

# Embedding Green Social Prescribing in a Heritage Landscape: Delapré Abbey and the Active Quarter - Capturing and Utilising Data



## Background



Delapré Abbey is a 900-year-old former nunnery and the site of the 1460 Battle of Northampton, with 550 acres of Parkland. Since 2020, Delapré Abbey has worked in partnership to unlock the wider social value of the estate as a heritage landscape where nature, culture, history and physical activity combine to support early intervention, prevention and improved access to the outdoors. The programme focused on communities experiencing the greatest barriers to participation, particularly women from the global ethnic majority, individuals living with long term conditions, young people with SEND, and residents with limited access to safe nature and active travel infrastructure. By working at neighbourhood and landscape scale, the project aimed to address structural barriers as well as individual wellbeing needs.

From the outset, partners agreed that robust data capture, shared evaluation and system-aligned outcomes would underpin both programme design and strategic influence.



## Key system partners include:

- **University of Northampton** - independent evaluation, research design and data capture
- **General Practice Alliance (GPA)** - primary care referral pathways through social prescribing link workers
- **West Northamptonshire Council Public Health** - prevention strategy alignment and system integration
- **Northamptonshire Sport** - physical activity programme delivery and behavioural insight
- **VCSE partners** including [Space2Talk](#), [Sol Haven](#), [Action for Happiness Northampton](#) and [Delapre Bike Doctor](#) - culturally safe, community led engagement

This partnership matured through NASP's Thriving Communities programme, which positioned Delapré as a trusted convening space for nature-based wellbeing ([Northampton Wellbeing Partnership, 2022](#)). Independent evaluation demonstrated measurable improvements in wellbeing from gardening, creative activity, walking and community connection.

Building on this foundation, partners co-developed Northampton's [Active Quarter](#): a place-based model linking Delapré Abbey with the wider blue and green corridors of Northampton. The Active Quarter works at system level to make greenspaces and wellbeing programmes easier, safer and more enjoyable to access.

## Challenges

The project encountered a number of structural and operational challenges in capturing meaningful data and embedding a heritage organisation within the health and care system.

### **1. Recognition of heritage as a health asset**

At the outset, heritage landscapes and green spaces were not widely recognised within local health structures as preventative health assets. Combatting this required robust wellbeing data that could withstand scrutiny within Integrated Care System (ICS) frameworks. We also wanted Delapré Abbey to be recognised as a preventative health asset within Local Authority strategies, which required evidencing not only individual wellbeing outcomes, but also how residents navigate and experience the space to demonstrate behavioural change, accessibility and repeat engagement.

### **2. Aligning with NHS data standards to embed within referral pathways**

To move from informal community provision to recognised system partner status, the project sought to establish Delapré as a trusted, referral-ready destination for healthcare practitioners. Health system reporting requirements were significantly more structured than typical heritage outcome monitoring. Referral tracking, demographic profiling, deprivation data, progression measures and recognised wellbeing indicators all needed to align with Primary Care Network and ICS prevention priorities. This required new processes, shared data agreements and a step change in monitoring capability across partners.

### **3. Capturing qualitative insight in open access environments**

Much of the engagement within a heritage landscape is informal and open access. However, understanding lived experience, confidence building, cultural safety and barriers to participation required meaningful qualitative insight alongside quantitative metrics. Designing proportionate methods that respected participant experience while generating credible evidence was a continual balance.

### **4. Pressures around evaluation capacity within prevention pathways and the VCSE sector**

Additional challenges included digital exclusion among participants, funding discontinuity which limited longitudinal tracking, and constrained workforce capacity to manage reporting expectations. Within the VCSE sector in particular, evaluation is often treated as a transactional funding requirement rather than a strategic tool for learning and system influence, and staff often lack protected time and resources for evaluation. This reinforced the need for shared systems and for partnership with a university. A deliberate objective of this project was to build confidence, skills and shared understanding around when and how to use evaluation effectively. This included properly costing evaluation activity, embedding academic partners into programme design, and ensuring that data collection generated actionable insight rather than administrative burden. Creating shared delivery models and funding training of staff and volunteers in data capture supported capacity and strengthened collective ownership of outcomes.

## Approach to evaluation

The programme evolved across four progressively system-focused phases, each grounded in evidence and co-design.

Independent evaluation was delivered through the University of Northampton across multiple phases, using a consistent mixed methods approach. Our partnership with the University developed through personal relationships: a mutual contact connected us with researcher Dr Declan Ryan due to similar interests. Dr Ryan aligned evaluations to public health prevention priorities, combining quantitative participation data, referral tracking, footfall and route usage metrics with qualitative wellbeing outcomes and lived experience insight.

Crucially, the University was involved at grant writing stage so that evaluation was designed into programmes from the beginning and properly costed. This shifted evaluation from an arm's length, transactional requirement to a core partnership function. The University acted as a critical friend, ensuring methodological rigour while helping translate findings for public, policy and funding audiences. Their understanding of the local strategic and political context strengthened the relevance and application of the data.

### OUR TOP TIP:

To understand your local community, their needs & how your organisation could help, research local authority policies and cross-reference areas of alignment. The English indices of deprivation search tool is invaluable as a starting point: [Local Deprivation Explorer 2025](#). It is also useful to look at best practice evaluation guidance from funders such as [Evaluation good practice guidance | The National Lottery Heritage Fund](#) and [Tools to help you gather and use evidence and learning | The National Lottery Community Fund](#).



Later, to further align with more structured health system reporting requirements, we co-developed a monitoring framework with primary care and Public Health partners to ensure alignment with NHS data standards and prevention priorities.

This included:

- Capturing referral source data (for example via social prescribing link workers)
- Recording demographic and deprivation indicators
- Using recognised wellbeing and confidence measures
- Tracking progression across programmes to evidence preventative impact

Reporting formats were structured to support PCN-level insight and ICS population health objectives. This alignment enabled data sharing that demonstrated reduced isolation, improved mental wellbeing, increased physical activity and strengthened community

resilience in system relevant language. Reports were adapted into policy briefs, Board-ready summaries, workshops and supporting datasets, using terminology aligned with local strategies to strengthen credibility and referral confidence.

Importantly, dissemination was also community-facing. Recognising that residents often feel over-consulted & under-informed, we closed the feedback loop by translating evaluation into accessible formats such as press releases, video summaries, public talks and web-based updates via the Active Quarter platform.

## OUR TOP TIP:

Ensure findings are shared back clearly and accessibly to the public to foster two-way dialogue and demonstrate how lived experience is shaping tangible change.



This approach influenced wider infrastructure and policy decisions. For example, lived experience interviews across Northampton's parks highlighted how residents use green space to maintain wellbeing. Sharing these insights with Public Health and elected members contributed to reshaping the draft Parks Development Strategy to strengthen its public health focus.

While the University ensured methodological rigour, the Trust retained ownership of the data infrastructure and reporting framework. This informed route prioritisation and accessibility improvements, strengthened funding submissions and ultimately supported over £5 million in wellbeing infrastructure investment.

As a result, Delapré Abbey shifted from being perceived as a cultural venue delivering activities to being recognised as a prevention focused anchor institution with credible, system aligned data and influence.



## Phased Delivery and Evidence Development

### Phase 1: Thriving Communities (2020-2021)

This phase established Delapré Abbey as a credible wellbeing site through gardening, walking, creativity and outdoor connection.

Key achievements included:

- Creating a structured framework for developing social prescribing partnerships.
- Independent evaluation evidencing increased confidence, improved mood, stronger community connection and sustained behaviour change.
- Piloting tools to measure health and wellbeing outcomes, including participant registration, attendance monitoring, pre and post surveys, case studies and media tracking.

Working with an independent evaluator (University of Northampton) allowed us to test and refine which tools generated meaningful insight. We learned when lighter touch monitoring was sufficient and when more structured measurement was required to inform programme and system decisions.

A shared data capture framework was introduced across delivery partners. All partners used the same participant and leader survey tools, ensuring consistency in reporting. Case studies were developed to contextualise quantitative findings, while programme support staff ensured timely and accurate data submission. This phase established the foundations for system-aligned evaluation.

### OUR TOP TIP:

Work at landscape scale: Large green and blue networks adjacent to areas of deprivation offer unique prevention opportunities.



## Phase 2: Cycling and Walking Social Prescription (2021-2023)

This phase scaled delivery and strengthened integration with primary care.

Programmes included inclusive cycling, women's confidence sessions, walking groups and SEND cycling through Delapré Bike Dr.

Outcomes were measured through a mixed methods approach:

- Physical activity changes were assessed through automated footfall counters, route monitoring tools and structured surveys capturing walking and cycling frequency before and after participation.
- Mental wellbeing outcomes were measured using recognised pre and post participation self-report indicators (WEMWBS), alongside qualitative feedback on confidence, motivation, social connection and perceived health improvements.

This phase also strengthened relationships with Primary Care Networks and link workers. Referral reliability was measured through:

- Number and source of referrals from PCN social prescribing link workers
- Repeat referrals from link workers over time
- Progression rates across programmes
- Attendance following referral

Qualitative feedback from link workers assessed confidence in the referral pathway and perceived responsiveness of provision. The shift from informal signposting to structured, repeat referral flows, alongside formal engagement in PCN meetings, demonstrated measurable integration into the local prevention system.

The University also undertook a feasibility study exploring residents' preferences for a cycling and walking social prescription hub. This captured views on programme timing, affordability, navigation, bike hire and park design. Findings directly informed service design and infrastructure priorities, including accessible footpaths.

### OUR TOP TIP:

Embed evaluation from the outset: independent, system aligned evidence accelerates trust and unlocks investment.





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### **Phase 3: Wayfinding and Accessibility Improvements (2023-2024)**

Building on behavioural and referral evidence, this phase tested environmental interventions.

Temporary signage was piloted to assess its impact on route confidence, safety perceptions and accessibility. An intercept survey explored how anxiety about navigating unfamiliar landscapes affects participation.

Findings demonstrated that clearer wayfinding reduced perceived barriers, increased participant independence and reinforced the landscape as a self guided health asset. The pilot generated evidence to justify investment in permanent solutions.

#### **OUR TOP TIP:**

Invest in physical infrastructure: signage, accessible routes, seating and lighting significantly increase confidence and sustained participation.



## Phase 4: Footfall and Path Evaluation (2023-2024)

Continuous monitoring across earlier phases enabled us to establish, for the first time, a baseline understanding of park usage as evidence for Local Authority funding into greenspaces.

Footfall monitoring was undertaken through visual observation and infrared sensors placed on footpaths. This provided daily usage data and became a primary proxy outcome for increased exposure to health and wellbeing benefits.

Through Higher Education Innovation Funding, the University secured access to smartphone GPS data, significantly strengthening the dataset. This allowed us to:

- Identify the most used areas of the park
- Understand visitor flow beyond monitored footpaths
- Analyse approximate home postcodes to assess whether local residents were being reached

This postcode insight was particularly valuable for health partners, who prioritised local population benefit over tourism metrics.

Evidence from footfall data, visitor motivations and perception studies demonstrated that path conditions limited accessibility, particularly in wet weather. This insight supported West Northamptonshire Council in securing funding from Active Travel England to upgrade 1,300 metres of path to a firm all weather surface.

A follow-up evaluation assessed satisfaction with the improved paths, identified further accessibility needs such as seating and path extensions, and informed the design of permanent wayfinding infrastructure.



## Outcomes and Impact

### System Impact

By combining behavioural metrics, referral tracking, lived experience and environmental data, Delapré Abbey and the Active Quarter have become a foundational delivery vehicle within Northamptonshire's Integrated Care System's prevention framework.

- Active Quarter partners are recognised as trusted social prescribing referral destinations by PCNs
- The Active Quarter is now referenced within West Northamptonshire's Parks Development Strategy 2025-2045, West Northamptonshire Estates Strategy 2025-29, West Northamptonshire Council's Active Lives Strategy and Active Travel Strategy, demonstrating how a heritage organisation, when supported by robust data and aligned partnerships, can influence wider public health priorities.
- Data was embedded within funding submissions and Board reports, contributing to over £5 million secured for wellbeing infrastructure.
- Independent evaluation and footfall analysis directly informed:
  - Route prioritisation and infrastructure design
  - Programme mix and accessibility interventions
  - Business cases submitted to Public Health, Active Travel and heritage funders

### Participation and Reach

- 1,500+ participants in walking, cycling, gardening, community arts, SEND cycling and nature-based programmes delivered through Delapré Abbey and the Active Quarter partnership
- Strong engagement from underrepresented groups
- Increased use of active travel routes, particularly cycling confidence and family cycling

Footfall analysis has demonstrated wider landscape impact:

- 1,213,791 visits to Delapré Park between 2022 and 2024
- Year-on-year monthly footfall increase averaging 2.12 percent in 2025
- Average monthly footfall of 33,180
- 9,433 unique visitors in 2025
- 84% of visitors in 2025 living within 0-3 miles of the park, up from 75.1% in 2022

The growth in local usage has been particularly significant for health partners, evidencing that the park is functioning as a community health asset rather than solely a visitor-economy destination.

## Health and Wellbeing Impact

Independent evaluation (Ryan et al., 2023; 2024) using ‘intercept go-along’ interviews demonstrated:

- Increased confidence and motivation to be physically active
- Improved mobility and overall activity levels
- Reduced isolation and stronger social connection
- Improved understanding and use of local green and blue assets
- More consistent engagement in preventative activity

Qualitative feedback reinforces these findings, highlighting the importance of safety, accessibility and cultural belonging within the heritage landscape.

*“Now I feel very fulfilled... I feel I’m helping fill the gap for other people.”*  
– **Participant**

*“Beginners told us how lovely it was to run through the trees... it gives them that safe space away from traffic.”* – **Running Group Leader**

*“The heritage site provided a great context and enabled participants to access a range of services.”* – **Course Leader**

*“It definitely gives me reassurance... it’s a safer path for everyone.”*  
– **Long term condition walk leader**



## Outputs Produced

- Thriving Communities Evaluation Report: <https://pure.northampton.ac.uk/en/publications/evaluation-report-thriving-communities-for-delapre-abbey-preserva/>
- Cycling and Walking Social Prescription Study: <https://pure.northampton.ac.uk/en/publications/evaluation-report-delapre-cycling-and-walking-social-prescription/>
- Wayfinding and Signage Research: <https://activequarter-nn.co.uk/research-update/delapre-walk-project-research-published/>
- Footfall and Path Evaluation: <https://activequarter-nn.co.uk/research-update/evaluation-report-published-for-new-pathways/>
- Using automated active infrared counters to estimate footfall on urban park footpaths, behavioural stability and validity testing: <https://pure.northampton.ac.uk/en/publications/using-automated-active-infrared-counters-to-estimate-footfall-on-/>
- Value of Greenspaces: <https://activequarter-nn.co.uk/research-update/the-significance-of-urban-greenspaces/>
- Active Quarter website: <https://activequarter-nn.co.uk/>
- Research updates - Active Quarter: <https://activequarter-nn.co.uk/research/>

These outputs have strengthened both local system confidence and wider knowledge exchange around heritage led prevention.

## Next Steps and Recommendations

### Future Plans

- The Stables Wellbeing Hub (opening 2026) will integrate physiotherapy, recovery services, green social prescribing, community kitchens and culturally safe community space within a heritage setting.
- Strengthened monitoring and Social Return on Investment modelling in partnership with the University of Northampton.
- Expanded programmes targeting underrepresented communities and areas of deprivation.



## Delapré Abbey's Tips

### 1. Blend funding strands by demonstrating relevance to different policy objectives

Heritage, health, environment and active travel funding each support different aspects of prevention and infrastructure.

### 2. Prioritise culturally safe engagement

Design programmes with communities experiencing the greatest inequalities to avoid widening gaps.

### 3. Nurture cross-sector leadership

Strong partnership governance and shared language are as important as programme delivery.

## Conclusion

By combining nature, heritage, physical activity and cross-sector collaboration, the Active Quarter has redefined what prevention can look like in a place-based, community-driven context. This has been underpinned by independent evaluation, system-aligned data capture and deliberate translation of evidence into policy and investment decisions.

The model demonstrates that prevention is most effective when it is:

- Embedded in everyday places people already value
- Informed by lived experience as well as quantitative data
- Delivered through sustained cross-sector partnership
- Supported by infrastructure that increases confidence and accessibility

Through this approach, Delapré Abbey and the Active Quarter have contributed not only to improved wellbeing outcomes, but to a broader shift in how heritage landscapes are understood within health and care systems.

## References

- Ryan, Hardwicke & Tonkin (2023). Thriving Communities Process Evaluation. University of Northampton.
- Ryan, Tonkin & Hardwicke (2024). Cycling and Walking Social Prescription Evaluation. University of Northampton.
- Ryan & Hardwicke (2024). Walking Route Signage and Wayfinding Study. University of Northampton.
- Ryan, Hardwicke, Tonkin & Benton (2025). Evaluation Report - Connecting the Active Quarter. University of Northampton.

(All reports available via the [University of Northampton PURE research repository](#).)

## Websites

- Active Quarter - <https://activequarter-nn.co.uk>
- Delapré Abbey - <https://delapreabbey.org>
- University of Northampton - <https://www.northampton.ac.uk>