Specialist Views of Others
(SVO process)

<u>For requests for increases/decreases to an existing package.</u>

- There is no need to complete the SVO form to request an increase or decrease in a care package. If there is an allocated social worker please contact them in the first instance. If there isn't one please use the portal for this ([Support for adults | Essex County Council](#)) and someone will get back to you.

<u>Emergency additional time requests</u>

- Any underused commissioned hours for that week should be used first before claiming.
- The SVO Team (Service Placement Team) has the authority to approve emergency additional time requests of up to 2 hours <u>only</u>. In very specific circumstances over 2 hours will be considered if part of the same emergency situation, for example waiting for an ambulance to arrive.
- The requests must be received by the SVO Team in the format below within 28 days of the incident occurring otherwise they will <u>not</u> be approved.
- Please send to SPT.PackageChanges@essex.gov.uk

<u>Contingency hours</u>

- These can <u>only</u> be approved by the SVO Team if they are already detailed within the support plan – including an allocated amount of hours and note of the specific incident leading to the use of any contingency time
- Please send to SPT.PackageChanges@essex.gov.uk
- Some practitioners will allow for day care closures within the support plan
- If not detailed in the support plan the SVO Team has to seek budget holder approval in order to process the request

Specialist Views of Others
Suspension, Termination, One-Off, Restart and Contingency

*All fields marked with * are mandatory. Incomplete forms will not be actioned & will be returned.*

*Name of Care Provider:
*Telephone Number of Care Provider:
*SVO Completed By:
*Date of Request:
*Date of Providers Last Review/Assessment:

Service User Details
*Name:
*PRN:
*Address:
*Telephone Number
*Current Support Provided Including Outcomes Achieved:
*Number of support hours already provided this week:
*Total hours per week

Suspension/Termination/Restart
Request Type:
Reason:
Date in which is to come into effect:
Last Visit attended (Suspension/Termination only):

Use of Contingency Hours
These are hours that have already been identified on a support plan for a temporary increase in need relating to a specified outcome.

Dates of contingency provision:

Reason for use of contingency hours as detailed in the support plan:

Total number of hours provided:

<u>One Off Additional Emergency Support</u>
<u>(Maximum of 2 hours)</u>

Date of additional support:
Reason for additional emergency support:
What were the risks involved?
Call length:
Any other information on additional support:

<u>Any requests received later than one month after the emergency support was provided will not be paid.</u>

<u>Any Further Information</u>