

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Jamie Scargill, on 20 May 2024, following his release from HMP Lincoln

A report by the Prisons and Probation Ombudsman

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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 the person's release from prison.
3. 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.
4. Mr Jamie Scargill died from multi-drug toxicity on 20 May 2024, following his release from HMP Lincoln on 16 May 2024. He was 35 years old. We offer our condolences to those who knew him.
5. We did not identify any significant learning relating to Mr Scargill's pre-release planning or post-release supervision. However, the brevity of Mr Scargill's sentence impacted on HMPPS's ability to secure suitable accommodation for him and to refer him to community services.
6. We make no recommendations.

The Investigation Process

7. HMPPS notified us of Mr Scargill's death on 22 May 2024.
8. The PPO investigator obtained copies of relevant extracts from Mr Scargill's prison and probation records.
9. The PPO investigator interviewed one member of probation staff. The transcript of this interview is annexed to this report.
10. We informed HM Coroner for West Yorkshire of the investigation. He gave us the results of the post-mortem examination. We have sent the Coroner a copy of this report.
11. The Ombudsman's office contacted Mr Scargill's mother to explain the investigation and to ask if she had any matters she wanted us to consider. She wanted us to consider what provisions were made for accommodation on his release, and what healthcare he had received while at Lincoln.
12. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS pointed out two factual inaccuracies and this report has been amended accordingly.

Background Information

HMP Lincoln

13. HMP Lincoln is a category B prison which holds men who have been convicted. Nottinghamshire Healthcare NHS Foundation Trust provide healthcare, including mental health services, at the prison. We Are With You provides substance misuse services.

Probation Service

14. The Probation Service works with all individuals subject to custodial and community sentences. During a person's imprisonment, they oversee their sentence plan to assist in rehabilitation, prepare reports to advise the Parole Board and have links with local partnerships to which they refer people for resettlement services, where appropriate. 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 Lincoln was in January 2020. Inspectors reported that in the six months before their inspection, 224 prisoners had left HMP Lincoln without accommodation on the day of their release, an increase since their last inspection. They found that due to prison leavers being released to different resettlement areas, it was difficult to secure housing for them.

Key Events

16. On 27 March 2024, Mr Jamie Scargill was convicted of theft and sentenced to three months in prison. He was sent to HMP Leeds. He had a history of substance misuse.

Preparation for release from HMP Leeds

17. During his initial custody screen, Mr Scargill was referred to the community substance misuse team as his sentence was short.
18. On 19 April, Mr Scargill attended a pre-release meeting with his prison offender manager (POM). As Mr Scargill was at risk of homelessness on release from prison, she told him that she would refer him for Community Accommodation Service Tier 3 accommodation (CAS3, temporary accommodation for up to 84 nights for prison leavers).
19. On 23 April, the community offender manager (COM) also referred Mr Scargill to the local authority for accommodation under the statutory duty to refer those at risk of homelessness.
20. On 25 April, Mr Scargill was released from Leeds under an early release scheme. A healthcare nurse trained him on how to use naloxone (which can reverse the effects of an opioid overdose) and he was given it to take home. She also gave him harm minimisation advice. Mr Scargill was allocated temporary accommodation in a CAS3 property.

Recall to HMP Lincoln

21. On 3 May, Mr Scargill was recalled to HMP Lincoln for 14 days for breaching his licence conditions. Mr Scargill had not been staying in his CAS3 accommodation and was a person of interest in an assault. When he arrived, healthcare staff saw him and he told them he had recently used drugs.
22. On 7 May, Mr Scargill's substance misuse keyworker at Lincoln referred him to Huddersfield Change Grow Live (CGL, a community service that provides clinical and psychosocial support to prison leavers with substance misuse issues) for his substance misuse dependency and to provide his prescriptions in the community. As Mr Scargill was identified under the Integrated Offender Model (IOM), CGL liaised alongside the prison and probation. CGL told the prison via the IOM scheme that they could arrange for an IOM police officer and CGL to pick Mr Scargill up from the gate and take him to his appointments on his day of release, which he accepted.
23. On 8 May, Mr Scargill had a one-to-one session with a We Are With You caseworker. He completed his initial assessment, which included his care plan and risk assessment. This was his only session. During his time in Lincoln, Mr Scargill received a daily methadone prescription.
24. On 9 May, Mr Scargill told the prison pre-release officer that he would be homeless on release. They referred him to the local authority for accommodation under the statutory duty to refer and they also referred Mr Scargill to Commissioned

Rehabilitative Services (the Ministry of Justice's probation system which aims to provides services, including housing, to help break the cycle of reoffending.)

25. On 13 May, Mr Scargill did not attend his substance misuse appointment. There is an entry in his medical records not to rebook this appointment as Mr Scargill was content with his methadone prescription.
26. Mr Scargill's COM said that he was unable to complete a handover with the POM and Mr Scargill present due to the short time he was in prison. However, he remained in contact with the prison's pre-release team to organise Mr Scargill's post-release appointments.
27. Mr Scargill's COM added additional licence conditions that required him to attend appointments to address his substance misuse and be tested for drugs. Mr Scargill's COM did not refer him to a psychosocial service where Mr Scargill could address his substance misuse, however the prison made a referral to CGL.

Release from HMP Lincoln

28. On 16 May, Mr Scargill was released from Lincoln. He was given harm minimisation advice and naloxone which he was trained to use. The prison gave him a copy of his licence conditions and told Mr Scargill where to go for his probation appointment. Staff had not been able to secure any accommodation for Mr Scargill for his day of release.
29. Mr Scargill's IOM officer and outreach worker met him at the prison gate. He told the CGL worker that he wanted support and no longer wanted to engage in his previous lifestyle. She warned him of harmful opiates in circulation at the time and of the risk of overdose as his tolerance to drugs would be low.
30. The IOM officer and outreach worker then took Mr Scargill to his appointment at the probation office. Mr Scargill told his COM that he wanted to stop taking heroin. They discussed engaging with Windmill or Reflections (support services that help individuals to stop taking drugs). He signed his induction pack and was told to report to Kirklees local authority to declare himself homeless.
31. Following his probation appointment, the IOM officer and outreach worker took Mr Scargill to CGL to pick up his methadone prescription. He told the CGL staff member that he was staying with a friend, and they discussed accessing support.
32. On 17 May, Mr Scargill asked CGL for more naloxone kits and nitazene testing kits (strips that test for synthetic opioids or nitazenes before use of a drug). CGL gave them to him and trained him how to use them. He said that he had no intention of using drugs but wanted naloxone in the event of an overdose.

Circumstances of Mr Scargill's death

33. At 5.00pm on 20 May, Mr Scargill's friend found him in an alleyway (where he had been sleeping rough) and assumed he was sleeping. At approximately 7.30pm, Mr Scargill's friend returned to the alleyway to check up on him, but found Mr Scargill face down, unresponsive. He then administered naloxone. Paramedics were called

and attended but Mr Scargill had no signs of life. They did not attempt resuscitation and pronounced him dead at approximately 7.33pm.

Post-mortem report

34. The post-mortem report concluded that Mr Scargill died of multi-drug toxicity. Post-mortem toxicology results identified the presence of methadone and pregabalin (which was not prescribed) at a level suggesting excessive intake. The toxicology report stated that the combined use of pregabalin may have enhanced the sedative effects of methadone, increasing the risk of death. The toxicology results also identified cocaine, dihydrocodeine, mirtazapine and diazepam at a therapeutic level, none of which had been prescribed to Mr Scargill.

Inquest

35. At an inquest held on 3 June 2025, the Coroner concluded that Mr Scargill's death was drug related.

Findings

36. Mr Scargill was released homeless from Lincoln, despite the efforts of the prison's pre-release team to obtain housing for him. He had just weeks before, in April 2024, been allocated a place at a CAS3 accommodation but his place had been withdrawn as he had not stayed there. Mr Scargill's COM told the investigator that it was unlikely that he would have been accepted at a CAS3 property again due to his previous behaviour. Mr Scargill also told his COM that he wanted to resettle in the Dewsbury or Huddersfield area, and did not want to return to Barnsley, where he had family and friends. This likely would have made it more difficult to secure housing for him.
37. Lincoln's pre-release team appropriately referred Mr Scargill to the local authority and CRS on the same day he told them he would be released homeless. The local authority told the prison that an application was already open (from Mr Scargill's previous and recent custodial sentence), and that a second would not need to be done. However, as he had been recalled for just 14 days, there was little time for services to find him accommodation and he was released homeless.
38. Mr Scargill's COM told the investigator that he did not make referrals for psychosocial intervention while Mr Scargill was in prison as it was such a short sentence. He said that he discussed it with Mr Scargill in his initial appointment post-release and had intended to refer him for support but he died before this could be done. Mr Scargill was referred to CGL Huddersfield for his methadone prescription and his CGL worker also discussed psychosocial support with Mr Scargill.
39. This investigation highlights the particular complexities and challenges faced by HMPPS and their stakeholders in finding post-release accommodation and referring prison leavers to services when they have received very short sentences, or served very short recall periods.

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February 2025

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