

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Avtar Bhara, on 1 August 2022, following his release from HMP Exeter

A report by the Prisons and Probation Ombudsman

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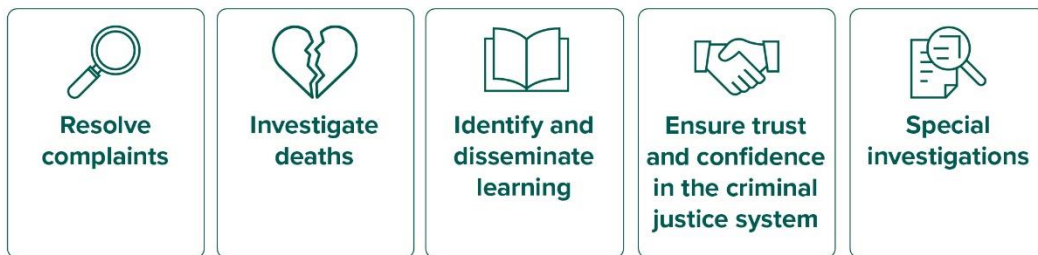
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OUR VISION

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. Since 6 September 2021, the PPO has investigated post-release deaths that occur within 14 days of a prisoner's release.
3. We carry out investigations to understand what happened and identify how the organisations whose actions we oversee can improve their work in the future.
4. Mr Avtar Bhara died from a heart attack on 1 August 2022, following his release from HMP Exeter on 19 July. Mixed drug toxicity contributed to but did not cause his death. He was 42 years old. I offer my condolences to his family and friends.
5. Mr Bhara engaged with the integrated substance misuse service at Exeter and was referred to the Torbay and South Devon drug and alcohol services on release.
6. Mr Bhara declined the option to be released early under the home detention curfew scheme. Previous issues in temporary accommodation meant that he was released homeless.
7. After his release from prison, Mr Bhara was seen by ambulance paramedics three times before his death. He was taken to hospital twice but discharged himself despite hospital staff informing him that he was at risk of a heart attack.
8. On 1 August, members of the public found Mr Bhara unresponsive in a street in Torquay. They carried out cardiopulmonary resuscitation (CPR) until ambulance paramedics arrived. Mr Bhara died later that day in hospital.
9. We did not make any recommendations but are concerned that Mr Bhara's death highlights a number of issues about the vulnerability of those being released from prison, substance misuse and homelessness post-release.

The Investigation Process

10. The PPO investigator obtained copies of relevant extracts from Mr Bhara's prison and probation records.
11. We informed HM Coroner for Plymouth, Torbay and South Devon of the investigation. He gave us the results of the post-mortem examination. We have sent the Coroner a copy of this report.
12. The Ombudsman's family liaison officer wrote to Mr Bhara's father to explain the investigation and to ask if he had any matters he wanted us to consider. He did not respond.
13. We shared the initial report with the Prison Service and the Probation Service. There were no factual inaccuracies.

Background Information

HMP Exeter

14. HMP Exeter holds up to 431 adult men and young offenders, and serves the courts of Devon, Cornwall and Somerset. GP and primary care health services are delivered by Practice Plus Group. Devon Partnership NHS Trust provide mental health services and substance misuse services are provided by EDP Drug and Alcohol Services.

HM Inspectorate of Prisons

15. The most recent inspection of HMP Exeter was in November 2022. Following the inspection, HM Chief Inspector of Prisons invoked the Urgent Notification protocol and wrote to the Secretary of State setting out significant concerns. The Chief Inspector identified that substance misuse services were not well integrated and patients receiving treatment were not always observed in line with their care plan. He found that rehabilitation and release planning outcomes were reasonably good, although too many prisoners were released without an identified address to go to.

Probation Service

16. 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. They 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.

Key Events

17. On 11 May 2022, Mr Avtar Bhara was sentenced to 20 weeks in prison for theft and sent to HMP Exeter. Before he was sent to prison, Mr Bhara was evicted from his temporary accommodation by Torbay Borough Council because he had damaged the property. As a result, the Council said that they would not provide him with accommodation when he was released.
18. Mr Bhara's release date was 19 July. He was also eligible to apply for release under the home detention curfew scheme on 15 June. The scheme enabled prisoners serving sentences of up to four years to be released early, subject to an electronically monitored curfew.
19. At his initial health screen, Mr Bhara tested positive for benzodiazepines, opiates, cannabis and cocaine. He told a prison nurse that he used six to seven bags of heroin a day and had last used heroin the day before. Mr Bhara also said that he drank alcohol excessively. A prison GP noted that Mr Bhara had opioid drug dependence and prescribed him methadone (used to treat symptoms of opiate withdrawal).
20. Mr Bhara received methadone throughout his time at Exeter. By 9 July, to help stabilise Mr Bhara in preparation for release, his dose was increased.
21. On 12 May, a substance misuse nurse recorded that Mr Bhara was under the care of a community drug team. Mr Bhara told the nurse that he spent £70 a day on heroin, £20 to £50 a day on crack cocaine and £20 a day on psychoactive substances (PS).
22. In May, Mr Bhara was allocated a prison offender manager (POM).
23. On 16 May, a resettlement officer completed Mr Bhara's basic custody screen (to identify the key issues to prioritise in Mr Bhara's resettlement plan). She recorded that Mr Bhara said that he was homeless before entering custody. He was also unemployed. She noted that Mr Bhara would be homeless on release and would be referred to Interventions Alliance, who coordinate the process to find accommodation for prisoners being released homeless. Mr Bhara told her that he had previously worked as a chef and would look for similar work on release.
24. The resettlement officer arranged for Mr Bhara to attend an induction programme to identify suitable courses for prisoners seeking work. She asked a pre-release practitioner to arrange a benefits appointment for Mr Bhara on release. Mr Bhara said that on release, he would see a doctor at the Leonard Stocks Centre (a homeless hostel owned by the Langley House Trust, a charity which provides specialist housing and support for people with a history of offending).
25. On 16 May, a substance misuse service administrator referred Mr Bhara to Shrublands (Torquay and South Devon drug and alcohol service), in line with local pre-release standards for all prisoners who are prescribed methadone.
26. On 7 June, Mr Bhara chose not to apply for release under home detention curfew, as he opted not to work with his community offender manager (COM), to secure release accommodation. The COM told us that he thought that this was because

Mr Bhara's proposed release address at a Bail Accommodation and Support Service (BASS) hostel was not in Torbay.

27. On 4 July, the resettlement officer emailed a referral to Torbay Borough Council as 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.) She explained that Mr Bhara would be released homeless. She also emailed an Interventions Alliance worker to ask if there was an update on Mr Bhara's accommodation. (The worker no longer works for Interventions Alliance, and his colleague told us that they could not locate Mr Bhara's file.)
28. On 12 July, a nurse (an integrated substance misuse service worker) spoke to Mr Bhara, who told her that he would be released with no fixed abode. Mr Bhara asked her to contact the Leonard Stocks Hostel on his behalf. She emailed them, asking if Mr Bhara would be able to have an appointment on release. She told Mr Bhara that she would update him when they got back to her.
29. On 14 July, the resettlement officer sent Mr Bhara's patient summary (a record of medication and medical needs) to the COM and the Interventions Alliance worker, to support his homelessness application with Torbay Borough Council.
30. On 18 July, a joint team leader at the Leonard Stocks Centre responded to the nurse. She told her that a referral form would need to be completed and sent to Torbay Borough Council before an offer of accommodation could be made. She attached a referral form for completion, but it was not completed. She said that she did not think that it was completed as Mr Bhara was due to be released the following day. She gave the nurse the Torbay Borough Council emergency housing number to give to Mr Bhara to contact them on his release.
31. The joint team leader told the investigator that she was not able to offer Mr Bhara accommodation because he was in a volatile and abusive relationship with his girlfriend who already lived in the hostel. She said that she also suspected that Mr Bhara was supplying drugs to residents at the Leonard Stocks Centre and supplying drugs in the community.
32. On 19 July, a prison nurse gave Mr Bhara a prescription of naloxone (used to counter the effects of opioid misuse) and a training leaflet. The nurse also gave Mr Bhara his discharge medication, including prescribed antidepressants.
33. That day, Mr Bhara was released on licence from HMP Exeter. His licence conditions required him to report at 11.30am to Mr Gray at the Torquay Probation Office.

Post-release

34. On 19 July, Mr Bhara reported to the Torquay Probation Office. The COM explained the terms of his licence, which included that he addressed his drug and alcohol offending behaviour problems with the Shrublands Substance Misuse Service. He made an appointment to see Mr Bhara on 26 July.

35. The joint team leader told the investigator that Mr Bhara stayed at a hotel in Torquay for the first two nights after his release. She said that she received a telephone call from hotel staff, stating that the hotel room had been left in a “terrible state” with drug paraphernalia strewn around.
36. On 20 July, Mr Bhara did not attend an appointment at Shrublands (which had been made before his release from Exeter). A social worker and senior mental health practitioner at Shrublands said that his methadone prescription was stopped as a result.
37. On 22 July, Mr Bhara went to Shrublands and saw the social worker. Mr Bhara told her that on the day of his release, he intentionally took an overdose of illicit drugs and prescribed medication. Mr Bhara tested positive for opiates, methadone and cocaine and provided a negative breathalyser test for alcohol. She said that during the appointment, Mr Bhara appeared to be sedated, and that he was nodding off but rousable. Because of his recent intentional overdose and concerns about his safety and risk of another overdose, she discussed providing a methadone prescription to him. A non-medical prescriber at Shrublands assessed Mr Bhara and agreed to prescribe him methadone for supervised consumption. The social worker referred Mr Bhara to the Rough Sleepers’ Initiative (RSI, Government funding allocated to local authorities to help prevent and reduce rough sleeping). She gave Mr Bhara harm reduction advice and details of out-of-hours support for medical attention and mental health support.
38. At around 4.00am on 23 July, the ambulance service was called to assist Mr Bhara as he had fallen into the sea. Paramedics took him to hospital.
39. A hospital nurse emailed the Torquay Probation Office and said that a discharge coordinator had spoken to Mr Bhara before his discharge from Torbay Hospital. The discharge coordinator recorded that Mr Bhara had fallen asleep after taking an intentional overdose of amitriptyline (a prescribed antidepressant) and fallen into the harbour. He recorded that Mr Bhara had had an argument with his girlfriend and was under the influence of heroin, crack cocaine, PS, cannabis, and alcohol when he fell. The discharge coordinator recorded that he advised Mr Bhara to contact housing in the hope of securing accommodation, provided clothing for him as his current clothes were wet and planned to update the drug and alcohol team and the rough sleepers’ team.
40. On 25 July, the social worker telephoned the pharmacy where Mr Bhara was receiving his methadone. The pharmacist told her that Mr Bhara had been attending to receive his methadone. However, following a shoplifting incident on 24 July, Mr Bhara was now banned from the premises.
41. On 26 July, Mr Bhara went to the Torquay Probation Office, where he had an appointment with the COM. Mr Bhara told him that he had to go to Shrublands to collect his methadone prescription and left the appointment. The COM made an appointment to see Mr Bhara at 3.00pm on 1 August. Mr Bhara did not subsequently attend his appointment at Shrublands.
42. On 28 July, the Ambulance Service was called to see Mr Bhara, who had abdominal pains. The caller told the operator that Mr Bhara had taken heroin. Ambulance paramedics found that Mr Bhara’s electrocardiogram (ECG, a test of the

heart's rhythm) reading was abnormal, but he refused to go to hospital and signed a disclaimer to that effect.

43. Later that day, Mr Bhara went to Shrublands, where he saw a recovery coordinator. Mr Bhara told her that he had used illicit drugs. She told Mr Bhara that because of the risks and their inability to monitor him, they would be unable to re-prescribe his methadone over the weekend. She booked a prescribing assessment appointment for 1 August and discussed overdose risks with Mr Bhara. Mr Bhara told her that he had naloxone with him.
44. On 30 July, the Ambulance Service was called to see Mr Bhara, who was struggling to breathe and had chest pains. Mr Bhara went to hospital. Hospital staff carried out an ECG and told Mr Bhara to stay in hospital because he was at high risk of having a heart attack. Mr Bhara chose to discharge himself.

Circumstances of Mr Bhara's death

45. At 11.59am on 1 August, a member of the public telephoned the Ambulance Service and told them that Mr Bhara was lying on the ground and gasping for air. Members of the public started cardiopulmonary resuscitation (CPR) before ambulance paramedics arrived and took over life support. Ambulance paramedics noted that a man working nearby saw Mr Bhara smoking a pipe 20 minutes earlier. They took Mr Bhara to hospital where, at 2.40pm, healthcare staff pronounced that he had died.
46. Mr Bhara's girlfriend told police that he had used cocaine, heroin, and PS that morning. She said that Mr Bhara had been sleeping near a car park in Torquay.

Post-mortem report

47. A post-mortem examination established that Mr Bhara died from an acute myocardial infarction (a heart attack) caused by coronary artery atheroma (narrowed or blocked blood vessels supplying the heart). Mixed drug toxicity contributed to but did not cause his death.
48. Toxicology tests detected the following drugs in Mr Bhara's blood: cocaine, opiates, PS, cannabis, methadone, amitriptyline, nortriptyline (used to treat nerve pain), codeine (for pain relief), noscapine (an opium-based cough suppressant), papaverine (an opium-based drug used for back spasms), paracetamol, cyclobenzaprine (for muscle spasms), phenylpropanolamine (a decongestant and appetite suppressant). Naloxone and amiodarone were also detected but these were given to Mr Bhara by medical professionals during the medical emergency response.

Support for staff

49. The POM told the investigator that he was not told that Mr Bhara had died. He said that the first he knew about his death was when he saw the PPO notices informing prison staff of the investigation. When the COM told his line manager that Mr Bhara had died, he was offered support services by a senior probation manager.

Contact with Mr Bhara's family

50. Police officers informed Mr Bhara's father that he had died.

Findings

Substance misuse services

51. Healthcare staff at Exeter referred Mr Bhara to the integrated substance misuse service and a prison GP prescribed him methadone. He was appropriately referred to Torbay and South Devon drug and alcohol services. Healthcare staff gave Mr Bhara his prescribed medication on release. They also gave him naloxone and explained how to use it.
52. The toxicology report found that Mr Bhara had used several illicit substances in the time before his death. The post-mortem report found that this contributed to but did not cause his death. We are satisfied that he received appropriate support in prison and was referred to appropriate support agencies on release.

Issues to highlight outside of our remit

53. Homelessness on release from prison is a significant and complex challenge. This was particularly the case for Mr Bhara. He had been evicted from his temporary accommodation before being sent to prison, and the local council had chosen not to provide release accommodation as a result of his previous behaviour. He also refused to apply for release under the HDC scheme, seemingly because he was not satisfied with the location of the accommodation offered to him.
54. Mr Bhara was appropriately referred to a local hostel for the homeless, but they could not provide a room for him for reasons including the potential risk to his partner. He was appropriately referred to Torbay Borough Council under the conditions of the Homelessness Reduction Act.
55. While we are satisfied that prison and probation staff referred Mr Bhara to appropriate agencies, Mr Bhara was released homeless. The provision of suitable accommodation for people leaving prison, particularly for those with complex vulnerabilities, risks and needs, is an issue that extends beyond the remit of HMP Exeter or local probation services, and the Department for Levelling Up, Housing and Communities and local authority may want to be aware of the significant issues raised in this case.

Inquest

56. The inquest into Mr Bhara's death concluded on 21 January 2025. The inquest concluded that Mr Bhara died of natural causes, contributed to by drug misuse.

Kimberley Bingham
Acting Prisons and Probation Ombudsman

February 2023.

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