

Active Design

Public Health Advice Note for Planners

Dr Sakthi Karunanithi MBBS MD MPH FFPH,
Director of Public Health, Wellbeing and Communities,
Lancashire County Council

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Introduction

This Public health advisory note covers how local planning authorities can help improve levels of physical activity in Lancashire through introducing the ten Active Design principles into local plans and future developments. It includes a rapid data analysis of physical activity and inactivity levels, alongside analysis of weight levels, the prevalence of active travel across the county, and provides a recommendation for local planning authorities.

Wider determinants

Nearly every aspect of our lives, including our employment, education, social connections, and the physical and natural surroundings within which we live, work and play, has an impact on our health.

These factors are often described as the building blocks, or wider determinants, of our health (see Figure 1).

Public health works to influence the wider determinants of health by informing policies that ultimately affect the lives of Lancashire residents, with a particular emphasis on reducing health inequalities. One way in which we do this is by influencing spatial planning policy.

Spatial planning can help address a range of health issues such as air quality, physical inactivity, social isolation, obesity, and mental health. By taking account of local health issues and considerations, through the provision of local health data and evidence-based public health advice, we work collaboratively with our planning colleagues to support them to plan for healthy environments across Lancashire.



Figure 1: Building Blocks of Health, based on the Health Foundation's How to talk about the building blocks of health toolkit ¹

¹ [Foundations for Wellbeing - Lancashire County Council](#)

Physical activity

Physical activity, as defined by the World Health Organisation (WHO), is any bodily movements produced by skeletal muscles that requires energy expenditure. Physical activity relates to moderate and vigorous intensity movements which occur during leisure time, transport to get to and from places, or as part of a person's work ².

National guidance

Public understanding towards the impacts of regular physical activity and a person's health has grown substantially. In general, we know more time spent being physically active results in greater health benefits, both physically and mentally, with even the slightest increase in physical activity levels contributing towards improved health.

In 2010, the UK set out evidence for how much and the kinds of physical activity different populations (children, adults, older adults) need to do to keep healthy. Since 2010, evidence supporting the numerous health benefits of regular physical activity for all groups has become more compelling. As such, guidance from the Chief Medical Officer (CMO) in the UK was refreshed in 2026 to emphasise the importance of all ages participating in a range of activities ³:

- **Children under five:** Infants (less than 1 year) should where possible be physically active several times every day in a variety of ways (e.g., interactive floor-based activities such as crawling). For infants not yet mobile, this includes at least 30 minutes of 'tummy time' spread throughout the day while awake. Toddlers (1 to 2 years) should spend at least 180 minutes (3 hours) per day in a variety of physical activities at any intensity. Likewise, pre-schoolers (3 to 4 years) should spend at least 180 minutes (3 hours) per day in a variety of physical activities, however different to toddlers, this should include - at least 60 minutes of moderate-to-vigorous intensity physical activities.
- **Children and young people (5 - 18 years):** Children and young people should be aiming for at least 60 minutes of moderate-to-vigorous physical activity per day.
- **Children and young people with a disability:** Children and young people with disabilities should aim to be active daily, trying to be active for at least 20 minutes per day. Activities should be challenging but manageable and focus on strength and balance activities 3 times per week.
- **Adults (19 – 64 years):** Adults should aim to accumulate at least 150 minutes of moderate intensity activities; or 75 minutes of vigorous intensity activities over the course of a week. Muscle strengthening activities should be performed at least two days a week.
- **Older adults (65 years and over):** Older adults should aim to accumulate at least 150 minutes of moderate intensity activities; those who are able can achieve this through 75 minutes of vigorous intensity activities over the course of a week. At least two days a week, older adults should look to maintain or

² [Physical activity \(who.int\)](https://www.who.int)

³ [UK Chief Medical Officers' Physical Activity Guidelines \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

improve their physical function by improving or maintaining muscle strength, balance, and flexibility.

- **Disabled adults:** Disabled adults should aim to be active daily, where possible looking to build up to at least 150 minutes of moderate intensity activity each week. Strength and balance activities should be performed at least two days per week.
- **Pregnant women:** Throughout pregnancy, women are encouraged to aim for at least 150 minutes of moderate intensity activity every week, with muscle strengthening activities twice a week.
- **Women after childbirth - birth to 12 months:** After childbirth women are encouraged to listen to their body and start a gradual reintroduction into physical activity, aiming to achieve at least 150 minutes of moderate, or 75 minutes of intense physical activity. Additionally, women are encouraged to build up to muscle strengthening activities twice a week.

Health benefits

The health benefits of being physically active are well known, both physically and mentally, with active people living healthier, longer, and happier lives. Conversely, physical inactivity is one of the leading risk factors for noncommunicable diseases (NCDs) and other poor health outcomes.

1 in 6 deaths in the UK are believed to be caused by physical inactivity, the same figure as smoking, with people who are insufficiently active having a 20% to 30% increased risk of death compared to those who are active. The cost of physical inactivity to the UK is substantial, costing an estimated £7.4 billion annually (£0.9 billion to the NHS), while current estimates indicating that the UK is 20% less active than in the 1960s, with this figure expected to rise to 35% by 2030 ⁴. As such, reducing the number of inactive children and adults can have significant benefits. Active lifestyles every year prevent 900,000 cases of diabetes, 93,000 cases of dementia, 30 million fewer GP visits, and 375,000 fewer people being diagnosed with depression, helping to reduce absenteeism, and consequently increasing workplace productivity, all contributing to delivering a combined saving of £7.1 billion to the UK economy ⁵.

As highlighted in **figure 2** the health benefits of physical activity are substantial, with regular physical activity having a range of benefits across a person's life course ²:

- **Children and adolescents:** Improved bone health, cognitive outcomes, mental health, reduced body fat, improved physical fitness and cardiometabolic health;
- **Adults and older adults:** Reduced risk of cardiovascular disease mortality, incident hypertension, incident type-2 diabetes, falls and improved mental health, reduced risk of all-cause mortality, cognitive health, sleep and measure of body fat;

⁴ [Physical activity: applying All Our Health - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/physical-activity-applying-all-our-health)

⁵ [Get Active: a strategy for the future of sport and physical activity - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/get-active-a-strategy-for-the-future-of-sport-and-physical-activity)

- **Pregnant and post-partum women:** Reduced risk of delivery complication, postpartum depression and newborn complications, decreased risk of pre-eclampsia, gestational diabetes, excessive gestational weight gain, gestational hypertension. Despite concerns, physical activity has no adverse effects on birthweight or increased risk of stillbirth.

There is also a growing body of evidence documenting the beneficial impacts of physical activity on mental health. Physical activity is strongly recommended for the prevention and treatment of several NCDs (e.g., mental illness) ⁶. Numerous psychological effects of physical activity have been found, including ⁷:

- Improved self-esteem and confidence
- Enhanced cognitive function
- Reduced stress tendencies, which can aggravate mental and physical diseases
- Improved quality of life
- Reduced symptoms of anxiety and depression, for children and adults
- Decreased pain sensitivity

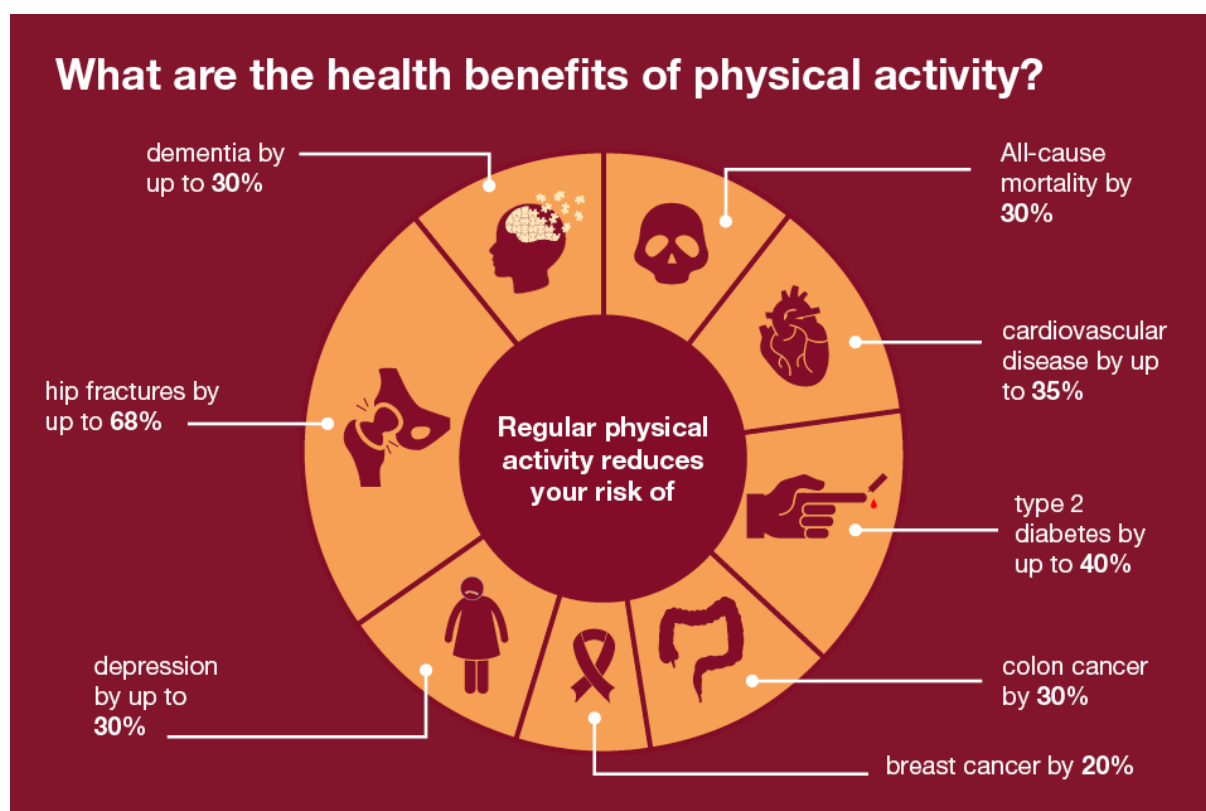


Figure 2: The health benefits of physical activity ⁴

⁶ Biddle, S., (2016). Physical activity and mental health: evidence is growing. *World Psychiatry*, **15**(2), pp.176–177.

⁷ Mahindru, A., Patil, P. and Agrawal, V., (2023). Role of physical activity on mental health and well-being: a review. *Cureus*, **15**(1), e33475.

The Department of Health and Social Care often describe physical inactivity as a "silent killer", with technological advancement in the world making lives easier and accordingly impacting physical activity levels. People's lives are increasingly becoming sedentary, a behaviour defined as any period of low-energy expenditure while awake such as sitting, reclining, or lying. People are increasingly now more likely to travel via car or public transport, entertain ourselves in front of screens, less likely to do manual work, while gradually less jobs involve physical exertion and our work, household chores and other activities are far less demanding than previous generations ⁸.

Obesity

Obesity is a global and complex public health concern which has seen a substantial rise in prevalence over recent decades ⁹. Including obesity as a criterion in the assessment of physical activity levels is important, as it provides insight into the relationship between excess body weight and physical inactivity, and how these factors collectively contribute to increased health risks and poorer health outcomes. Obesity often reflects long term imbalances in energy expenditure and can indicate populations where physical activity levels are insufficient to support healthy weight maintenance ¹⁰.

The rates of obesity and physical inactivity differ significantly across socioeconomic and ethnic groups, contributing to widening health inequalities. These issues can also lead to negative social consequences, including discrimination, social exclusion and reduced earning potential ¹¹.

In Lancashire, there is a significant public health issue relating to overweight and obesity (Figure 3) ¹², with around two-thirds (68.6%) of Lancashire adults above a healthy weight. Of these 29% are classed as living with obesity based on data from 2024/25. Adult obesity in Lancashire is significantly worse than the England average of 26.6%, and among its 15 nearest statistical neighbours (NHS England), Lancashire ranks 2nd, behind Staffordshire.

In Lancashire children, (Figure 3) 25.7% of Reception children were above a healthy weight (11% classed with obesity), and 36.6% of Year 6 children were above a healthy weight (22.2% classed with obesity). Obesity prevalence in Reception children in Lancashire is statistically similar to the England average of 10.5%, and 4th among its 15 nearest statistical neighbours. For Year 6 children, obesity prevalence is statistically similar to the England average of 22.2%, and 3rd among Lancashire's statistical neighbours.

⁸ [Benefits of exercise - NHS \(www.nhs.uk\)](https://www.nhs.uk)

⁹ Hancock, C., (2021). Patterns and trends in excess weight among adults in England. *UK Health Security Agency Blog*, 4 March. Available at: <https://ukhsa.blog.gov.uk/2021/03/04/patterns-and-trends-in-excess-weight-among-adults-in-england/> (Accessed: 31 July 2024).

¹⁰ [The role of physical activity and exercise on obesity | World Obesity Federation](https://www.wofed.org/)

¹¹ L. Raiman, R. Amarnani, M. Abdur-Rahman, A. Marshall and S. Mani-Babu, " The role of physical activity in obesity: let's actively manage obesity" *Clinical Medicine*, vol 23, no 4, pp 311-317, 2023.

¹² [Department of Health and Social Care. Obesity, physical activity and nutrition – Data | Fingertips.](https://www.gov.uk/government/statistics/obesity-physical-activity-and-nutrition-data) Accessed 15th Nov 2025.

Although some of Lancashire's obesity levels are statistically similar to, or lower than, the England average, it remains a significant public health concern. These figures are high in absolute terms, regardless of national trends, and reflect the significance of obesity-related health risks.

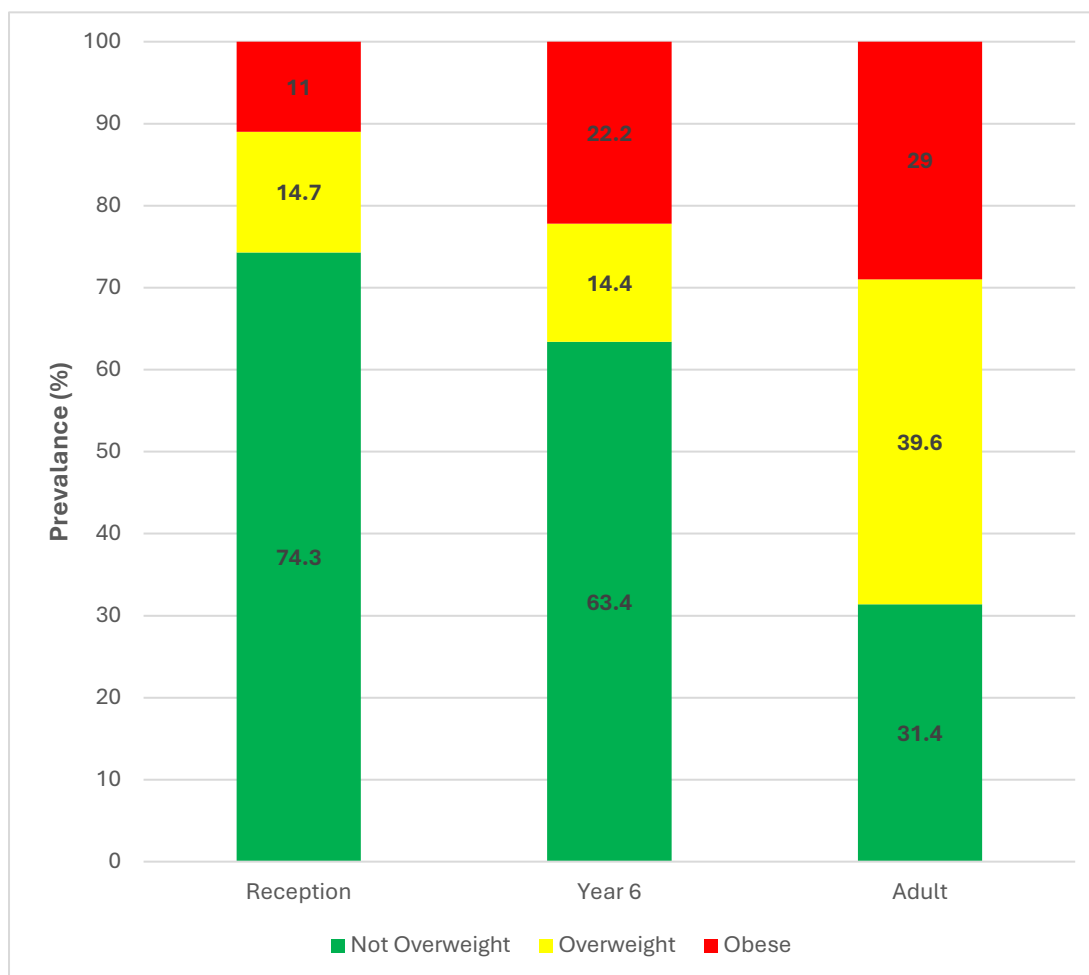


Figure 3. The proportion of adults and children (Reception and Year 6) in Lancashire that are classified as overweight (orange), with obesity (red), or neither (green) based on 2024/25 data. Source: [Obesity, physical activity and nutrition - Data | Fingertips | Department of Health and Social Care](#).

Lancashire districts

As noted above, adult obesity in Lancashire is statistically worse than the England average. District level data shows notable differences in adult obesity prevalence rates across Lancashire. Figure 4 shows that in 2024/25 Wyre (37.5%), Burnley (34.8%), Hyndburn (33.3%), and Lancashire overall (29.0%), had significantly higher prevalence rates than the England average (26.6%). All remaining districts have an obesity prevalence similar to the England average.

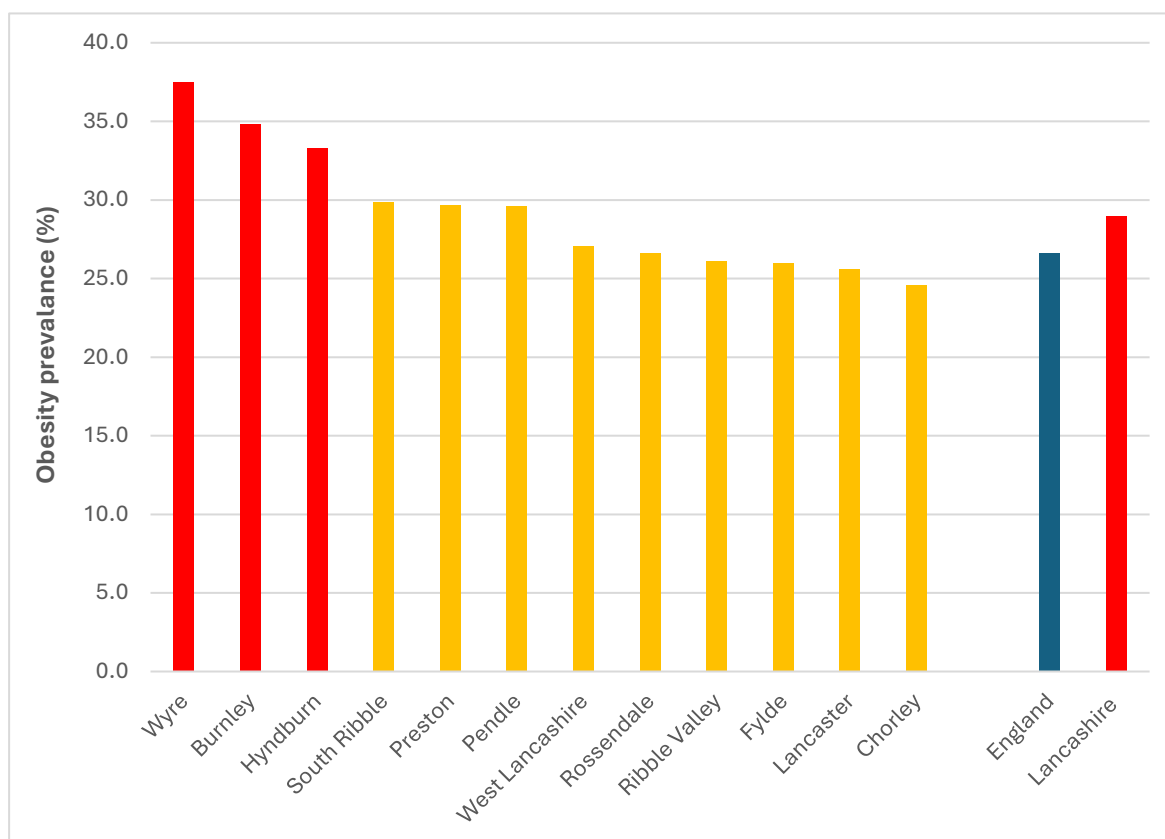


Figure 4. Adult obesity prevalence in the twelve Lancashire districts, Lancashire and England (2024/25). Red indicates statistically worse, orange similar, and green significantly better than the England average. Source: [Obesity, physical activity and nutrition - Data | Fingertips | Department of Health and Social Care](#).

The prevalence of obesity among reception-aged children (4–5 years) in Lancashire is 11.0%, which is similar to the England average of 10.5%. However, there is notable variation at district level. Prevalence rates are significantly higher than the national average in Burnley (13.7%) and West Lancashire (12.6%), while Ribble Valley (7.2%) has a significantly lower prevalence. Rates in all other Lancashire districts are not significantly different from the England average (Figure 5).

District-level data also highlights variation in obesity prevalence among Year 6 children across Lancashire (Figure 5). Overall, the prevalence of obesity in Lancashire (22.2%) is in line with the England average (22.2%). However, rates are significantly higher than the national average in Pendle (27.2%), Rossendale (26.0%), and Burnley (25.3%). In contrast, Fylde (18.9%), Wyre (17.0%), and Ribble Valley (16.4%) have significantly lower obesity prevalence rates than England. The remaining six Lancashire districts report rates that are not significantly different from the national average.

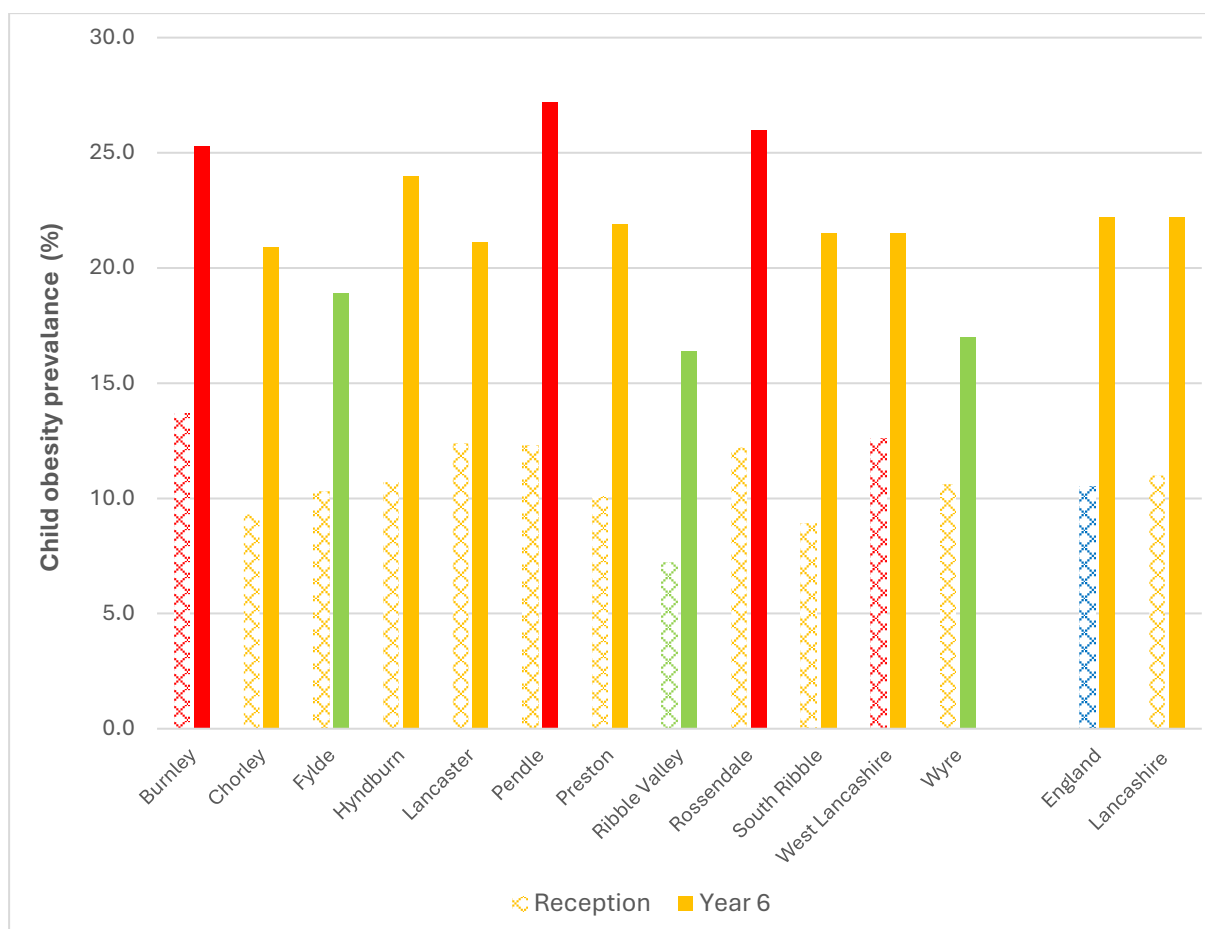


Figure 5. Child obesity prevalence for the twelve Lancashire districts, Lancashire and England (2024/25). Red indicates statistically worse, orange similar, and green significantly better than the England average Source: [Obesity, physical activity and nutrition - Data | Fingertips | Department of Health and Social Care](#).

Physical activity and inactivity levels across Lancashire

To understand physical activity levels across England, Sport England collects data on the engagement in, and attitudes to sport and physical activity through their Active Lives Survey. There are currently two nationally commissioned surveys, the Active Lives Adults, and the Active Lives Children and Young People survey. Both surveys give a unique and comprehensive view of physical activity across England.

Since the introduction of the Active Lives Survey in 2015/16, levels of reported physical activity across England have shown a gradual increase, despite a temporary decline during the COVID-19 pandemic. The latest data (2024/25) indicates that 68% of adults (aged 19+) meet the Chief Medical Officers' (CMO) recommendation of at least 150 minutes of moderate physical activity per week (Figure 6).

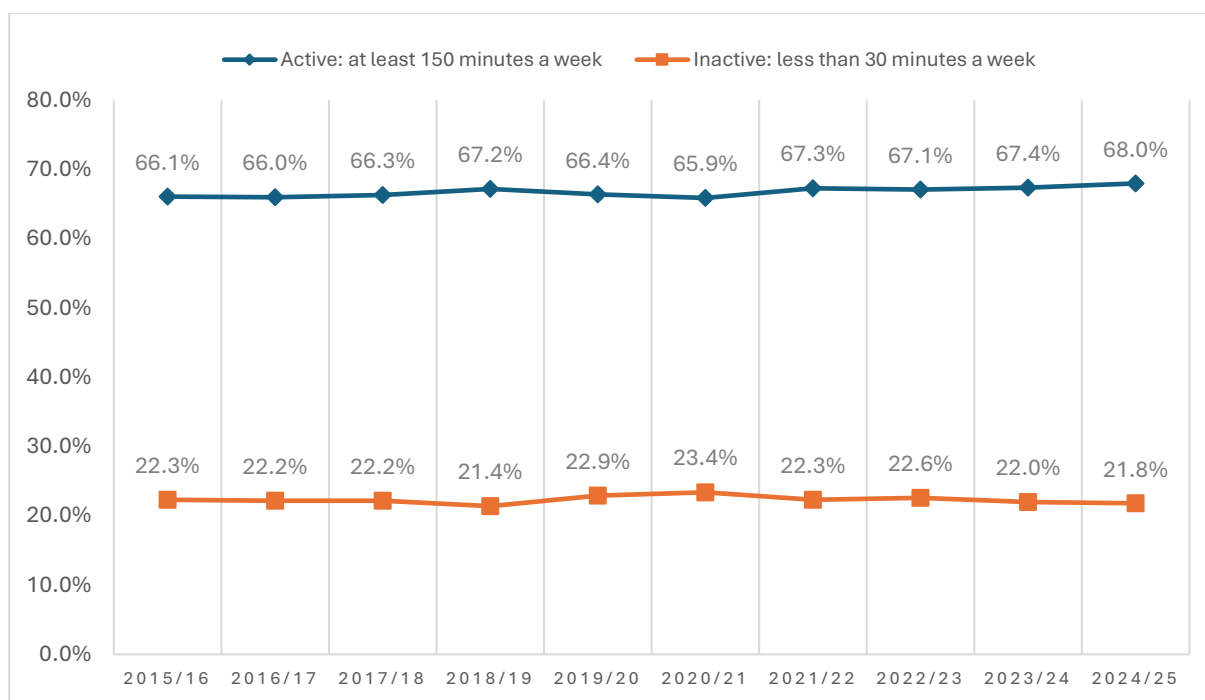


Figure 6. Levels of Activity adults (19+ yrs) (Inactive: less than 30 minutes a week and Active: at least 150 minutes a week) in England (2015 – 2025). Source: [Active Lives | Home](#).

Using the latest data from the Active Lives Survey 2024/25, at a more local level we can begin to explore the difference in physical activity levels between districts within Lancashire-12. By first exploring the percentage of adults achieving good levels of physical activity rates (minimum of 150 minutes) figure 7 shows Ribble Valley (79.1%), and Rossendale (75.0%) have significantly higher rates than the national average (67.4%), while Wyre (62.4%), Burnley (62.1%), Preston (61.9%), Pendle (61.5%), and Hyndburn (60.8%) have rates significantly lower than the national average. All remaining districts in Lancashire-12 have rates which are similar to national average.

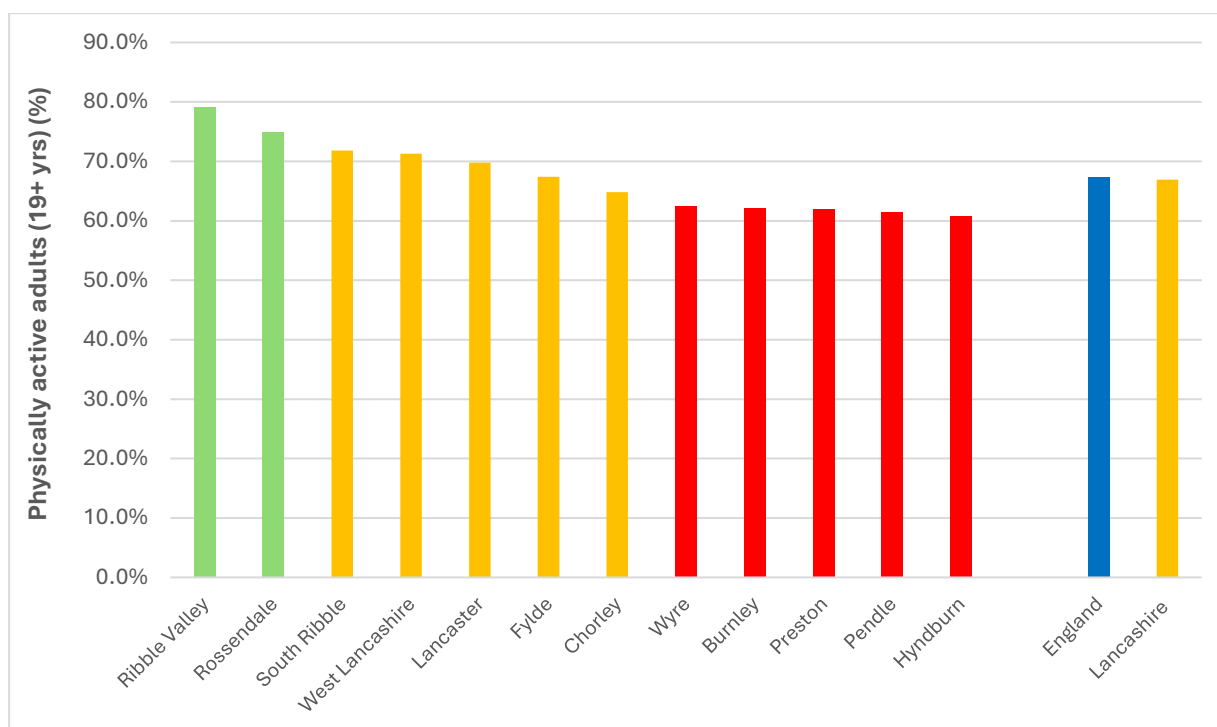


Figure 7. Percentage of physically active adults (19+ yrs) for the twelve Lancashire districts, Lancashire and England (2024/25). Red indicates statistically worse, orange similar, and green significantly higher than the England average Source: [Obesity, physical activity and nutrition - Data | Fingertips | Department of Health and Social Care](#).

Figure 8 presents a scatter plot for Lancashire illustrating the relationship between average Index of Multiple Deprivation (IMD) score (2025) and adult physical inactivity prevalence. The R^2 value of 0.4755 indicates a moderate correlation between physical inactivity levels among adults in Lancashire and deprivation. This relationship is consistent with existing evidence, which demonstrates that individuals living in more deprived areas are less likely to be physically active compared with those in more affluent areas ¹³.

¹³ Ellis, E, *et al.*, (2007). Physical activity and health: evidence from a study of deprived communities in England. *Journal of Public Health*, **29**(1), pp. 27-34.

¹³ [The role of physical activity and exercise on obesity | World Obesity Federation](#)

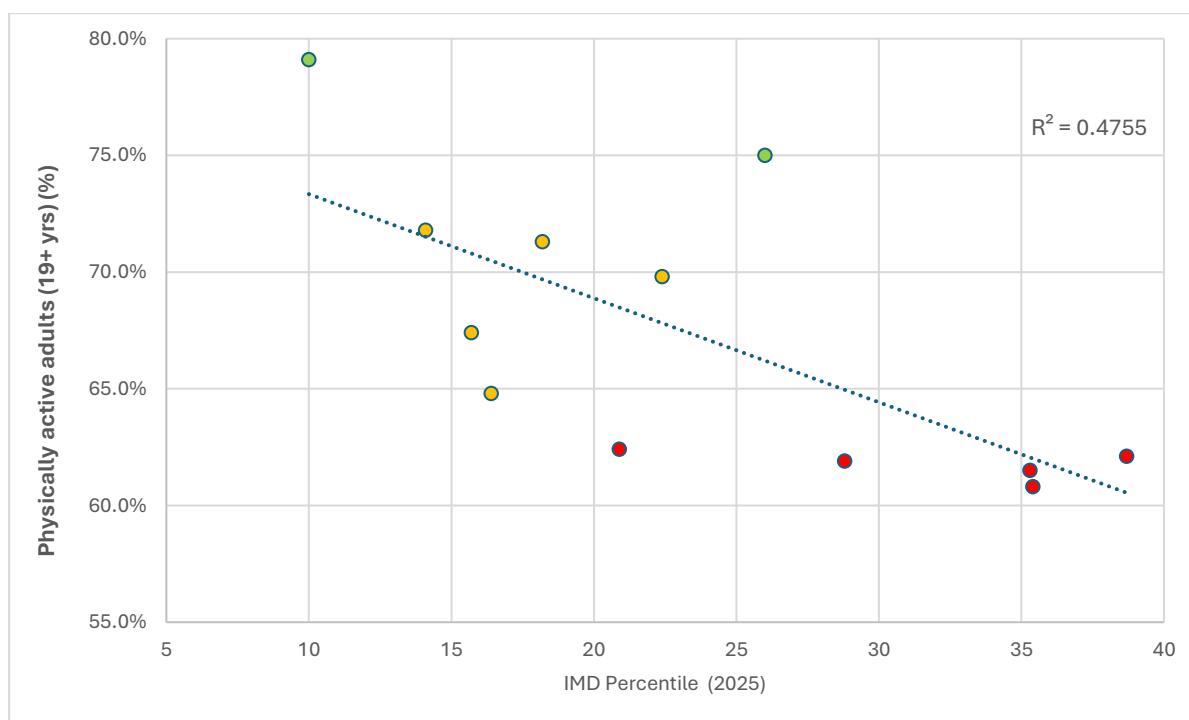


Figure 8: Percentage of adults who are physically active (minimum of 150 minutes) (2024/25) and IMD average score (2025) – Lancashire.

Analysis of physical inactivity across Lancashire (Figure 9) shows that several districts report rates above the national average (21.8%). In particular, Pendle (30.0%), Preston (29.3%), Hyndburn (27.9%), and Burnley (27.6%) all have significantly higher levels of physical inactivity. In contrast, South Ribble (16.9%), Rossendale (16.6%), and Ribble Valley (16.1%) have significantly lower rates of physical inactivity when compared with the national average.

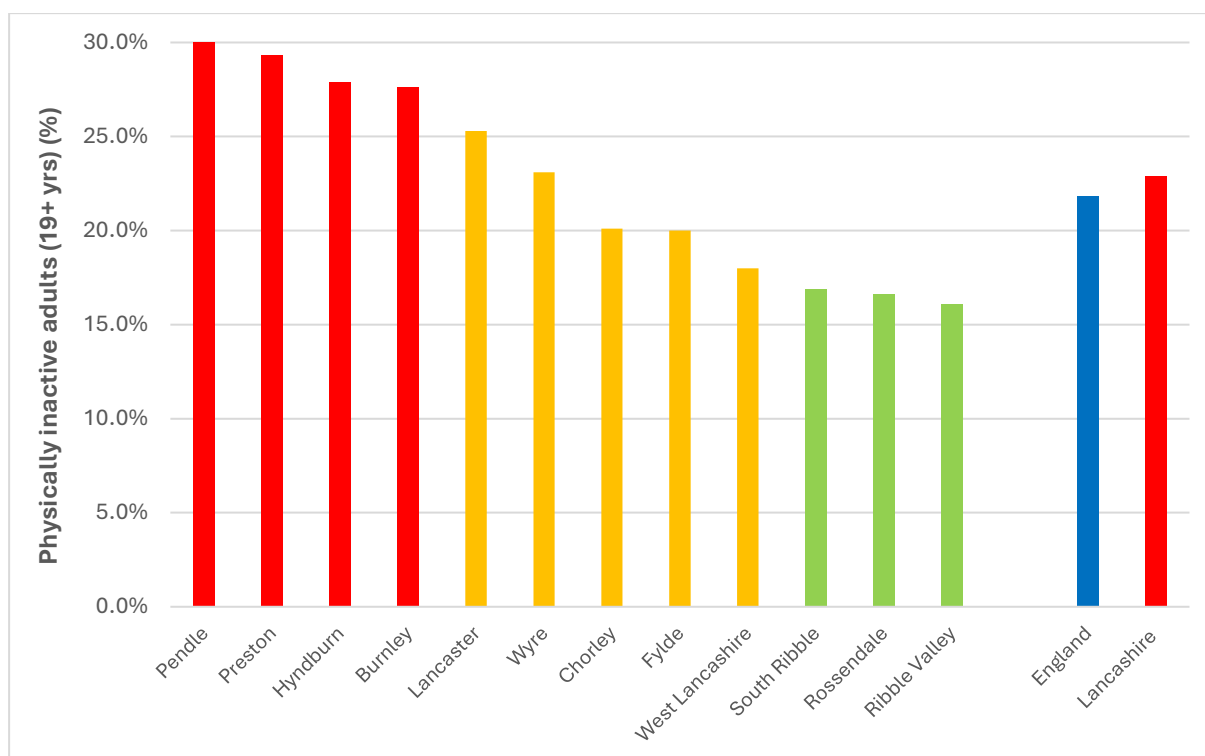


Figure 9. Percentage of physically inactive adults (19+ yrs) for the twelve Lancashire districts, Lancashire and England (2024/25). Red indicates statistically worse, orange similar, and green significantly higher than the England average Source: [Obesity, physical activity and nutrition - Data | Fingertips | Department of Health and Social Care](#).

Figure 10 presents a scatter plot for Lancashire illustrating the relationship between average Index of Multiple Deprivation (IMD) score (2025) and the prevalence of adult physical inactivity. An R^2 value of 0.6771 indicates a moderate correlation between higher levels of deprivation and increased physical inactivity across the county. Notably, this relationship is stronger than that observed between IMD and physical activity rates ($R^2 = 0.4755$), suggesting that deprivation may exert a more pronounced influence on physical inactivity than on levels of participation in physical activity itself.

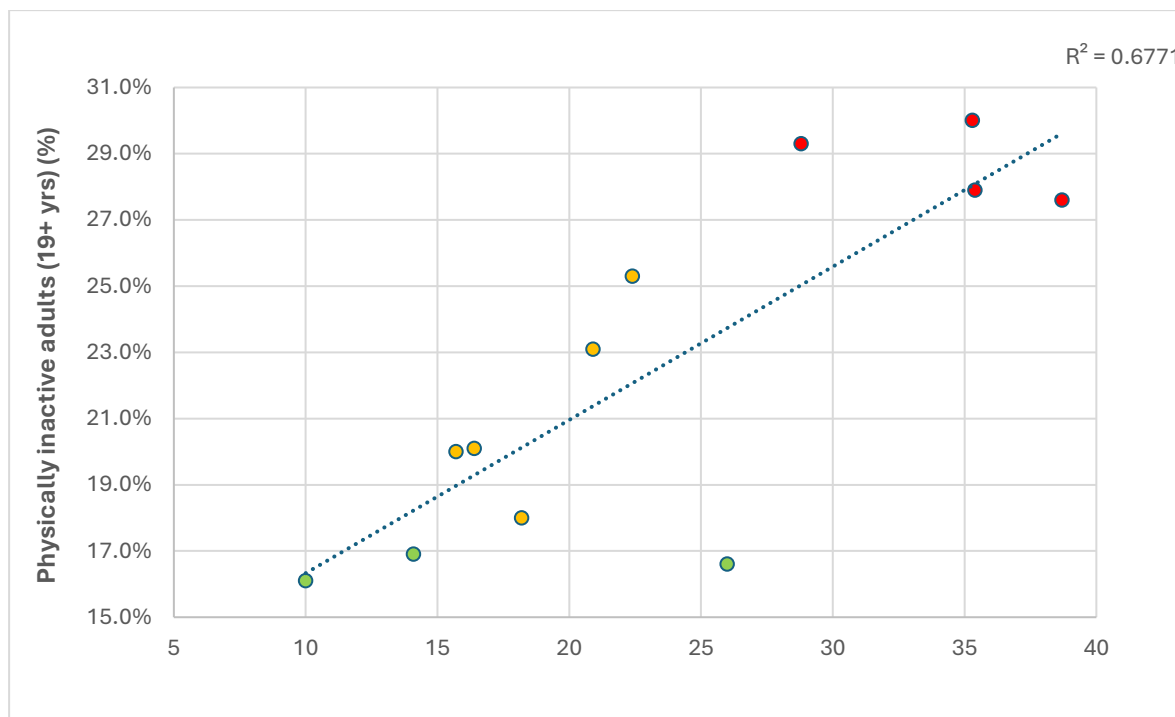


Figure 10: Percentage of adults who are physically inactive (less than 30 minutes) and IMD average score (2025)– Lancashire.

It is important to not only focus upon physical activity rates of adults but also upon children and young people, as studies have shown that physical activity rates decline from adolescence to young adulthood and further in adulthood ¹⁴, with early participation in sports and physical activity being associated with greater levels of physical activity in adulthood, particularly high intensity ¹⁵.

Nationally, activity levels among children and young people have shown long-term growth, similar to trends observed in adults (figure 11). However, naturally there were dips in activity levels during 2019-20 and 2020-21, coinciding with national restrictions imposed during the COVID-19 pandemic. The proportion of children and young people being active for at least 60 minutes per day from 2017/18 academic year (43.3%) to the 2024/25 academic year (49.1%) has increased by 5.8%. Conversely, the proportion of less active children and young people has fallen from 32.9% in 2017/18 to 28.4% in 2024/25, a decrease of 4.5 percentage points.

¹⁴ Aira, T. *et al.*, (2021). Physical activity from adolescence to young adulthood: patterns of change, and their associations with activity domains and sedentary time. *International Journal of Behavioral Nutrition and Physical Activity*, **18**, Article 85.

¹⁵ Silva, G. *et al.*, (2022). Can sports practice in childhood and adolescence be associated with higher intensities of physical activity in adult life? A retrospective study in community-dwelling adults. *International Journal of Environmental Research and Public Health*, **19**(22), Article 14753.

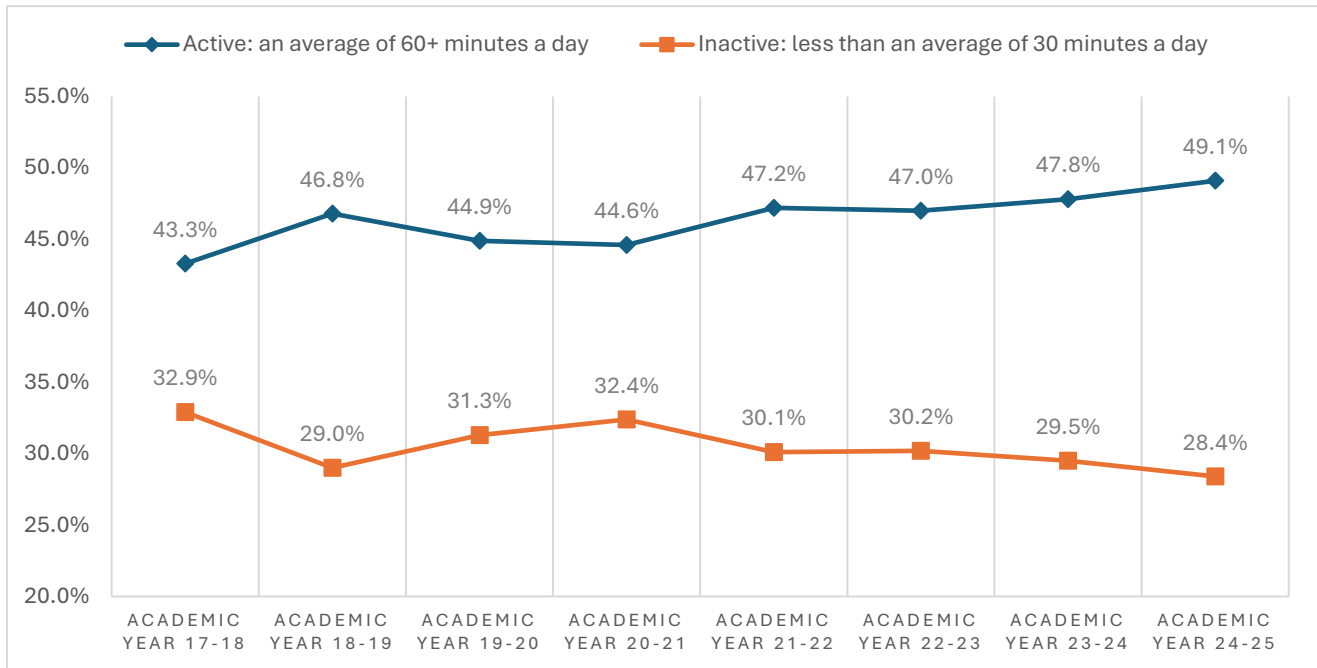


Figure 11: Activity levels of Children (2017/18 – 2024/25) - England. Source: [Active Lives | Home](#)

Unlike physical activity levels for adults across Lancashire where we see variation across the 12 districts, Figure 12 shows that ten of the districts in Lancashire have physical activity rates (an average of at least 60 minutes moderate to vigorous intensity activity per day across the week) which are similar to the national average (49.1%), with only South Ribble having significantly higher rates of physically active children and young people (60.4%), and Pendle are the only district to have significantly lower rates of physically active children and young people (40.9%).

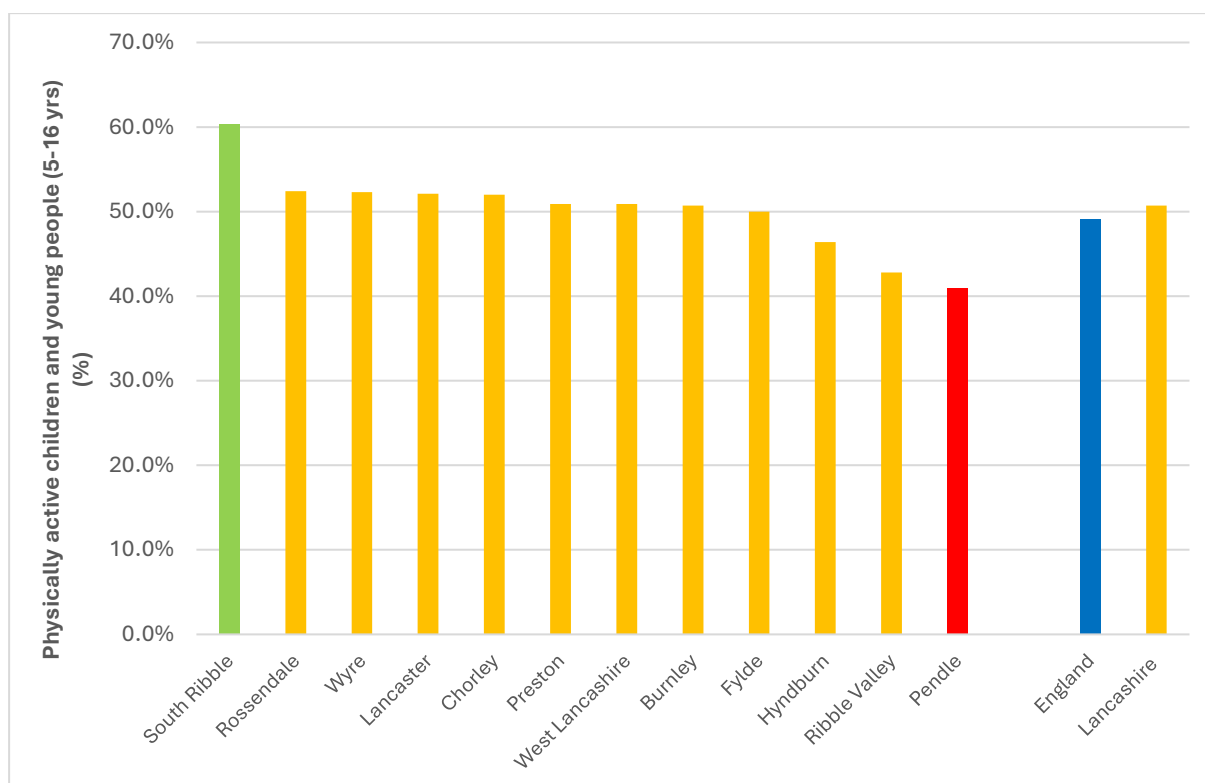


Figure 12. Percentage of physically active children and young people (5 -16 yrs) for the twelve Lancashire districts, Lancashire and England (2024/25). Red indicates statistically worse, orange similar, and green significantly better than the England average Source: [Obesity, physical activity and nutrition - Data | Fingertips | Department of Health and Social Care](#).

When we explore the prevalence of less active (less than 30 minutes of moderate to vigorous intensity activity a day) children and young people across Lancashire, we can see that many of the districts have rates similar to the national average (28.4%). Only, Lancaster (23.3%) and South Ribble (21.7%) have significantly higher rates (less inactive children and young people) than national prevalence rates (28.4%) (Figure 13).

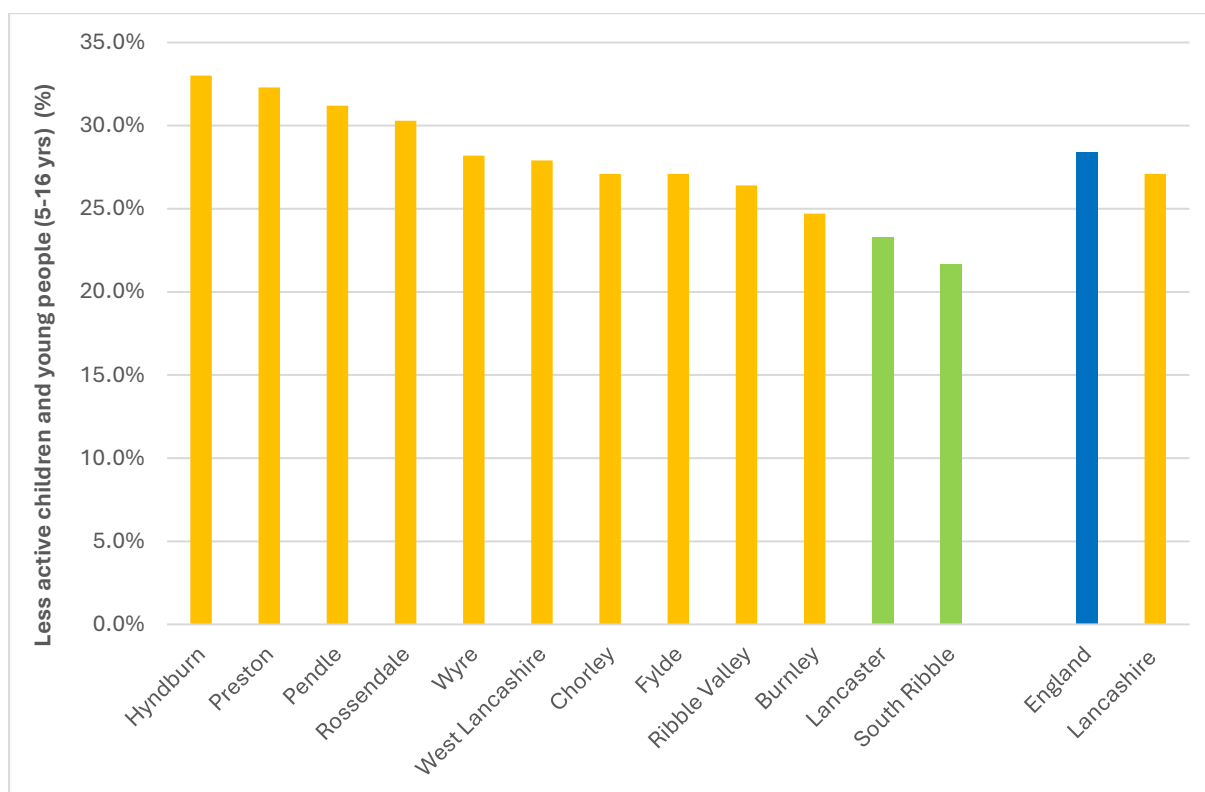


Figure 13. Percentage of less active children and young people (5 -16 yrs) for the twelve Lancashire districts, Lancashire and England (2024/25). **Red** indicates statistically worse, **orange** similar, and **green** significantly lower than the England average Source: [Obesity, physical activity and nutrition - Data | Fingertips | Department of Health and Social Care](#).

When comparing levels of physical activity and physical inactivity among children and young people in Lancashire against deprivation, the local picture differs from national trends reported through the Active Lives Survey. Nationally, children and young people from the least affluent families are less likely to be physically active, with only 45% meeting the CMO's physical activity guidelines, compared with 58% of those from the most affluent families ¹⁶. However, data at a Lancashire level present a more complex and less consistent relationship between deprivation and participation.

While three of the five least active districts, Pendle, Preston, and Burnley, are among the most highly deprived areas in Lancashire, this pattern is not uniformly observed across the county. Notably, Hyndburn, despite being classified as the county's second most deprived district, reports comparatively similar levels of physical activity among children and young people to national figures. Conversely, less deprived areas such as Ribble Valley and West Lancashire, which might be expected to demonstrate higher participation levels in line with national Active Lives trends, show similar levels of physical activity with other districts across Lancashire.

Taken together, this indicates that patterns of physical activity in children and young people are likely influenced by a broader and more complex range of factors beyond

¹⁶ [Active Lives Children and Young People Survey - Academic year 2024-25](#)

deprivation alone, including school environments, access to facilities, family circumstances, and local opportunities. This interpretation aligns with academic research, which highlight considerable variability in the relationship between socioeconomic context and physical activity behaviours among younger populations¹⁷.

Active travel

Active travel refers to travelling and getting about in a way which makes you physically active. It includes a range of different activities, such as walking and cycling. Encouraging active travel has become a public health priority in recent years, given the numerous benefits physical activity has upon a person's health.

Active Travel England (ATE) is the government's executive agency responsible for promoting walking, wheeling, and cycling to be the preferred choice of transport across England. Established in 2022, they work alongside local authorities and other partners, in delivering the government's mission to make walking, wheeling and cycling a safe and attractive choice for everyday trips.

The objective of ATE is to have 50% of all trips to England's towns and cities to be walked, wheeled, or cycled by 2030. This will be achieved by working alongside local councils to¹⁸:

- Give an alternative option to driving by providing new, protected routes and junctions, alongside quieter roads, and neighbourhoods.
- Ensure £3.2 billion of government investment on active travel delivers to new high national standards putting active travel at the hearts of towns and cities.
- Embed active travel into 1,000 major new developments, reducing local congestion.
- Provide tools to deliver active travel programmes, while training local officers and councillors on active travel delivery best practice.
- Develop new solutions and guidance on safe infrastructure based on solid insight and evidence to reduce the risk of near-misses and collisions.

A 2019 evidence review conducted by Sustrans demonstrated robust evidence indicating that the implementation of active travel principles within a given area significantly increases the number of individuals engaging in walking, cycling, and other forms of physical activity. This effect is particularly pronounced in town or citywide initiatives¹⁹.

Findings from The National Travel Survey 2024, a household survey used by the government to develop transport policy through analysis of patterns and trends of residents in England traveling within Great Britain was able to show the modes of transports used for journey lengths (Figure 14)²⁰.

¹⁷ Pearson, N. *et al.*, (2022). Associations between socioeconomic position and young people's physical activity and sedentary behaviour in the UK: a scoping review. *BMJ Open*, **12**, e051736.

¹⁸ [About us - Active Travel England - GOV.UK \(www.gov.uk\)](https://www.gov.uk/about-us)

¹⁹ [Active Travel & Physical Activity: Evidence Review](#)

²⁰ [NTS 2024: Introduction and main findings - GOV.UK](#)

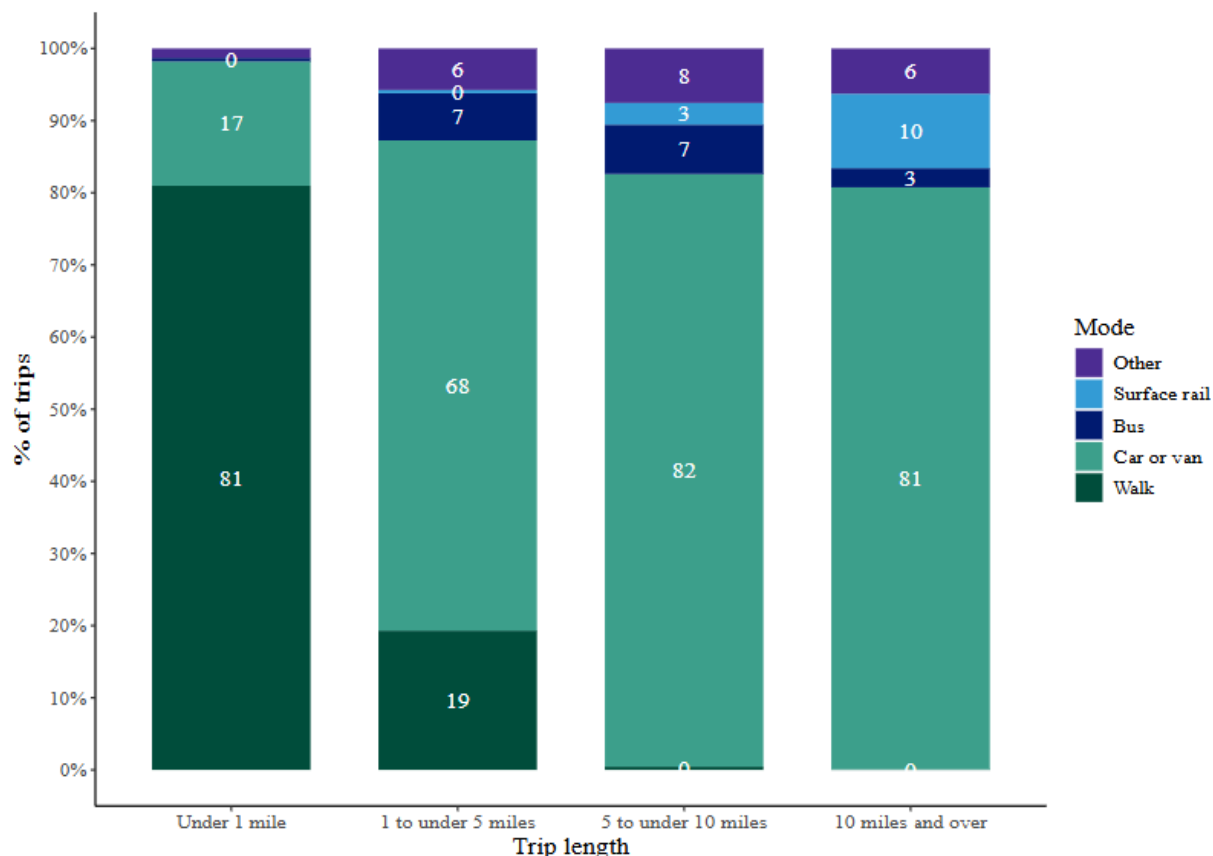


Figure 14: Mode share of trips by main mode for different trip lengths: England, 2024

In England, most trips were found to be relatively short, with 25% of trips being under 1 mile and 80% under 5 miles. Walking was the most frequent mode of transport recorded for short trips. For trips under 1 mile walking is the most utilised mode of transport with 81% of journeys being done this way. Nearly all walks recorded in the survey were under 5 miles. However, for all other distances above 5 miles, cars remain the predominant mode of travel.

At a Lancashire level we can use data for the Active Lives Survey 2024/25 to understand the rates of active travel within the county, using definitions provided by Sport England:

- Active Travel: Walking or cycling to work or to the shops
- Walking for travel: Walking around shops is excluded
- Cycling for travel: Cycling for travel (including community)

At a national level (figure 15), the most recent data (2024/25) indicates that 33.8% of the population in England participates in active travel, compared with 35.8% in 2015/16, demonstrating an overall decline in prevalence over time. Similar downward trends are observed for individual modes of travel, with walking for travel decreasing from 31.6% to 30.5%, and cycling for travel falling from 7.2% to 6.0% over the reporting period. An international literature review commissioned by UK government

found that the Covid-19 pandemic triggered substantial shift in travel behaviour, with increased preferences towards private modes of transportation, and remote working being some of the central reasons as to why we may be seeing falling rates of active travel ²¹.

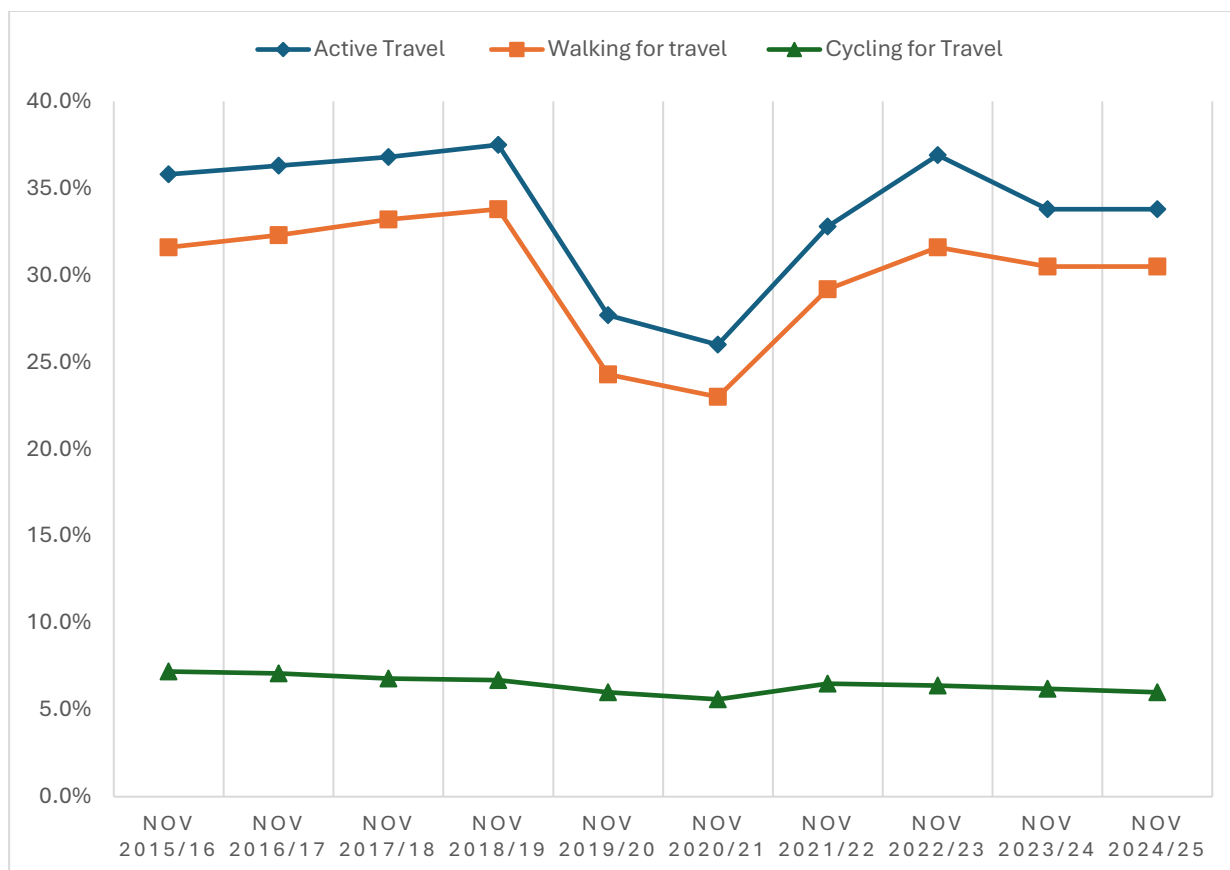


Figure 15: Active Travel participation in the last 28 days (at least twice) by Activity – England, November 2015-2024

Figure 16 illustrates trends in active travel participation in the last 28 days across Lancashire over a ten-year period. Like national rates, participation declined during the COVID-19 pandemic, particularly between November 2019 and 2021, reflecting the impact of national lockdowns, restrictions on movement, and longstanding implications of the pandemic.

While rates have shown some recovery since this period, compared with pre-pandemic levels, there have been overall decreases in walking for travel (–2.1%), cycling for travel (–2.8%), and active travel overall (–4.2%) over a ten-year period in Lancashire.

²¹ [Long-term implications of COVID-19 on travel behaviour and traffic forecasting – an international literature review](#)

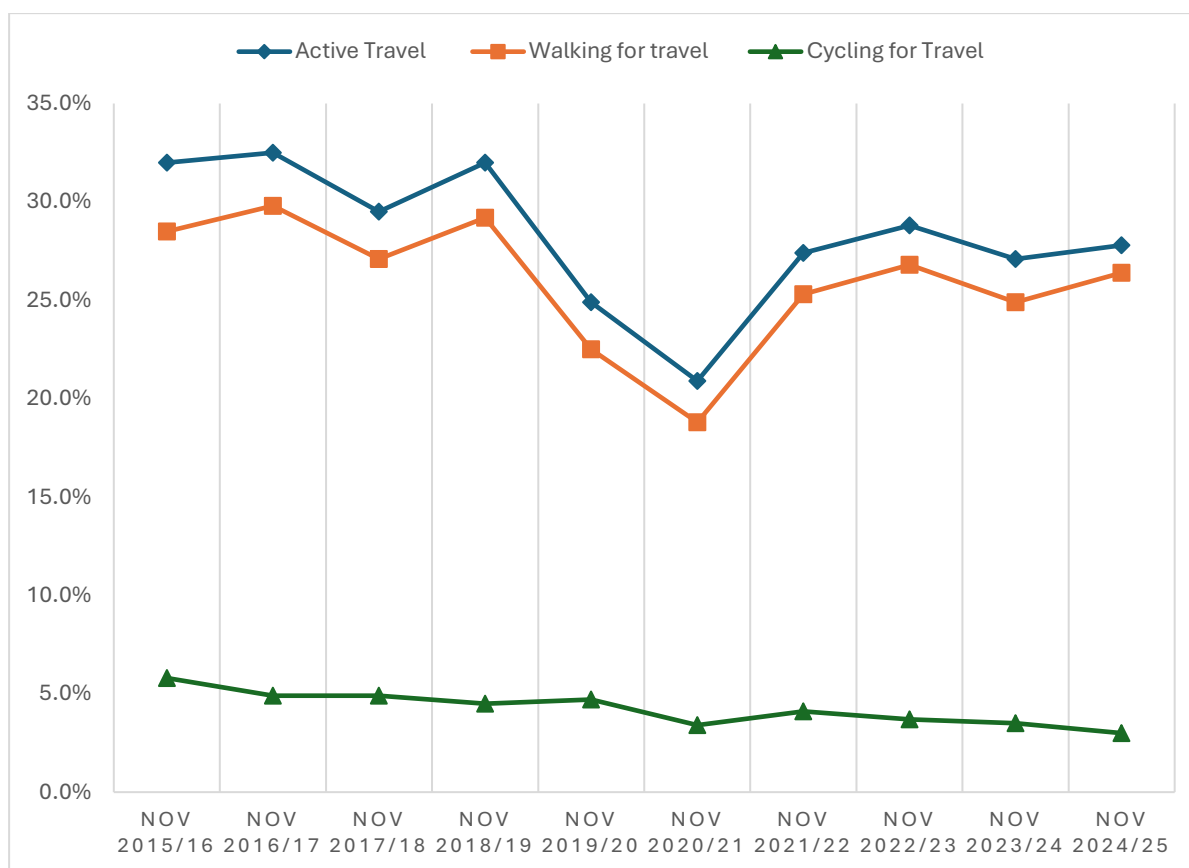


Figure 16: Active Travel participation in the last 28 days (at least twice) by Activity – Lancashire, November 2015-2025

When comparing Active Travel levels in Lancashire compared to England, we see that participation levels across all three measured ways of travel is lower within the county than the national average within England.

Planning and health

National Planning Policy Framework

The National Planning Policy Framework (NPPF) sets out the government's planning policies for England and provides guidance for local authorities in preparing development plans and making planning decisions.

The NPPF outlines the role that the planning system has in promoting the health and wellbeing of communities. Chapter 16, *Promoting healthy communities*, states that planning policies and decisions should aim to achieve healthy, inclusive and safe places that enable and support healthy lifestyles, especially where this would address identified local health and wellbeing needs.

The NPPF recognises that opportunities for physical activity through walking, cycling, informal recreation and sport are a fundamental component of healthy communities. It also places importance on the provision of open space, sport and recreational facilities, and the creation of environments that support social interaction.

HC1: Planning for healthy communities

1. To promote the creation of healthy and inclusive places, and the provision, retention and enhancement of appropriate community facilities and public service infrastructure, development plans should, at the most appropriate level:

- a. Be informed by an understanding of any existing deficits in the availability of community facilities and public service infrastructure, and additional requirements expected over the plan period, arising from proposed development and wider changes in the local population and public service provision. In doing so, they should take into account both quantitative and qualitative aspects of provision, identified local health needs and opportunities to reduce inequalities through the availability of facilities;
- b. Set out the facilities and contributions expected from development, including as part of allocations for major development involving the provision of housing;
- c. Allocate land specifically for community facilities and public service infrastructure where it is appropriate to do so, and assess whether any land is suitable for designation as Local Green Space in accordance with policy HC2;
- d. Set local standards for the provision of different types of recreational land and facilities, including for play, sport, informal recreation and allotments. In doing so plans should draw upon relevant national standards and best practice, tailoring these as necessary to local circumstances and evidence. Policies for play and informal recreation should aim to secure a connected network of high quality, inclusive and accessible opportunities as part of the wider network of green space provision, secured through both on-site provision in conjunction with land allocated for development and through other contributions and investment; and
- e. Identify wider opportunities to promote good health, prevent ill-health, reduce health inequalities and support social interaction through their spatial strategy and land allocations, including through policies for strengthening town centres, locating development where it will support walking, wheeling and cycling and promoting mixed use developments.

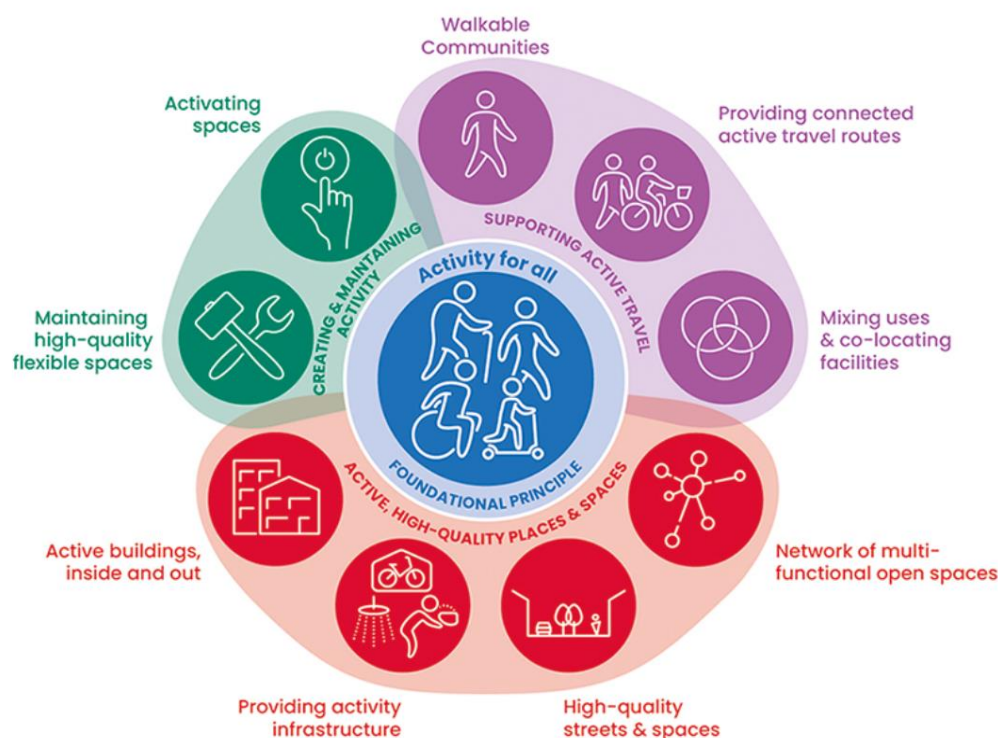
Active Design

Active Design – Creating Active Environments Through Planning and Design (Active Design) has been developed by Sport England, supported by ATE and the Office for Health Improvement and Disparities (OHID), to set out how the design of environments can help create places and spaces which encourage people to move more, helping to lead a more physically active and healthier lives ²².

Active Design focuses upon creating active environments for all, by providing spaces and places for people to be active. These are not solely focused upon delivering opportunities for sport and formal exercise. They seek to encourage all physical activity, active travel, children play, outdoor leisure and anything that maximise opportunities for physical activity.

Active Design outlines ten key defined principles, with detailed definitions of each. The principles and their reasoning are as follows:

Figure 17: Active Design Infographic



1. Activity for all

All environments should support physical activity equitably across all ages, ethnicities, genders, and abilities, enabling everyone to be active and build long-term active habits and behaviours. This is essential for the delivery of all the principles of Active Design and is its foundational principle.

2. Walkable communities

²² [Active Design Guidance](#)

Facilities for daily essentials and recreation should be within easy reach of each other by active travel means, making it more likely that people will make the journey by using active travel modes (defined in Theme 1). Good active travel connections should be provided to extend the range of services that are accessible while remaining physically active.

3. Providing connected active travel routes

Encourage active travel for all ages and abilities by creating a continuous network of routes connecting places safely and directly. Networks should be easy to use, supported by signage and landmarks to help people find their way.

4. Mixing uses and co-locating facilities

People are more likely to combine trips and use active travel to get to destinations with multiple reasons to visit. Places with more variety, higher densities, and a mix of uses also reduce the perception of distance when travelling through spaces. They also generate the critical mass of travel demand to better support public transport services.

5. Network of Multifunctional Open Spaces

Accessible and high-quality open space should be promoted across cities, towns and villages to provide opportunities for sport and physical activity, as well as active travel connections and natural or civic space for people to congregate in and enjoy. Providing multifunctional spaces opens up opportunities for sport and physical activity and has numerous wider benefits.

6. High-Quality Streets and Spaces

Streets and outdoor public spaces should be Active Environments in their own right. They should be safe, attractive, functional, prioritise people and able to host a mix of uses, with durable, high-quality materials, street furniture in the right places and easy-to-use signage. High-quality streets and spaces encourage activity, whereas poor quality streets and spaces are much less likely to be used to the same degree.

7. Providing activity infrastructure

Infrastructure to enable sport, recreation and physical activity to take place should be provided across all contexts including workplaces, sports facilities and public space, to facilitate activity for all.

8. Active buildings, inside and out

Buildings we occupy shape our everyday lives, both when users are inside and outside. Buildings should be designed with providing opportunities for physical activity at the forefront, considering the arrival experience, internal circulation, opportunities to get up and move about, and making the building an active destination.

9. Maintaining high-quality flexible spaces

Spaces and facilities should be effectively maintained and managed to support physical activity. These places should be monitored to understand how they are used, and flexible so that they can be adapted as needed.

10. Activating spaces

The provision of spaces and facilities which can help to improve physical activity should be supported by a commitment to activate them, encouraging people to be more physically active and increasing the awareness of activity opportunities within a community.

To help with the successful implementation of the ten principles, Active Design is supported by a useful Audit Checklist ²³. It is recommended that developers use the checklist to inform scheme design and submit the completed checklist in support of planning applications where appropriate.

Recommendation

Considering the evidence summarised within this note, we recommend the following wording is included in Local Plans to ensure all new developments create and maintain environments which encourage people to lead more physically active lives:

- 1. All major development proposals should evidence how they have considered and applied the Active Design Principles and include a completed Active Design Checklist.**

²³ [Active Design Checklist](#)