St Helens. The CAS3 referral was rejected because Mr Kenyon had already been offered accommodation at the YMCA.
39. On 16 June, a practitioner from the substance misuse team completed a structured psychosocial intervention with Mr Kenyon and discussed naloxone kits. He gave Mr

Kenyon advice on harm reduction and strategies on how to minimise his risks in the community. During the appointment, Mr Kenyon said that he was at risk from other prisoners. The practitioner informed the prison staff on the wing and Mr Kenyon was moved to the segregation unit for his safety. Prison staff looked into his concerns and found no evidence to substantiate his claims.

Release from HMP Altcourse

40. On 19 June, Mr Kenyon was released from Altcourse on Post Sentence Supervision (PSS – those sentenced to less than two years in prison are released on PSS to provide an additional supervision period to help with rehabilitation in the community). He was released with a naloxone kit (which can reverse the effects of an opioid overdose). He stayed with a friend.
41. Change, Grow, Live (CGL - a charity helping people with drugs and alcohol, housing, justice and health and well-being issues) had arranged to pick Mr Kenyon up from the prison gate and take him to his probation appointment. However, when they arrived, Mr Kenyon had already left the prison.
42. Mr Kenyon was instructed to attend Knowsley and St Helens Probation Office at 2.00pm for his initial appointment with his COM, but he did not attend.
43. On 20 June, Mr Kenyon attended the probation office. He told his COM that he felt he was being followed. He said that he was struggling with his mental health, and he was suffering with his anxiety and depression. He said that he was willing to engage with services to get help. She told Mr Kenyon to call 111 or go to a hospital if he was feeling suicidal. Mr Kenyon believed that his life was at risk due to people being after him for something he said he had not done. She said that there was no intelligence to support this, and Mr Kenyon could not give her any further information about his risk, so she contacted the local police who informed her that they had no information to corroborate Mr Kenyon's claims. She did not refer Mr Kenyon to the community mental health team following this appointment.

Circumstances of Mr Kenyon's death

44. On 27 June, the police informed HMPPS that Mr Kenyon had died.
45. On the evening of 23 June, Mr Kenyon presented himself at Warrington hospital feeling suicidal and asked for help. He was assessed by the psychiatric team who referred him to the gateway team for an assessment. While Mr Kenyon was waiting to be assessed, he went outside the hospital and took 16 paracetamol tablets with alcohol. When he returned to the hospital, they treated him appropriately for the overdose. Mr Kenyon then went into the hospital toilets and hanged himself in a cubical using his shoelace. A member of the public discovered Mr Kenyon's body.

Post-mortem report

46. The post-mortem report concluded that Mr Kenyon died from hanging. A toxicology report found that Mr Kenyon had taken methadone some time prior to his death which was consistent with therapeutic dosage.

47. At the inquest held on the 26 April 2024, the coroner concluded Mr Kenyon died by suicide.

Findings

Assessment of Mr Kenyon's risk of suicide and self-harm

48. Prison Service Instruction (PSI) 64/2011, Safer Custody, lists risk factors and potential triggers for suicide and self-harm. It says all staff should be alert to the increased risk of suicide or self-harm posed by prisoners with these risk factors and should act appropriately to address any concerns. Mr Kenyon had a number of risk factors that increased his risk of suicide and self-harm. He had a history of attempted suicide, depression, anxiety, episodes of psychosis and drug misuse.
49. Mr Kenyon gave no indication to staff that he was at increased risk of suicide during his time in prison and he was not subject to suicide and self-harm prevention procedures. Staff referred him to the mental health team, but he declined their offer of support. We are satisfied that the prison took reasonable steps to assess his mental health needs.
50. We found the COM was aware of Mr Kenyon's ongoing mental health issues and discussed this with him on two occasions. Mr Kenyon's complex behaviour, and substance misuse issues and his reluctance to engage in supervision made it difficult for the COM to build an accurate picture of the risk he posed to himself, and we do not think she could have foreseen his actions. However, given Mr Kenyon's complex and fluctuating mental health presentation and lack of formal diagnosis, it would have been good practice for a referral to have been considered to ensure Mr Kenyon had timely access to mental health services, in the event he needed it. We recognise that although this referral was not made, she might have discussed this further with Mr Kenyon in any future appointments.

Substance Misuse

51. Mr Kenyon had a history of substance misuse. While he was in prison, he was seen regularly by the SMS team and was warned about the risks and dangers of taking drugs. He was also trained in the use of naloxone and was released with a supply of this. Mr Kenyon was appropriately referred to the community substance misuse team (CGL) prior to his release to ensure he would be supported in the community. Arrangements were made for workers from CGL to pick Mr Kenyon up from the prison gate and take him to his probation appointment, however when they arrived, Mr Kenyon had already left the prison. We are satisfied that the prison and probation services did all they could to manage the risks associated with his substance misuse.
52. The clinical reviewer concluded that Mr Kenyon had a history of using illicit drugs and was not taking his prescribed medication as directed, which would have had a negative impact on his mental and physical health.

Mental Health

Clinical care

53. The clinical reviewer concluded that Mr Kenyon received a good standard of clinical care which was equivalent to what he could have expected to receive in the community.
54. She did, however, identify a concern regarding information sharing. A comprehensive release plan from the prison substance misuse and healthcare team was confirmed but not shared with all services prior to Mr Kenyon's release to ensure continuity of care on release. We recommend:

The Head of Healthcare should ensure that processes and systems are in place regarding release and discharge planning for all prisoners known to healthcare and who require ongoing healthcare input.

55. Mr Kenyon was assessed by the mental health team on several occasions during his time at Altcourse. However, he was discharged from their service on each occasion. There was evidence in his medical records that he had a history of hallucinations, but several health professionals believed Mr Kenyon's behaviour was drug induced, and he was not diagnosed with any mental health problems. Therefore, he was not supported by the mental health team in prison and no referral to the community mental health team was completed.
56. The clinical reviewer concluded that she had no concerns about the mental health care Mr Kenyon received during his time at Altcourse. She noted that Mr Kenyon's medical records stated he had a diagnosis of mixed anxiety and depression, and he was previously prescribed mirtazapine (antidepressant). However, he did not take this regularly and therefore would not have had the adequate levels of medication in his system to provide him with the required benefits.
57. A mental health alert was activated on Mr Kenyon's probation records, to ensure his COM was made aware. Mr Kenyon also told her twice that he was struggling with his mental health, once when she visited him in prison on 6 June and again when Mr Kenyon was released and attended his probation appointment on 20 June. She admitted she failed to refer Mr Kenyon to the community mental health team after he disclosed this information. She said that this was an oversight.

Head of Knowsley and St Helens Probation Delivery Unit to note

58. The Head of Knowsley and St Helens Probation Delivery Unit should ensure all COMs understand their responsibilities within release planning and are aware of the need to complete relevant referrals for prisoners with mental health needs.

Adrian Usher
Prisons and Probation Ombudsman

December 2024

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