A business case for co-design

**Metro North Health Co-Design Framework**

We know that co-design is important, but it is important to communicate the value to others when putting forward business cases or funding proposals. Use the information below to help you to build a case for co-design. We have used the Metro North Concept Submission template as a guide, but this information could be used to populate other funding/approval documents.

# Initiative

We propose to co-design a solution to improve [health problem]

Guided by the [Metro North Co-design Framework,](https://metronorth.health.qld.gov.au/get-involved/co-design) our co-design process will involve people with professional and lived experience with [health problem] partnering as equals to improve [health problem] by listening, learning and making decisions together.

As the solution will be co-designed, it is not possible to articulate in detail at this stage, but it will solve the problem of [issue 1], [issue 2], and [issue 3] in partnership with consumers of our health service.

# Objective

* To improve [health problem] in partnership with people with lived experience

# Defining the need

This is an important problem because of [issue 1], [issue 2], and [issue 3].

We have explored this problem from the health service perspective, demonstrated in this data… [evidence of issue 1, issue 2, issue 3]. Consumers and community members have told us this about the problem [evidence of issue 1, issue 2, issue 3]

Whilst feedback from our patients/community suggests that it is also an important problem for them, there is a need to define the need and problem together and use this as a platform for co-design to improve [health problem] together.

# Strategic alignment

The co-design of solutions to improve [health problem] aligns with [MN32 vision](https://qheps.health.qld.gov.au/metronorth/mn32/research) to be national leaders in co-designed health services and the [Collaborating in Health Strategy](https://metronorth.health.qld.gov.au/about-us/publications/ccces) which outlines our commitment to listen to, learn from and act upon the lived experiences of people who access or who need access to our services, including their families and support networks.

# Anticipated outcomes

This co-design initiative will result in measurable improvements in [health problem]. It will also build relationships and trust with our consumer partners and build capacity and skills for co-design within the workforce and consumer partners, providing the ideal foundation for future co-design initiatives.

[Research evidence](https://aci.health.nsw.gov.au/projects/co-design/library-of-related-resources) suggests that co-design is beneficial for the health service (by solving problems) and the people involved (through skill development, improved relationships).

# Resources required

* Dedicated time and/or funding for staff co-design lead
* Funding for consumer co-design lead
* Funding to [remunerate consumers](https://qheps.health.qld.gov.au/__data/assets/pdf_file/0020/2065502/004369.pdf) for their time and contribution
* Consider funding for an external facilitator (important where there is significant power imbalance or trauma)
* Consider funding for a design expert to support innovative design solutions
* Neutral meeting space for community and staff to come together
* Small budget for travel, catering, stationary etc