



Sparking change in public systems

The 100 Day Challenge



nesta
People Powered
Results



About Nesta

Nesta is an innovation foundation. For us, innovation means turning bold ideas into reality and changing lives for the better.

We use our expertise, skills and funding in areas where there are big challenges facing society.

Nesta is based in the UK and supported by a financial endowment. We work with partners around the globe to bring bold ideas to life to change the world for good.

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About People Powered Results

The People Powered Results (PPR) team are working to pioneer new approaches for achieving change and innovation in complex systems that are smarter, faster, more collaborative and more inclusive of citizens and the front-line.

One of the approaches used by the team is the 100 Day Challenge, originally developed by the Rapid Results Institute and customised jointly with Nesta for use in advancing Nesta's programmes.

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Sparking change in public systems: The 100 Day Challenge

Front-line practitioners and people who rely on health and care services have unrivalled expertise in how the system operates, but often have little influence or ownership over change. We want to change this through pioneering approaches such as the 100 Day Challenge, an approach that empowers and connects those closest to the delivery of services to drive change.

The 100 Day Challenge enables front-line staff and citizens from across a health and care system to collaborate and experiment with new ways of working. These cross-organisational teams test new solutions that achieve real results for people and communities over a three-month period. Senior leaders are involved throughout – from setting the initial area of focus, to supporting the scale-up of successful ideas.

It's a structured and rapid innovation process that incorporates coaching support and other methods that enable people to take on new ways of working. The Challenges not only give front-line staff and citizens a renewed energy and agency, but also bring a detailed level of insight to issues and challenges in the system that can inform longer-term strategy.

100 Day Challenges create the conditions for front-line innovation at pace. Teams develop and test ideas, often based on strategic themes that system leaders have invited them to explore. They create their own ambitious goals, focusing on specific changes to significantly improve how things work, whether that is reducing hospital admissions or supporting people to change their lifestyle to reduce their risk of diabetes. The front-line teams track these changes with data, and senior leaders unblock obstacles and help scale successful approaches. The momentum for front-line innovation and new ways of working lasts far beyond the initial 100 days.

Who we work with

Some thoughts from the people who have been involved in 100 Day Challenges

"It's honestly the best thing I have ever been involved with in my professional life as a GP, not just because it's so patient-centred, but also because it feels like the wheels are in motion and it keeps getting stronger and stronger."

Team member, Mid Essex



"The biggest difference is that they never told us how to do something. And that's different to how most change projects that I have been involved in work. Often people say, 'I do not mind how you do it', but this went well beyond that."

100 Day Challenge participant

Transformation only happens at the speed of trust.

"All of a sudden in the space of 100 days I felt like in real time we'd moved what we would have done in probably a year and a half... It was one of the best pieces of transformational change work I've been involved in."

Gemma Clifford, IPC programme manager

"I've worked with adults with learning disabilities and autism for over 20 years and I feel the 100 Day Challenge could represent a watershed moment in the design and delivery of services for people with learning disabilities. Seeing teams being led by adults with learning disabilities and front-line members of staff feels like a breath of fresh air blowing through the system."

Joe Coogan, Director of Operations, Essex Cares Ltd



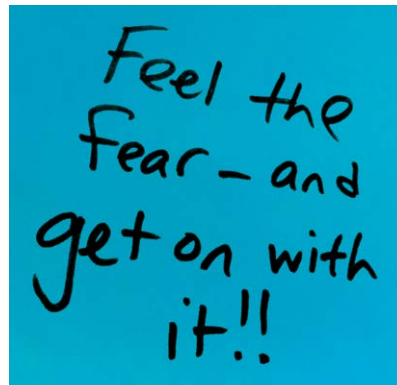


"It genuinely enables the sharing of skills, ideas and passions to improve outcomes for vulnerable families and children."

Team member, West Essex

"In Somerset there's a real desire to take this as a methodology and to spread it out and use it as a way that we make rapid change in the county."

Jonathan Higman, Director of Strategic Development, Yeovil District Hospital, Somerset



"The bit that I've really enjoyed about being part of this programme is actually being able to let go and entrust the clinical experts to come up with ideas that they think will make a real difference to patients in the communities they work in, and then being able to make sure that is translated into national policy."

Jonny Cotton, Senior Strategy Advisor, NHS England

Our work in numbers

100 Day Challenges generate results and learning on a wide variety of challenges from unplanned hospital admissions to early years support. Measurable results in the 100 Day Challenges are achieved by front-line teams testing new approaches with small cohorts of people. These results are then proven, sustained and scaled into wider systems and policy change.



5 Years of 100 Day Challenges in health and care



100 Day Challenges across 30+ locations



Over

10,000



people have benefited directly from the efforts of **100 Day Challenges** – with much larger numbers reached as new approaches are scaled.

What we work on and where

We have worked up and down the country and our work has addressed a wide range of issues



Young people's mental health and wellbeing

A challenge focused on improving mental health and wellbeing for children and young people in Midlothian. One team, based in a secondary school, gathered insights from 158 young people via surveys and focus groups, ran two mental health focused PSE sessions involving 35 students, and trained 97 people in mental health first aid.



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Preventative approaches

In Stockport, a new teledermatology service introduced to ten GP practices identified three patients with cancer lesions earlier than would have otherwise been the case, while reducing the average wait time on the emergency pathway from 15 to just two days.



More on page 24



Unplanned hospital admissions

In Bolton, the front-line team worked with people on the Frailty Register and introduced community-based support and clearer pathways, which reduced unplanned A&E attendances by 13 per cent and unplanned admissions by 19 per cent.



Population health

We have worked across the region to drive the Greater Manchester Population Health Plan. This has included in-depth work in Bolton, Tameside and Manchester City to support people living with long-term conditions using person- and community-centred approaches, such as peer support, to prevent ill health and reduce costs.



Diabetes and those at risk of diabetes

At the end of a Challenge in Tameside – where new ways of engaging people were tested, including holding events in community rather than clinical settings and setting up peer support groups – 49 per cent of those tested were no longer pre-diabetic and 67 per cent had reduced their HbA1c levels. There was also an average increase in physical activity of 155 minutes and an average waist measurement reduction of six cm.



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Demand for planned care

We supported the national NHS England Elective Care Transformation programme, with 100 Day Challenges in Stockport, Harrogate, Fylde Coast, South Somerset, Frimley, Norfolk, Dorset and Lincolnshire. In Norfolk, the ophthalmology team introduced a nurse-led clinic for low-risk glaucoma referrals and reduced referral to treatment (RTT) times from 20 weeks to 13 weeks.



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Care for older people

A number of our 100 Day Challenges focus on older people. In Hertfordshire we supported teams to give frail older people more choice and control. The teams achieved a 19 per cent decrease in A&E attendances, 11 per cent decrease in zero day admissions and 18 per cent decrease in one-plus day admissions. In Stockton-on-Tees a hospital initiative focused on reducing lengthy stays led to a 35 per cent drop in delayed discharges, contributing to potential annual savings of over £900,000.

Palliative and end of life care

In Glossop, a team focused on improving end of life care. Ideas tested included leaflets with plainer language, and a bereavement peer support group. One GP practice saw a 438 per cent increase of people on the end of life register, which allowed proactive and early planning of care.

Community and hospital care for people who are frail

We launched our first 100 Day Challenge in 2014, which supported the design and testing of a new care model for people who are frail. It led to a 10-12 per cent reduction in unplanned hospital admissions and a new system-wide strategy, Live Well Mid Essex.



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Support for children and young people

We worked with the West Essex children's services team to reduce the need for hospital visits for children. The cross-system effort included work with school nurses, GPs, people from A&E and beyond, and began a new way of working with local parents. The front-line team achieved a 24 per cent reduction of A&E attendances and 50 per cent reduction of GP attendances, and the work informed the design and implementation of children's services across Essex.

Creating the conditions for front-line innovation at pace

We have learned that eight conditions are critical to rapidly testing ideas within health and care settings



Coaching

Sometimes the best ideas come from asking and helping people to find new ways of doing things, rather than telling them. We provide coaching and facilitation support to teams, managers and leaders throughout the 100 Day Challenge, to bring their ideas to life.

Data

To make progress, it is important to know where you are starting from, and if you're heading in the right direction. We encourage teams to use data and information throughout the 100 Day Challenge: to shape their thinking at the launch, to develop real-time insights as their ideas are tested, and to consolidate their learning to inform sustainability and scaling plans.

Experimentation

We bring a focus on action, testing and iterating ideas in real time, with real people. Teams develop and test ideas, often based on strategic themes which system leaders have invited them to explore.

Urgency

100 days creates a sense of urgency and momentum over a short time frame. This gives teams enough time to create ambitious goals and test new approaches on the ground, while building pace and energy for the work.

Sponsorship

Each team has a sponsor from senior management who ensures that learning and insights from the front-line can directly inform longer-term strategic plans. We support people in senior management to work with colleagues across organisational boundaries, and help unblock the inevitable barriers faced by front-line teams.

Permission

Our approach flips on its head the tendency for problems to be tackled by those furthest away from the delivery. We give ownership of system problems to practitioners on the front-line, with the permission to experiment with ideas that achieve impact and learning.

Diverse place-based teams

We mobilise teams from across organisations and communities to work together in new ways, including people with lived experience and people from the voluntary sector, NHS and social care sector. Bringing together individuals with varying backgrounds and perspectives makes the work more robust, and helps problems to be considered holistically.

Goals

We support teams to create their own highly ambitious goals, focusing on specific population groups and results – for example, reducing unplanned hospital admissions for the frail elderly. This allows teams to create the space where those working to support individuals are united and motivated around the same common outcome.

What happens in a 100 Day Challenge

Each 100 Day Challenge requires a number of different people from across a place to step into new roles to support top-down and bottom-up change.

At the start of the 100 Day process, we bring together a 'leadership group' made up of chief executives and other local senior managers to decide what the Challenge will focus on and to give front-line teams the support and permission they need to try new ideas.

We then establish a number of front-line teams, made up of people from different organisations and communities that work and live in the same place. Teams are made up of staff who provide care and support, and people who use health and care services.

Teams come up with ideas to improve the current situation and spend 100 days testing them to see if they make a difference. During

the 100 days, the teams set their own goals, work hard together and meet regularly. They are supported by Nesta coaches, who help them to progress towards their goals.

All of the teams come back together on days 25, 50 and 75 to think about whether things are working as well as they could, find out what the other teams are doing and make changes if they need to.

After 100 days, the leaders and the teams meet up to share the results and what they have learnt. The teams work together to look at what they did and how they can develop it into a plan to grow the work further. This includes committing staff and budget to continue the work and developing new policy to embed it. The teams also reflect on how the work they did has encouraged people to think and work together differently.

Phase 1: Design



Site select



Learning agenda and cohort



Team support structure



Launch design

LEADERSHIP SUPPORT

Phase 2: 100 Day Challenge



Launch



Mid-point review



100 day review



Coaching support

Rapidly test ideas



Team meetings

Reflective learning



Phase 3: Sustaining



Learning and results



Scale and spread



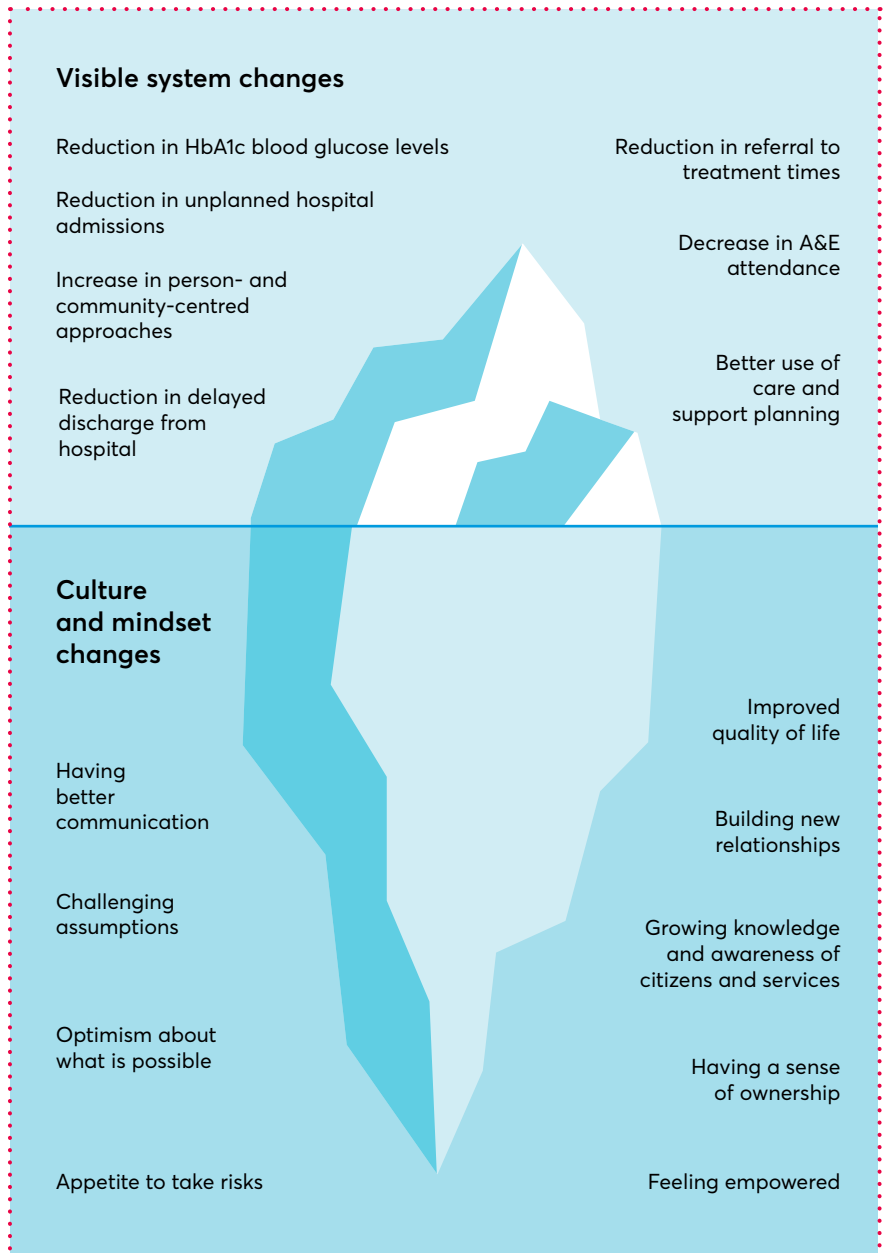
Understand policy implications



Driving results

The results, learning and impact generated by teams are impressive and happen at a number of levels:

1. Core system metrics and clinical outcomes (such as reductions in HbA1c blood glucose levels)
2. Culture and mindset changes (such as strengthened relationships between the statutory and voluntary sectors)
3. Results for people and communities (such as tangible improvements to people's lives in the places they live and work).



In the rest of this section we showcase some examples from 100 Day Challenges which highlight the importance of:

1. Local

Taking a place-based approach to change

2. Participation

Working with front-line staff and citizens

3. Pace

Rapidly testing and learning

4. Action

Testing a range of ideas in the real world

5. Results

Seeing improvements in people's lives

1. Local

Taking a place-based approach to change

We think a local place-based approach to change has been a missing part of the jigsaw in complex system change, and a reason why top-down reform on its own often fails to achieve its potential.

During a 100 Day Challenge, teams are built from people drawn from across different local organisations and communities to work together in new ways. 100 Day Challenges typically involve representatives across health, social care and voluntary organisations, and stimulate new ways of working with citizens and communities. This can include GPs, social workers, consultants, nurses, voluntary sector representatives, and people with lived experience.

“We have broken down barriers. You can have good ideas, but if you have a cross-cutting team you can cut through the red tape and do the things you’ve always wanted to.”

GP, Stockport

Diverse local perspectives add robustness to the work, make it relevant to the priorities of particular places, help problems to be considered holistically, challenge assumptions, build peer relationships, and help get quick buy-in across the place.

“Being part of a diverse team of completely new colleagues on an effort with clear aims and a clear timeframe has been more motivating than I could have imagined.”

Social care team member, Midlothian

We actively build partnerships and work alongside local system leaders and practitioners to help make significant improvements to how things are done. We have found that the 100 Day Challenge approach works well on complex issues that require collaboration across organisational and professional boundaries and a range of interventions to be tested simultaneously. Changes made through the 100 days can influence national policy. For example, we worked alongside the NHS England Integrated Personal Commissioning (IPC) programme, which focused on increasing choice and control for people with complex needs.

We also build capacity and skills for the future in all the places we work in. Our work is focused on building ownership across communities and neighbourhoods. We support and develop local coaches and encourage changes in working practices that ‘hardwire’ the ideas – and the collaborative and inclusive approaches to implementing them – into the local system.

Case study: Neighbourhoods working together in Greater Manchester

We have worked across Greater Manchester to stimulate new ways of working across organisational and professional boundaries and with people and communities. This has helped local health and care systems, as well as neighbourhoods, adopt a more collaborative and inclusive approach to care delivery.

At a regional level we have worked with the Greater Manchester Health and Social Care Partnership to develop and support the delivery of their Population Health Plan, with a vision to achieve the greatest and fastest improvement to the health, wealth and wellbeing of the 2.8 million people who live in Greater Manchester.

In specific neighbourhoods within Greater Manchester, 100 Day Challenges have helped make the crucial cultural shift towards working differently with citizens. We have supported collaboration across leadership and groups involving not just health and social care workers and services but also the wider statutory, voluntary and community sector.

A 100 Day Challenge in Tameside and Glossop focused on how to better support those at risk of developing diabetes, who were not currently engaging with health and care services. Front-line teams tested new ways of engaging people,

including holding events in community venues, rather than clinical settings, that provided information about diabetes and made it easier for people to immediately take next steps. For example, people were offered personalised information about their blood sugar levels, introduced to peers in the community living with diabetes, and engaged in conversations about what non-clinical steps they could take to manage their health. Practitioners drew on coaching techniques and motivational interviewing to support the people who they were working with to grow their own sense of agency to make positive change.

At the end of the challenge there were measurable clinical results across the teams: 49 per cent of people engaged were no longer pre-diabetic and 67 per cent had reduced their HbA1c levels. There was an average increase in physical activity of 155 minutes, an average waist measurement reduction of six cm, and 60 per cent reported a noticeable improvement in quality of life. The approach is now being applied to other groups that the system has been less effective at engaging – such as people with chronic obstructive pulmonary disease (COPD) and people who are clinically obese.

The background of the image shows the exterior of a building with a dark blue facade. The name 'Millgate Healthcare Partnership' is written in large, white, sans-serif capital letters across the upper part of the building. Above the text is a stylized star logo with blue and orange colors. A string of white and blue triangular bunting hangs across the front of the building. The image is slightly out of focus, emphasizing the text in the foreground.

Millgate Healthcare Partnership

"We pulled together colleagues from across health, social care and the third sector and worked as a close knit team. Historically we've worked relatively independently trying to achieve the same goals and now we're working collectively."

Asad Ali, GP at Millgate Health Partnership



2. Participation

Working with front-line staff and citizens

Our approach flips on its head the tendency for problems to be tackled by those furthest away from the delivery. 100 Day Challenges bring front-line practitioners and citizens from a local place together as a team to set ambitious goals, and test and develop creative solutions together.

Front-line practitioners and people who use health and care services are the experts in both their own experience of services and the community they live in. They know the ins and outs of the system, can see where the gaps are and what needs to change. Unlocking the potential of those on the front-line brings a renewed energy and power for change across a system that can inform longer-term strategic ambitions and plans.

The 100 Day Challenge often provides front-line staff and citizens with their first opportunity to have an influence on and ownership of change. Teams create their own highly ambitious goals. Creating the goals unites and motivates people around a common outcome, builds their sense of identity, gives them shared ownership of the ideas, and helps to focus their efforts to demonstrate progress.

"We've not been bound by organisational rules and culture, we've all been focused on the same goal and treated equally."

Front-line practitioner, Bolton

"I think that the relationships that developed between people who hadn't met before was powerful and led to informal networks. Teams who hadn't spoken much before said, wow – so that's what you do. So, it's really helped people to both connect but also to understand each other."

100 Day Challenge participant

"There's interaction between teams and individuals that wasn't there before – an eye opener as to how current systems and processes prevent this but also how easy people power can change it."

Front-line practitioner, Tameside and Glossop

Case study: A new approach to participation in Essex

We launched our first 100 Day Challenge in Essex and have worked with hundreds of front-line staff and citizens there over the past five years, to drive change and inform strategic ambitions for the area.

In 2015, we worked with the West Essex children's services team to improve support for families and reduce the need for hospital visits for children. The cross-system effort included work with school nurses, GPs, people from A&E and beyond, and began a new way of working with local parents.

We supported one front-line team to engage with parents and test new ways of working over 100 days, including practitioners meeting parents at play centres and engaging them through social media surveys. One issue this highlighted was a lack of confidence among parents around basic first aid skills, and so the team then introduced a series of community-based group first aid sessions for parents in the area. Other ideas tested included practitioners working in different environments, tacking 'silo working' between professionals and doing more to support children with allergies and asthma.

Through the 100 Day Challenge one front-line team achieved a 24 per cent reduction in A&E attendances and 50 per cent reduction in GP

attendances for children aged up to 11 years old who were registered at two local GP practices.

Critically, parents' voices influenced the way the children's team now operates, and this participatory approach has formed the basis of the design and implementation of children's services across Essex.

We have now started a 100 Day Challenge in Essex to support collaboration between adults with learning disabilities and/or autism, council and community partners. The focus is testing new ways of supporting people to live meaningful and fulfilling lives. People with learning disabilities are in the leadership group and leading challenge teams, which has led to new ideas and initiatives being co-produced at both a team and strategic level.

At a team level, teams in three local places have tested ideas ranging from an inclusive cricket team to pooling direct payments for healthcare, supporting employers to create specialist jobs and running a pop-up cafe and shop. At a strategic level, one team is developing new rules, guidance and an assessment tool that will make sure the voice of people with learning disabilities and autism is present in any decision that is made around commissioning.

"I'm not used to talking to strangers and that, at first it was a little bit scary but now I feel good being in a room full of people. I've got a lot more friends now and I like the confidence that it's given me."

Callum, Trainee Gardener at Barley Twist Garden Services, a work-based training enterprise for adults with learning disabilities





"I jumped in straight away, because I really want to make a difference and it's an actual legitimate chance for myself and Callum, being from Canvey [Island], to make Canvey a better place for us. Our team comes from all different backgrounds – everyone has got their inputs, their contacts, and it's really useful because some people can talk and make connections where I can't. We all come together really well."

John, Community Care Assistant

3. Pace

Rapidly testing and learning

The 100 Day Challenge involves intensive periods of action and collaboration. Longer-term strategies are broken down into tangible, short-term challenges with specific performance and learning objectives. Creative solutions are developed and tested with real people, in real time.

“What it really achieved was it just got the momentum going. All of that work was happening before, very slowly and [is] still happening now but much faster.”

100 Day Challenge participant

The pace of testing and learning creates a sense of urgency and momentum that moves teams into action quickly. Keeping the challenge timebound forces teams to step into a new way of thinking and behaving. Teams often start testing their ideas on a small scale, and quickly develop the experience and insights to develop and test them with more people.

Teams are encouraged to meet regularly to strengthen collaborative relationships. All front-line teams come together at day 25, day 50 and day 75 events to re-energise, review progress and adjust their ideas and plans.

We encourage teams to gather and use real-time data and insights to continuously shape and adjust their ideas during the 100 days. This helps teams to determine the impact of their ideas, to make decisions on whether the ideas are worth developing and investing in, and to confidently share their learning more widely.

By testing their ideas with real people in communities, teams achieve concrete outcomes over 100 days that work in practice, not just in theory. Following the end of the 100 days, the leadership group and front-line teams reconvene to share learning and results, and to work together to shape their sustainability and scaling plans. This is informed by analysis completed by data analysts, for example from the local Clinical Commissioning Group (CCG), who help teams to explore the measures that make sense for their goal, at the launch event, and give them real-time data to track their progress during the challenge. Having an understanding of the impact of changes on clinical and service outcomes increases the likelihood of solutions sustaining and being taken up more widely after the 100 days.

“Transformation happens at the speed of trust”

Front-line practitioner, Hertfordshire

Case study: Rapid testing to reduce demand for planned care

We worked with NHS England to translate a national agenda of transforming planned (or 'elective') care into action in 20 local health economies. The work took place across multiple clinical specialties ranging from ophthalmology to diabetes. Teams from across the country were challenged to try out their ideas and adopt a range of evidence-based interventions to better manage the rise in demand for elective care.

Moving to action at pace can be a challenge for local health and care economies, many of which are experiencing rising operational and financial pressures and have competing priorities. The NHS England Elective Care Transformation programme focused on creating the conditions and support for cross-sector teams to test ideas, and reconfigure delivery on the ground in real time.

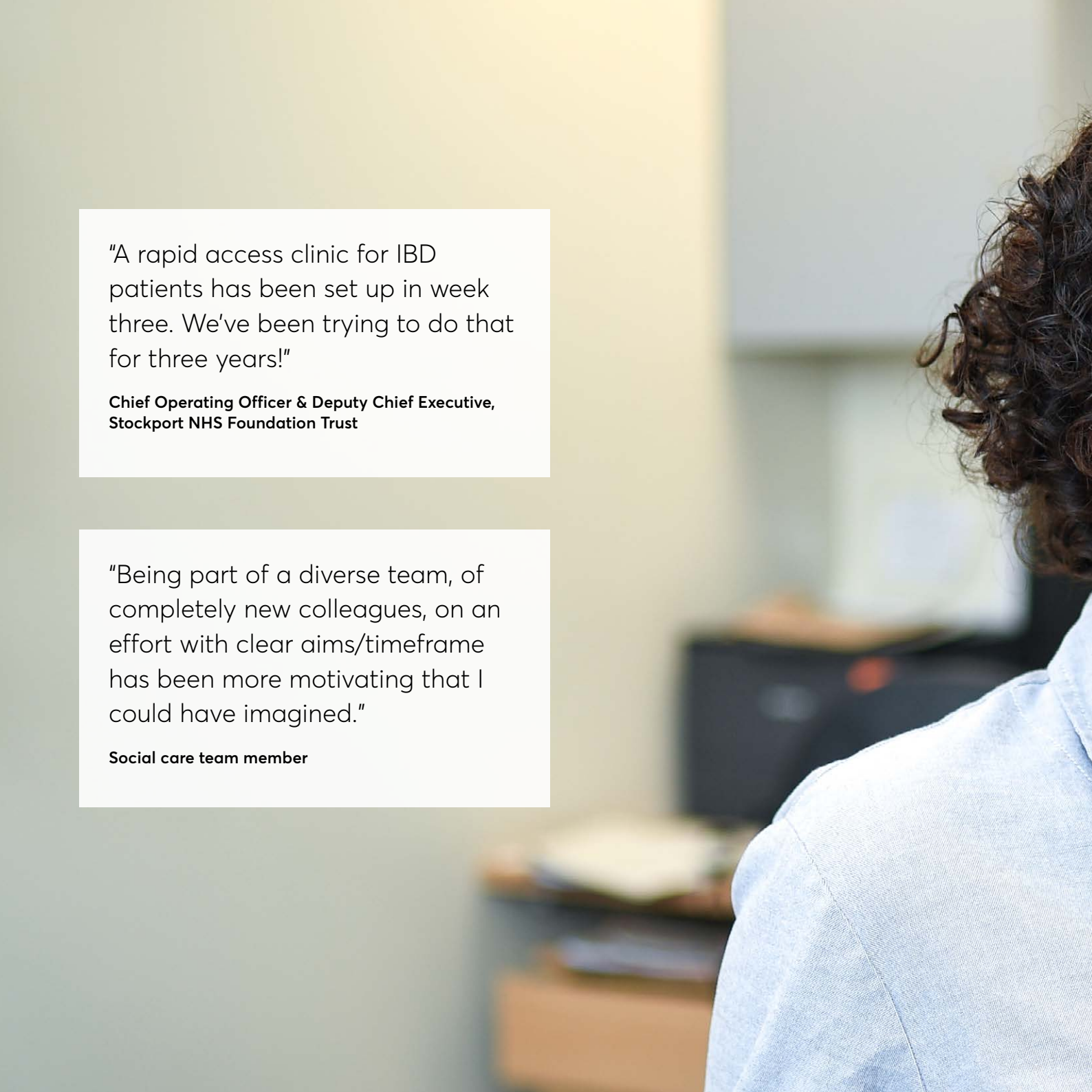
The scale and timing of the programme – five waves of testing over one year – meant that moving at pace was absolutely critical. Learning from each wave was integrated into the next.

The focus was on helping people to access the support they need more quickly. Ideas tested ranged from introducing mobile diabetes screening to virtual clinics to teledermatology. Teams learnt from what worked and what did not, and evolved their ideas to achieve strong results, including:

- One team increased local availability and use of teledermatology, which helped with the early diagnosis and referral to treatment of three cancer patients during the 100 days.
- Several teams tested ways of providing specialist advice and guidance to GPs and patients. Overall, there was a 25 per cent increase in advice and guidance requests, which helped people to access specialist support earlier.
- A new process for screening patients with diagnosed or suspected cataracts contributed towards the percentage of people treated, as demonstrated by a referral rate rising from 57 per cent to 95 per cent in one area.

Alongside the measurable impact teams achieved for people and systems, there was also a shift in how people worked together. Participants told us that simple things, such as conversations before team meetings and knowing each other's names, helped them to work more collaboratively and provide more 'joined-up' services.

Critically, we supported a 'learning loop' within and across waves of testing, which demonstrated the value of a mix of top-down and bottom-up approaches to policy change and implementation.



"A rapid access clinic for IBD patients has been set up in week three. We've been trying to do that for three years!"

**Chief Operating Officer & Deputy Chief Executive,
Stockport NHS Foundation Trust**

"Being part of a diverse team, of completely new colleagues, on an effort with clear aims/timeframe has been more motivating than I could have imagined."

Social care team member



"Personally, being given permission to test things out in a safe environment meant I felt I could try risky things and no one was going to worry if they didn't work. And when they did work it was very satisfying, and to see results in a relatively short timeframe. I see the approach as totally transferable to anywhere within the NHS."

Sofie Zermansky, Team Leader for
Orthopaedics Assessment Service, Stockport
NHS Foundation Trust

4. Action

Testing a range of ideas in the real world

We focus on action, testing and iterating ideas in real time, with real people. Over the past five years we have helped teams develop, adapt and test a range of ideas, including new care pathways, policies, products, processes and roles. Over the course of a 100 days, teams test a range of ideas simultaneously, and introduce

new ways of working across organisational and professional boundaries. Teams find that it is the combination of ideas together with the shifts in culture that contribute to long-lasting change. Here are some examples of the types of ideas that teams have tested in 100 days:

Processes that shift power and relationships	Patient decision aids – tools that provide information on conditions and treatments, to enable shared decision making with GPs and others.
	Patient Availability Wheel – a tool to help manage expectations around pre-operative preparation time and post-operative recovery time.
Collaborative solutions and ways of working	Integrated extended services – single point of access referrals in the evenings, delivered in people's homes, to respond to urgent needs and avoid unnecessary hospital admissions.
	Peer support groups – bringing people together who can support one another informally, particularly focusing on groups with unmet needs such as people who have been recently bereaved.
	Group outpatient follow-up sessions – supporting multiple people to come together to make informed decisions about and better self-manage their conditions.
Tools and technologies that enable people to take control	Point-of-care testing in the home – a device that helps GPs and community matrons accurately diagnose diseases, in a person's home, before making secondary care referrals.
	Skype clinics – people offered a virtual appointment with a practitioner in secondary care via Skype, to save them time visiting the hospital.
Roles that connect people and glue the system together	Therapists with paramedics – occupational therapists accompanying paramedics to emergency calls so that they can treat people in their home and avoid hospital.
	Nurse-led clinic for low-risk glaucoma referrals – nurses taking referrals for low risk glaucoma, to help reduce consultant caseloads and waiting times.

Case study: Changing a classroom in Midlothian

We worked in partnership with Healthcare Improvement Scotland's 'Improvement Hub (ihub)' to improve children and young people's mental health and wellbeing in Midlothian. All of the work was anchored in the results of a survey run by and for young people in the area, looking at what helps and hinders their mental health and wellbeing.

Underpinning the work was meaningful engagement with children and young people. One team, based in St David's Primary School, focused on children and their families and carers feeling more supported at an earlier stage, as well as ready to cope with and adapt to change during key transition points in their lives. The team tested a multi-agency, holistic and partnership-led approach, involving pupils and representatives in a number of different services, including: educational psychology, speech and language therapy, play therapy, school nursing, and child and adolescent mental health services (CAMHS).


The team focused on a class of children aged nine and 10. The team used the CIRCLE Framework ('Child Inclusion Research into Curriculum Learning Education') and a graphic notetaker to gather pupils' views about what they needed to improve their wellbeing and ability to cope with change and transition. The teachers and other professionals were in 'listening mode' and the children were able to act.

Recommendations made by the pupils were implemented one at a time every week, such as:

- Pupils made their own 'quiet space' in the classroom where they can go to when they are feeling stressed or overwhelmed.
- Pupils created personalised 'tool boxes' filled with a range of familiar items (such as soothing stones and scents) that they chose to help maintain their emotional wellbeing.
- Staff were asked to give plenty of notice when they were planning to move furniture in the classroom, as some pupils said that this made them feel uneasy.

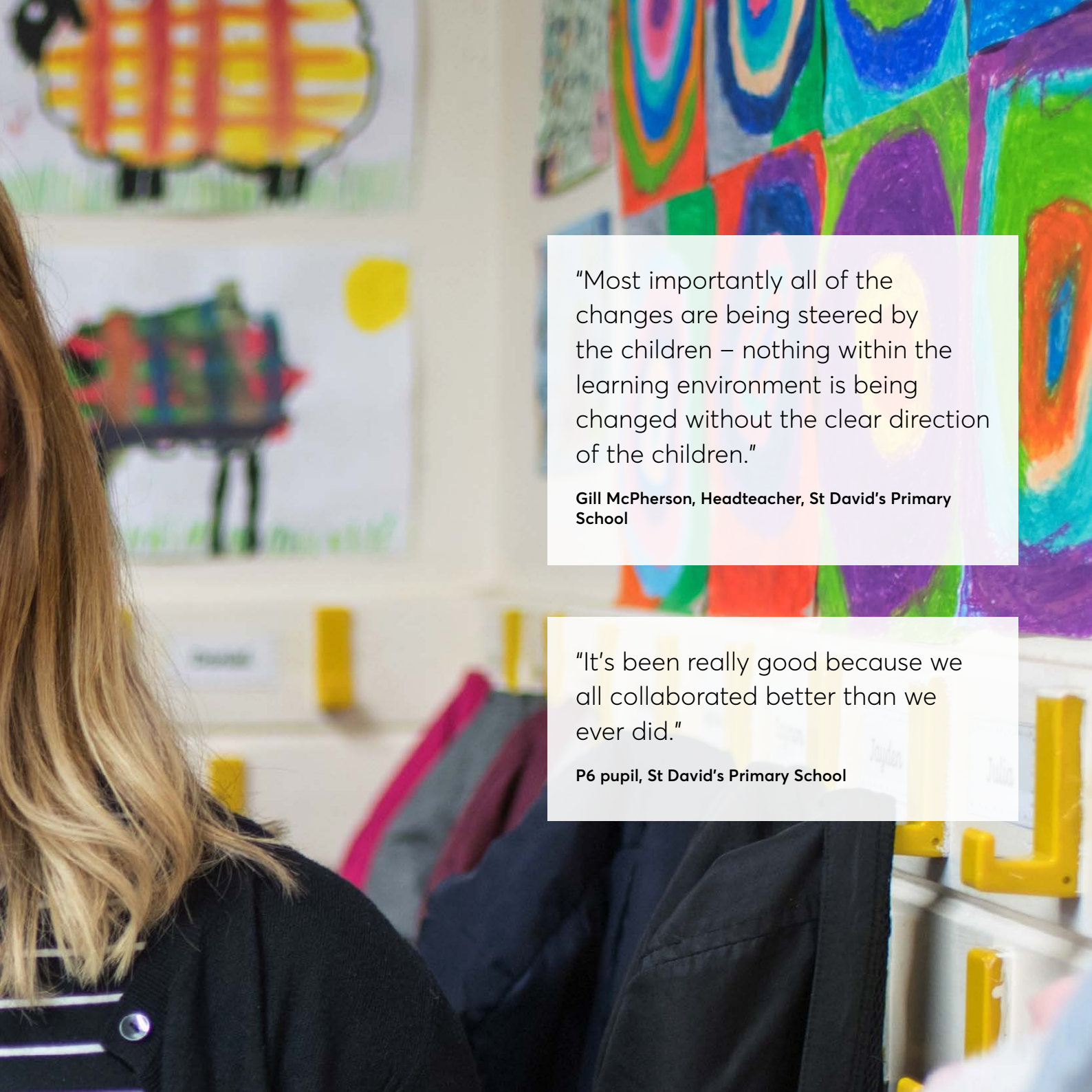
Traditionally change can take a long time to implement in schools, with teachers' time planned out a year in advance. St David's embraced the idea of making seemingly small, incremental changes in a timely way, and these made a big difference to how the children felt. Staff members were impressed with the feedback they got from the children themselves and their parents, and dining staff even noticed a calmer atmosphere at mealtimes!

The team are now planning to scale the approach across the whole school from nursery upwards as a wider test of change.



"They were tiny things that we did but the impact has been really big. It shifted my thinking as class teacher. There were changes I would have made before from the perspective of class teacher only and missed the scope of expertise and knowledge from other specialists."

Kathleen Wales, Teacher, St David's Primary School

The background of the image shows a classroom. On the wall, there are several pieces of children's artwork. One prominent drawing is a sheep with a yellow and red striped body and black legs. Another drawing shows a colorful, abstract shape with a yellow sun. To the right, there are more colorful, abstract drawings. In the foreground, the back of a person's head with long, wavy, light brown hair is visible. The person is wearing a black jacket with a silver button. The overall scene is bright and colorful, suggesting a creative and collaborative learning environment.

"Most importantly all of the changes are being steered by the children – nothing within the learning environment is being changed without the clear direction of the children."

Gill McPherson, Headteacher, St David's Primary School

"It's been really good because we all collaborated better than we ever did."

P6 pupil, St David's Primary School

5. Results

Seeing improvements in people's lives

100 Day Challenges are a way of rapidly shifting systems from the ground up to achieve better results for people and communities.

We have seen real, observable change in people's lives. In some cases this is against core system metrics such as reductions in unplanned hospital admissions or GP attendances, improved clinical outcomes such as lowered blood sugar (HbA1c) levels and confidence to self-manage. In addition, we also focus on people and culture change, which is critical to sustaining impact.

We have seen successful small-scale tests turn into county-wide implementation. We have seen senior leaders at the end of the 100 days with a transformed outlook on what is possible. And, after five years of work in health and care systems, we have seen changes that have become embedded and long lasting - with people still feeling the impact of changes that came about as the result of a 100 Day Challenge.

This is what drives the transformative power of 100 Day Challenges.

Historically there has been the protectionism that this is my patch, and these are my patients and I know what's best. So, overcoming the perceptions and asking what do we need of the system and how are we going to work together towards achieving that is important."

100 Day Challenge participant

"It's going to turn my life around, this is."

Citizen, Tameside and Glossop

"I preferred having my appointment on the same day I attended the skin cancer clinic, to avoid the stress of waiting. I have written a letter to the department already to explain how happy I was with the service and treatment."

Citizen involved in the Elective Care programme

"Finally, we are being listened to"

Secondary student, Midlothian

Case study: Home Safe, Sooner in Stockton-on-Tees

The 'Home Safe, Sooner' initiative emerged from a 100 Day Challenge in Stockton-on-Tees and was focused on improving the rates at which patients are discharged from hospital, reducing lengthy stays, delays and readmissions.

Home Safe, Sooner takes an integrated and personalised approach to people leaving University Hospital North Tees, to plan their discharge times and link them with reablement and community services that help them remain well at home.

The success of Home Safe, Sooner is built upon a close working relationship between colleagues in local councils, the voluntary sector and local Clinical Commissioning Groups. A social worker is based in the integrated team at the hospital, so collaboration between health and social care is made simpler. Alongside this, the Citizens Advice Bureau runs regular sessions in the hospital to support people to identify and address needs or concerns about returning home, such as support to claim attendance allowance for people over 65 who need help at home because of an illness or disability.


The integrated discharge team can receive a referral, see a patient on the same day and provide a package of care within two hours.

During the 100 days, a 35 per cent drop in delayed discharges of patients was observed from University Hospital North Tees, contributing to potential annual savings of over £900,000. Home Safe, Sooner was named 'best integration project' at the North East, Cumbria and Yorkshire and Humber Commissioning Awards.

The impact of Home Safe, Sooner is brought to life through James's story. James is 87 years old and was in hospital due to pneumonia. James wanted to 'just go home' but he needed a new level of support to recover. Working with James and his daughter, the 100 Day Challenge team arranged a benefits review to be undertaken and this resulted in James being able to have carers to help him four times a day. His daughter was also referred to a local carers organisation to help her manage with supporting her father to stay in his home.

Home Safe, Sooner is now used across the hospital and continues to evolve with, for example, the introduction of a frailty team who work with people as soon as they come into hospital to understand any adjustments and support that they might need when they get home.

This initiative was part of a wider NHS England programme to translate the Integrated Personalised Commissioning (IPC) operating model into practice on the front-line.



"The challenge brought us all together in a room to be able to say what works and what doesn't work and gain from each others' perspective. There was mutual respect and understanding throughout."

Vicky Ingham, Stockton Borough Council

"Home Safe, Sooner was successful because we the voluntary sector were fully engaged."

Steve Rose, Chief Executive, Catalyst Stockton-on-Tees



"One of the biggest changes has been how we work with the voluntary sector and the community, which are now at the forefront of our mind when we're setting up new things. Just sharing a kettle, sharing a kitchen space, has made all the difference. The legacy now is that this is how we work."

Jill Foreman, Senior Clinical Professional, University Hospital North Tees

Five years of people-powered change in health and care

The story of our 100 Day Challenge work begins in 2013 in the Spring sunshine of San Francisco. I was at a conference organised by the Encore movement and joined a session led by Nadim Matta – President of the Rapid Results Institute, which is a non-profit using the 100 Day Challenge approach to help solve social issues around the world and particularly in poorer countries.

In the session, Nadim shared stories of meaningful results achieved in difficult circumstances with few resources and little time. Whether it was

provision of primary school education in sub-Saharan Africa or access to clean water in Nepal, the method, in his words, enabled people to 'act into a new way of thinking.'

Within a few months Nadim was working with us to adapt the method to the UK context and, in particular, to the health and care system. At that point we didn't know whether it would work in the technical and pressured environment of the NHS, but there was enough evidence from other places that we wanted to find out.

Our first site was in Essex, in partnership with Essex County Council, and focused on reducing unplanned hospital admissions for people who are frail. We were impressed by how quickly the

approach galvanised a financially-challenged Clinical Commissioning Group to work differently with local partners, and how well frontline teams from across different organisations came up with new workable solutions. There was also an outpouring of motivation and enthusiasm from junior members of staff all the way up to Chief Executive level.

Since then we have worked in over 30 different locations across England and, now, Scotland to apply the 100 Day Challenge approach to a range of challenges facing health and care. The work has been led by Dan Farag and the People Powered Results team, who bring optimism and determination to help people rethink what's possible and what their role in change can be.

This booklet has set out what we've done and the results so far. We will continue to develop and refine the approach, as well as develop other ways in which citizens, frontline practitioners and leaders can co-create better ways of doing things.

We have worked in health and care to date, but the method can be applied to many different sectors and issues. So, whatever your area of interest, we hope you have enjoyed reading it and do get in touch if you'd like to find out more.



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The people behind the method



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Where next?

We hope this document provides a glimpse of what is possible, and some insight into how health and care systems locally and nationally can transform at pace.

The 100 Day Challenge is an approach to achieving change and innovation in complex systems that is smarter, faster, more collaborative and more inclusive of citizens and people at the front-line.

We know that there is more learning to be done. We are committed to continuing to find, shape and test new approaches that help make progress on some of the tricky issues faced by public systems and local places.

We want to help create a future where approaches to achieving change bring practitioners, citizens and leaders together around a common purpose to unlock latent resources that we know exist.

If you'd like to find out more about the 100 Day Challenge or talk to us about our wider People Powered Results work please get in touch:

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