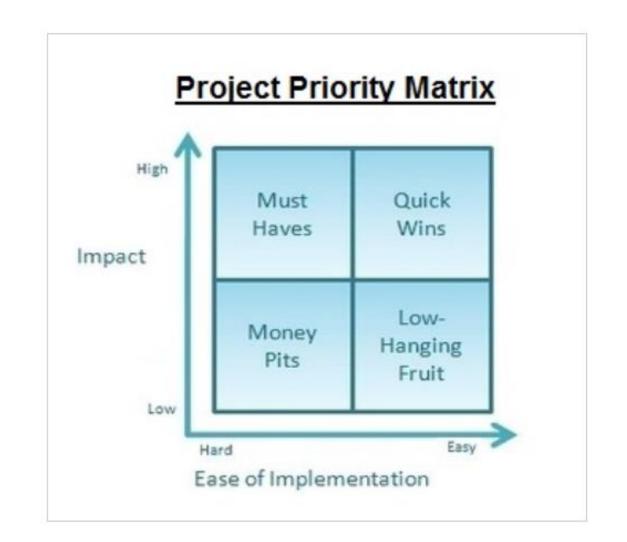
Ease Benefit Matrix



Communications & Information Sharing

Must haves	Quick Wins
 Communication – more of this, networks like this work Communication – Paul and senior team are visible and contactable –this really helps. Community intervention to appropriate / proportional need – target single point of access – one resource / portal for info Up-to-date service information – too many sites with out of date info Direct voice from UHB through existing area forums & networks Succinct comms though email with key information of relevance to target audience Networking – specific emails themed specific platform / cultural communication like what CTM did in Bridgend Networking- better use of email and social media / face2Face meetings / being a real partnership rather than tokenistic – Lynne Thomas Podcasts –Community links Design and circulate a regular news letter to community organisations that can be shared with citizens Delivery format for community members who may have literacy issues 	 Local Courses – Grassroots / Using local spaces / change language / Breakdown Stigma Free & relevant training for staff in the volunteer sector – Lynne Thomas Integrated training Rationalise volume of non-essential email traffic Hyper local Use # to show in local area and use of videos (Think Local) – Lynne Thomas Differentiate between essential and additional updates i.e. attending human factors rather than comms systems per se Communications – (know your audience) use of language – not everyone will understand health jargon Face to face – understanding each others' settings – todays sessions has worked really well – senior sponsorship – Richard Hughes Better messaging Utilising citizens panel Recognise the work being done hyper locality and connect to it – don't override it Link with local – navigator service to signpost to lots more organisations and not overwhelm others Support with workforce development / training Video & Digital stories that can be played in community venues- from GP surgeries, job centres, theatres, supermarkets, work places (Large employers) Forward information in a format we can share on our social media platforms
Money Pit	 Low Hanging Fruit Access – what's available? Joining up Lower Comms literacy – age pitch to support information sharing Relevant / right level of detail and pitch Professional boundaries need moving Hyper local – social media and partner sites – different people go to different places Up-to-date information being provided to partners and delivery agents

Community-Based Mental Health Support

Must haves	Quick Wins
 Robust Pathways Collaboration Core Funding to all our staff to be there – first point of contact – Lynne Thomas Learn from the ACE's work Large scale community change to a self-care model – huge shift needed Advocacy services for those not in secondary care / more out of hours support services / low level peer support services / befriending support – 1:1 and group mental health teaching, MH first aid Etc 	 Mental Health – Resources (people attached)- health credibility – Co production between organisations – Data and evaluate – Richard Hughes Mental Health – Resource this passion - £1000 spent in 3rd sector to support mental health goes a very long way but is peanuts for the Health board
Money pit	Low Hanging Fruit Engage with young people

Wider CTM2030 feedback

Must Haves	Quick Wins
 Annual funding currently doesn't help long term plans or stability of the service What 3rd sector offer to UHB to support patients – what about your help to 3rd sector to help them Training – Data sharing, robust pathways Joined up services – Buses, volunteer transport & transport wales 	
Money Pits	Low Hanging Fruit
 Reinventing CTMUHB every couple of years causing instability and 	
low morale	