NHS
Lancashire and South Cumbria
Integrated Care Board

Integrated Care Board

Date of meeting	9 July 2026
Title of paper	Lancashire & South Cumbria Integrated Care Board Antimicrobial Resistance (AMR) & Infection Prevention and Control (IPC) improvement priority areas
Presented by	Dr Andy Knox, Co-Medical Director (acting)
Author	Suzanne Penrose, Transformation Pharmacist, Medicines Optimisation
Agenda item	9
Confidential	No

Executive summary

The purpose of the paper is to provide Lancashire and South Cumbria Integrated Care Board (ICB) with assurance and oversight of antimicrobial stewardship (AMS), infection prevention and control (IPC), and antimicrobial resistance (AMR) and to fulfil NHS England's requirements set out in the November 2025 Call to Action on Antimicrobial Resistance (AMR) **(appendix A)**

It presents current performance against key AMR indicators, identifies improvement priorities areas, and seeks Board approval for the proposed actions, monitoring, and governance arrangements.

The ICB has a statutory responsibility to improve population health outcomes and to provide organisational oversight of AMS and IPC. To strengthen governance, a named Board-level lead for AMR has been appointed and a dedicated AMR and IPC Board is being established, with implementation planned by December 2026. Performance against national AMR targets will be monitored through agreed governance routes, with annual reporting to the Board.

The paper proposes three AMR improvement priorities to be delivered by 31 March 2027 **(appendix C)**: infection prevention and control in primary care, broad-spectrum antibiotic prescribing, and antibiotic prescribing in children aged 0–9 years.

Current performance remains below national expectations in certain key performance indicators, and *Clostridioides difficile* infection rates are within the worst-performing national quartile. However, improvement work has continued, with positive progress seen over the last six months, including reductions in *Clostridioides difficile* infection rates, antibiotic prescribing in children, and overall antibiotic prescribing volume. **(Appendix B)**

These priorities will be delivered through collaborative working between the Medicines Optimisation Team, IPC Team, GP practices and wider system partners, supported by audit, education, quality improvement initiatives and ongoing performance monitoring.

In conclusion, the proposed priorities and actions provide a clear and achievable programme to address key AMR risks, strengthen governance arrangements, and improve antimicrobial prescribing and infection prevention outcomes across Lancashire and South Cumbria. Board approval is sought for the proposed priorities, governance arrangements, monitoring approach and future reporting schedule.

All Lancashire and South Cumbria acute providers have separately identified and presented their own AMR and IPC priority areas (as set out in the November 2025 NHS England Call to Action on Antimicrobial Resistance) through their respective Trust Board governance arrangements. The ICB is sighted on these priorities and maintains oversight to support a coordinated system-wide approach

Public and Stakeholder Engagement

No engagement activities used.

Recommendations

The board is requested to:

1. Note the contents of the report.
2. Support the three priority areas for AMR improvement
3. Approve the proposed actions, monitoring and governance arrangements
4. Receive a further report at its meeting in Jul 2027 and annual reports thereafter.

Which Strategic Objective/s does the report relate to:		Tick
SO1	To improve population health and reduce inequalities through effective strategic commissioning.	✓
SO2	Commission high quality, safe and accessible services that deliver better and more equitable outcomes and patient experience.	✓
SO3	To develop and sustain the workforce, leadership and organisational capability required to operate as an effective strategic commissioner.	✓
SO4	Improved financial sustainability through directing available resources to deliver the greatest possible value.	✓
SO5	To deliver agreed national and local outcomes through a balanced focus on performance, improvement and long-term system resilience.	✓

Implications

	Yes	No	N/A	Comments
Associated risks	✓			Increased risk of AMR. High *Clostridioides difficile* rate impacts on patient safety
Are associated risks detailed on the ICB Risk Register?		✓		

Financial Implications	✓			Positive financial implications. Financial savings achieved by lowering prescribing in children and overall lowering of volume

Where paper has been discussed (list other committees/forums that have discussed this paper)

Meeting	Date	Outcomes
ICB Medicines Optimisation Leads meeting	17/2/2026	Agreement on three priority areas
ICB AMS/IPC Committee meeting	25/2/2026	For noting and comment
Quality and Outcomes committee (QOC)	08/04/2026 & 10/06/2026	Supported the three proposed priority areas for AMR improvement. Supported that Dr Andy Knox is the named Executive lead Supported the intention to establish an AMR/IPC Board organisational oversight of antimicrobial resistance (AMR) in Lancashire & South Cumbria by creating an AMR/IPC Board, with reporting through QOC and annual report submitted to the ICB board. Approval of the paper for submission to the ICB Board.

Conflicts of interest associated with this report

Not applicable

Impact assessments

	Yes	No	N/A	Comments
Quality impact assessment completed		✓		Not applicable
Equality impact assessment completed		✓		Not applicable
Data privacy impact assessment completed		✓		Not applicable

Report authorised by:	Dr Andy Knox, Co-Medical Director (Acting)

Integrated Care Board – 9 July 2026

Lancashire & South Cumbria ICB Antimicrobial Resistance (AMR) & Infection Prevention and Control (IPC) improvement priority areas

1. Introduction

1.1 The Lancashire and South Cumbria AMS and IPC team support the ICB's statutory duty to improve the quality of health service provision and outcomes in population health. This includes a specific responsibility to monitor and manage antimicrobial stewardship (AMS) and combat antimicrobial resistance (AMR).

1.2 To meets its responsibility to provide organisational oversight of antimicrobial resistance (AMR) and antimicrobial stewardship (AMS), Lancashire & South Cumbria ICB has appointed a named board level lead for AMR. Lancashire & South Cumbria Integrated Care Board is establishing a dedicated Antimicrobial Resistance and Infection Prevention Control (AMR/IPC) Board to provide system-wide oversight. This organisational board is scheduled to be established and operational by December 2026.

1.3 To meet the requirement for an annual Board review of performance against antimicrobial resistance key performance indicators (KPIs), the Medicines optimisation team will monitor performance against national AMR targets and report through the agreed governance route. An annual report will be submitted to the ICB board.

1.4 NHS England directed ICBs in the NHS England's Call to Action letter dated November 2025 to:

- Agree and publish three priority areas for AMR by April 2026. Progress is to be reviewed quarterly with formal update to the board at least annually.
- Complete a risk capability assessment (refer to situation report – **Appendix B**) by end of Q1 2026
- Ensure Board level review and executive oversight by the end of Quarter 1 2026

Refer to **Appendix A** for NHS England's Call to action letter dated November 2025

1.5 The capability assessment (appendix B) shows ICB is not meeting the recommended national target for Antibiotic volume target and for antibiotic prescribing in children. Performance for *Clostridioides difficile* (*C Difficile)* Infection rates is in the worst-performing quartile. Progress has been made in all three areas over the past 6 months. Owing to significant capacity constraints within the Infection Prevention and Control (IPC) team, *Clostridioides difficile* post-infection reviews have been placed on hold. Learning has already been gathered from

previous post infection reviews and the IPC GP champion approach is being utilised to support continued improvement in practice.

2. Three Priority Areas for AMR improvement

2.1 **Priority 1 (IPC):** Strengthening Infection Prevention and Control in Primary Care

2.2 Objectives**:** by identifying IPC Champion's in GP Practices and improving IPC engagement by 31st March 2027. SMART objectives detailed in **Appendix C**

2.3 **Priority 2 (AMS)** Reduce broad spectrum prescribing in Lancashire and South Cumbria.

2.4 Objectives: By 31 March 2027, reduce the proportion of co-amoxiclav, cephalosporin and quinolone items to 7% or less of all antibiotic prescribing in Lancashire & South Cumbria ICB amoxiclav, cephalosporin and quinolone items to 7% or less of all antibiotic prescribing in Lancashire & South Cumbria. SMART objectives detailed in **Appendix C**

2.5 How this will be achieved:

- Reduction in broad spectrum use is included in the Medicines Optimisation Local Enhanced Specification (LES) 2026-2027
- Medicines Management bulletins: AMS and broad spectrum specific relating *C.Difficile* Infection
- Ensure OptimiseRx messages relating to broad spectrum use and *C Difficile* Infection risks are enabled.
- The Medicines Optimisation Team will lead targeted quality improvement work with GP practices who are identified as outliers.

2.6 **Priority 3 (AMS)** Antibiotic children prescribing for children in Lancashire and South Cumbria. Reduction in percentage of children 0-9 years prescribed at least one antibiotic in the last 12 months

2.7 Objectives: By 31 March 2027, Lancashire & South Cumbria ICB will achieve a 5% reduction in the proportion of children aged 0–9 years who were prescribed one or more antibiotics in the previous 12 months, compared with the baseline period of April 2025 to March 2026. SMART objectives detailed in **Appendix C**

2.8 Objectives: By 31 March 2027, achieve NHS England's antimicrobial prescribing target by ensuring that four or more L&SC sub ICB locations reduce the proportion of children aged 0–9 years receiving at least one antibiotic in the previous 12 months to 27% or lower. SMART objectives detailed in **Appendix C**

2.9 How this will be achieved:

- The children's target is included in the Medicines Optimisation Local Enhanced Specification (LES) 26/27

- Medicines Management bulletins to be produced on AMS and children specific
- Promotion of the Medicines Optimisation webinars on antibiotic prescribing in children. Delivered and recorded in November 2025 and April 2026

3.0 Conclusion

3.1 Lancashire & South Cumbria ICB has obligations to provide organisational oversight of antimicrobial stewardship (AMS) and infection prevention and control (IPC), alongside accountability for reducing antimicrobial resistance (AMR). Governance arrangements to meet national requirements, including the need for a named Board-level lead and an annual Board review of AMR performance are being met or in process to be met.

3.2 NHS England's *Call to Action letter* sets out specific deliverables for Quarter 1 of 2026, and this paper provides the required assessment of performance, identification of risks, and proposals for improvement. The three proposed priority areas—strengthening IPC in primary care, reducing broad-spectrum antibiotic prescribing, and reducing antibiotic use in children—are achievable, and aligned with national objectives.

3.3 The proposed actions, including embedding targets within the Medicines Optimisation Local Enhanced Specification, enhancing AMS communications, and supporting GP practices through targeted quality improvement, audit, education and training aims to deliver measurable improvements by March 2027. Targeted work with GP practices continued through quality improvement, audit, education and training.

3.4 Although capacity constraints have limited IPC and Medicines Optimisation support, including the suspension of *Clostridioides difficile* post-infection reviews, progress has been achieved against several criteria since April 2026

4.0 Recommendations

The board is requested to:

1. Note the contents of the report.
2. Support the three priority areas for AMR improvement
3. Approve the proposed actions, monitoring and governance arrangements
4. Receive a further report at its meeting in Jul 2027 and annual reports thereafter.

Suzanne Penrose. Transformation Pharmacist, Medicines Optimisation
25 June 2026

Appendix A

To:
- Trusts and integrated care boards:
  - chairs
  - chief executive officers

cc.
- Chief nurses
- Medical directors
- Chief pharmacists

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

November 2025

Dear colleagues,

Act now: protect our present, secure our future

The World Health Organisation has declared antimicrobial resistance (AMR) as one of the top global public health and development threats, and AMR is listed on the UK government's National Risk Register.

As a senior NHS leader, your commitment is critical to tackling AMR and protecting patient safety.

We are writing to you with a **call to action** – to work with your prescribers and your clinical leads to make the changes required to meet the targets in the national action plan for AMR.

Why Action Is Urgent

Antimicrobial resistance is not a future challenge – it's happening now.

While overall antibiotic prescribing is decreasing, prescribing in secondary care is rising. Rates of Gram-negative bloodstream infections are increasing and already exceed the 2028/29 targets in most areas.

In the UK, AMR is associated with **twice as many deaths annually as breast cancer**. It makes infections harder or sometimes impossible to treat, prolonging illness and increasing the risk of harm or death. AMR also drives up healthcare costs and threatens the delivery of safe and effective care across the NHS.

Actions Required by Q1 2026

The national action plan for AMR sets ambitious targets. Meeting them will require coordinated, sustained action across all levels of the NHS.

To ensure your organisation is on track to meet AMR targets, we ask that you take the following actions **by the end of Q1 2026**:

Board-Level Review & Executive oversight

1. Schedule a joint presentation to your board from IPC and AMS teams covering:

    - Current performance against national AMR targets
    - Benchmarking using the latest English surveillance programme for antimicrobial utilisation and resistance (ESPAUR) report and AMR information found on Model Health System, together with the thresholds for each trust to reduce exposure to antibiotics, announced in the Medium Term Planning Framework[1], and shortly to be issued.
    - Key concerns and immediate actions required

Risk and Capability Assessment

2. Complete the following assessments to i) Evaluate current performance and compliance ii) Identify gaps in leadership, workforce capability, and resource allocation and iii) Inform risk registers and strategic planning.

    - The national infection prevention and control **board assurance framework**
    - The ICB Antimicrobial Stewardship **Self-Assessment Toolkit**

Set Priorities and Deliver Improvement

3. By April 2026, agree and publish three priority areas for AMR improvement within your organisation. For each priority:

    - Define specific, measurable objectives.
    - Assign executive-level accountability.
    - Establish timelines and reporting mechanisms.

Progress should be reviewed quarterly, with a formal update to the board at least annually.

Thank you for your continued leadership in confronting this growing threat to patient safety and public health.

Yours sincerely,

Dr Claire Fuller
National Medical Director and AMR Senior Responsible Officer
NHS England

Duncan Burton
Chief Nursing Officer for England

Dr Shona Arora
Interim Chief Medical Advisor
UK Health Security Agency

[1] Medium term planning framework - delivering change together 2026/27 to 2028/29 p17

Lancashire and South Cumbria Integrated Care Board

Appendix B

Antimicrobial stewardship – integrated care boards (ICB) situation report

<table>
<tr><th></th><th colspan="5">ICB performance against key performance indicators of antimicrobial prescribing quality and AMS</th></tr>
<tr><th></th><th>Key performance indicators</th><th>Performance goal</th><th>Latest position</th><th>Date</th><th>Comments</th></tr>
<tr><td>1a</td><td>Primary care total antibiotic prescribing

Metric: Antibacterial items per STAR-PU</td><td>Benchmarking (lower is better*)

Aim for Target of ≤ 0.871</td><td>0.902</td><td>Data obtained from PrescQIPP on 25/06/26</td><td>Position is: Rolling 12 months to March 2026

Target Not Met but performance is improving</td></tr>
<tr><td>1b</td><td>Primary care total antibiotic prescribing

Metric: Antibacterial items per STAR-PU</td><td>Trend over time (decreasing is better)

<table><tr><th>Integrated Care Board</th><th>Period</th><th>Antibacterial items/STAR-PU position</th><th>Antibacterial items/STAR-PU</th></tr><tr><td>NHS LANCASHI</td><td>Mar-26</td><td>at or below 0.965</td><td>0.902</td></tr></table></td><td>Decreasing</td><td>Data obtained from PrescQIPP on 25/06/26</td><td>Rolling 12 months to March 2026

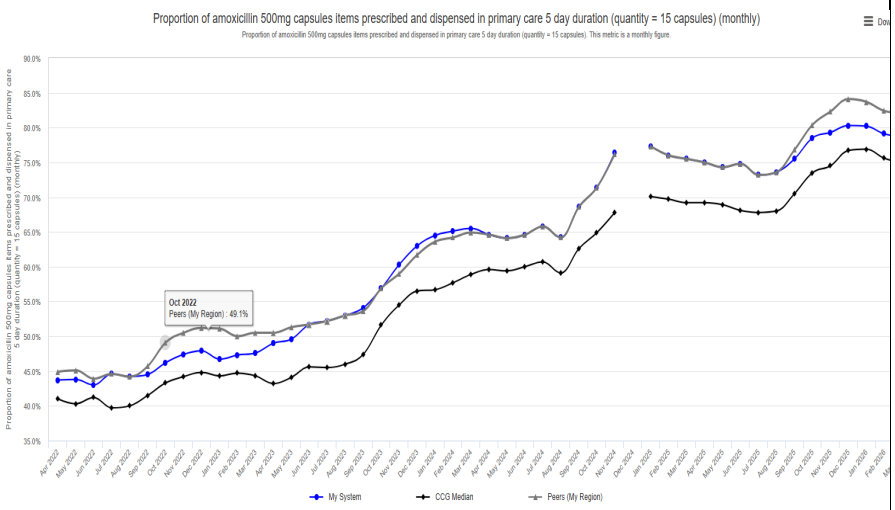
Target Not Met but performance is improving</td></tr>
</table>

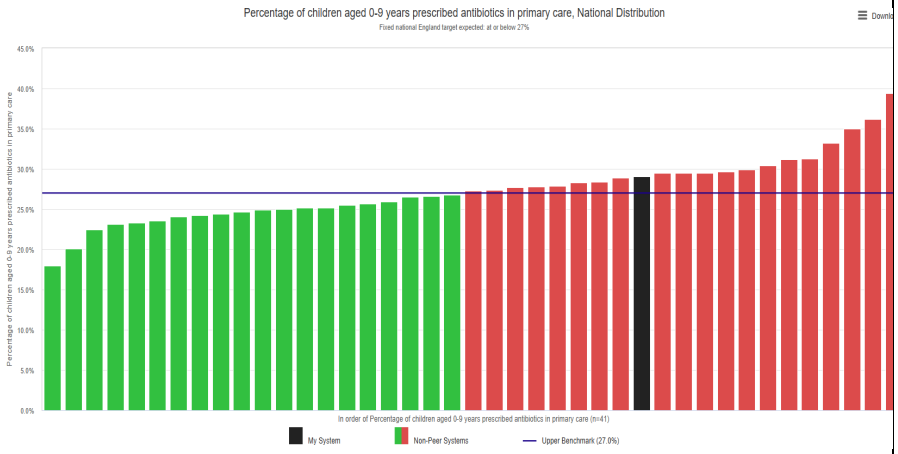
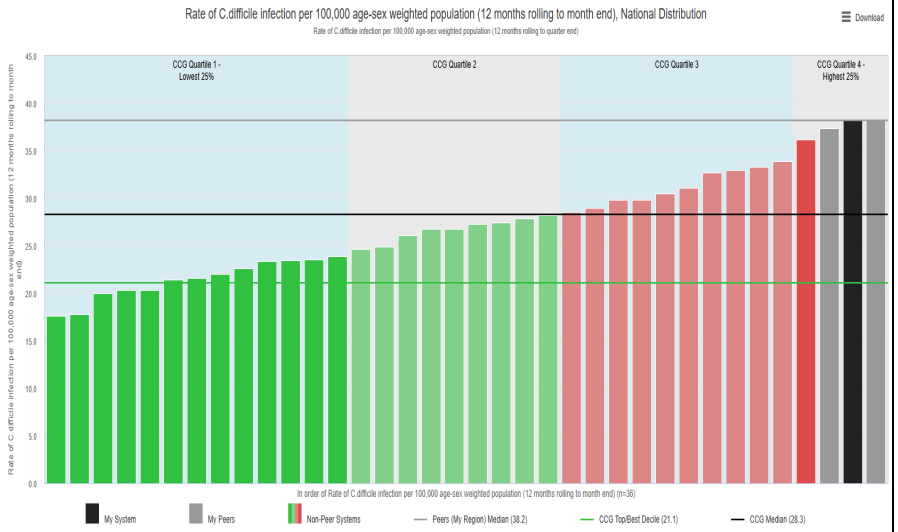
		RE AND SOUTH CUMBRIA INTEGRATED CARE BOARD	Feb-26	at or below 0.965	0.903			
			Jan-26	at or below 0.965	0.909			
			Dec-25	at or below 0.965	0.917			
			Nov-25	at or below 0.965	0.920			
			Oct-25	at or below 0.965	0.925			
			Sept-25	at or below 0.965	0.926			
			Aug-25	at or below 0.965	0.927			
			Jul-25	at or below 0.965	0.932			
			Jun-25	at or below 0.965	0.938			
			May-25	at or below 0.965	0.944			
			Apr-25	at or below 0.965	0.955			
2a	**Primary care broad-spectrum antibiotic prescribing** Metric: Co-amoxiclav,	Benchmarking (lower is better*) **Aim for Target of ≤ 10%**				7.71%	Data obtained from PrescQIPP on 25/06/26	Rolling 12 months to March 2026 Target: Met

<table>
<tr><td></td><td>cephalosporins and quinolones as a % of the total number of antibiotics</td><td></td><td></td><td></td><td></td></tr>
<tr><td>2b</td><td>Primary care broad-spectrum antibiotic prescribing

Metric: Co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of antibiotics</td><td>Trend over time (decreasing is better)
<table><tr><th>Integrated Care Board</th><th>Period</th><th>Proportion of co-amoxiclav, cephalosporin & quinolone items position</th><th>Proportion of co-amoxiclav, cephalosporin & quinolone items</th></tr><tr><td rowspan="12">NHS LANCASHIRE AND SOUTH CUMBRIA INTEGRATED CARE BOARD</td><td>Mar-26</td><td>at or below 10%</td><td>7.71%</td></tr><tr><td>Feb-26</td><td>at or below 10%</td><td>7.66%</td></tr><tr><td>Jan-26</td><td>at or below 10%</td><td>7.63%</td></tr><tr><td>Dec-25</td><td>at or below 10%</td><td>7.62%</td></tr><tr><td>Nov-25</td><td>at or below 10%</td><td>7.60%</td></tr><tr><td>Oct-25</td><td>at or below 10%</td><td>7.60%</td></tr><tr><td>Sept-25</td><td>at or below 10%</td><td>7.59%</td></tr><tr><td>Aug-25</td><td>at or below 10%</td><td>7.59%</td></tr><tr><td>Jul-25</td><td>at or below 10%</td><td>7.59%</td></tr><tr><td>Jun-25</td><td>at or below 10%</td><td>7.57%</td></tr><tr><td>May-25</td><td>at or below 10%</td><td>7.54%</td></tr><tr><td>Apr-25</td><td>at or below 10%</td><td>7.51%</td></tr></table></td><td>Increasing</td><td>Data obtained from PrescQIPP on 25/06/26</td><td>Rolling 12 months to March 2026

Performance: worsening</td></tr>
</table>

3a	**Primary care antibiotic duration** Source: Model Health System Metric: Proportion of amoxicillin 500mg capsules items prescribed and dispensed in primary care 5-day duration	Benchmarking (higher is better) Aim: ≥ 60% or more of total amoxicillin prescriptions as 5-day courses	78.7%	Data from Model Health system on 25/06/26	Data is month of March 2026: Target: Met
3b	**Primary care antibiotic duration** Source: Model Health System Metric: Proportion of amoxicillin 500mg capsules items prescribed and dispensed in primary care 5-day duration	Trend over time (increasing is better) = Increasing 	Increasing	Data from Model Health system on 25/06/26	Graph shows: Monthly trend data

	Primary care children prescribing Source: Model Health System Metric: Percentage of children aged 0-9 years prescribed antibiotics in primary care	Target: ≤ 27% 	29.1%	Data from Model Health system on 25/06/26	Rolling 12 months to March 2026 Target: Not met – however Performance is improving
	***Clostridioides difficile* (*C Difficile*) Infection** Rate of *C.difficile* infection per 100,000 age-sex weighted population (12 months rolling to quarter end)	Benchmarking: (lower is better) 	38.2	Data from Model Health system on 25/06/26 *Clostridioides difficile* cases are split into different categories based on where a person first starts showing symptoms, such as at home	Includes all *C.Difficile* four classifications Data: Rolling 12 months to quarter end - April 2026 Performance has improved over last 6 months

				(community onset) or while staying in the hospital (hospital onset). Community onset cases are further sectioned in three classifications	
	Proportion of all antibiotic prescribing via FP10 from the "Access" category of the WHO Essential Medicines AWaRe index	Benchmarking: (higher is better). A higher value is indicative of a higher proportion of narrow spectrum antibiotic prescribing.	82.1%	Data from Model Health system on 25/06/26	12 months to March 2026 Performance is in the best performing quartile in England

Lancashire and South Cumbria Integrated Care Board

Documentary evidence of antimicrobial stewardship

	Source document and recommended elements	Met/not met	Evidence
1	**ICB antimicrobial resistance strategic plan**		
1.1	Ratification by senior leadership of ICB	Met	Executive summary- QOC 10th June 2026 paper
1.2	Inclusion of antimicrobial stewardship	Met	Executive summary- QOC 10th June 2026 paper
1.3	Inclusion of monitoring and evaluation mechanisms	Not met	In Progress. Partially met – bimonthly report to AMS committee
1.4	Inclusion of workforce strategy for antimicrobial stewardship (and infection prevention and control) with capacity plan, training and accreditation	Not met	Partially met – education and training session
1.5	Inclusion of implementation plan with goals, priorities, delivery milestones and accountability	Not met	In Progress
1.6	Inclusion of programme of audit and feedback	Met	Medicines Optimisation Local Enhanced service (LES) 26-27
1.7	Allocation of financial and human resources	Met	NHSE leadership programme funding. Inclusion in Portfolio of senior Medicines Optimisation team leaders

2	**Board terms of reference**		
2.1	Responsibility for oversight of antimicrobial resistance and stewardship assigned to named board member	Met	Executive summary- QOC 10th June 2026 paper
2.2	Requirement for at least annual board review of performance against antimicrobial resistance key performance indictors	Not met	In Progress
3	**Board Assurance Framework**		
3.1	Compliance assessed for infection prevention and control and antimicrobial stewardship domains [National infection prevention and control manual for England]	Met	Each acute trust in the ICS geography completes and submits a BAF to IPC ICB
4	**Board risk register**		
4.1	Antimicrobial resistance included as risk or issue with evidence of mitigating actions taken or planned	Not met	
5	Board minutes where antimicrobial stewardship report and antimicrobial prescribing data are presented		
5.1	Presentation of (annual) report of antimicrobial stewardship activities and accomplishments	Not met	
5.2	Accurate reporting of ICB performance, including underperformance	Not met	
5.3	Presentation of ICB benchmarking with peers and trend over time compared to national targets for key performance indicators	Not met	
5.4	Presentation of primary care key performance indicators by sub-ICB and presentation of secondary care indicators by trust(s)	Not met	
5.5	Interpretation of data provided to the board with recommended actions and action plan, where required	Not met	
5.6	Evidence of accountability and action taken to investigate and address underperformance	Not met	
6	**ICB antimicrobial stewardship committee terms of reference**		
6.1	Appropriate multi-professional representation including: microbiology/infectious diseases, pharmacy, nursing, medical	Met	

6.2	Adequate representation from key stakeholders in primary care and secondary care provider organisations	Met	
6.3	Named ICB lead with responsibility for antimicrobial stewardship	Met	
6.4	Adequate meeting frequency (minimum 6-monthly)	Met	
6.5	Adequate committee oversight, governance, and reporting arrangements up to board level.	In ToR, IMOC and Quality Committee, no overarching AMR structures	
7	**ICB antimicrobial stewardship committee risk register**		
7.1	Risks and issues documented with evidence of mitigating actions	Not met	
8	**ICB antimicrobial stewardship committee minutes**	**No minutes**	
8.1	Attendance by core antimicrobial stewardship multi-professional team and representation from healthcare provider organisations	Not met	
8.2	Meaningful review of ICB performance, including underperformance	Not met	
8.3	Review of ICB benchmarking with peers and trend over time compared to national targets for key performance indicators	Not met	
8.4	Review of primary care key performance indicators by sub-ICB (and primary care network) and presentation of secondary care key performance indicators by trust(s)	Not met	
8.5	Review of focussed audit or point prevalence survey reports	Not met	
8.6	Interpretation of data is documented with recommended actions and action plan where required to investigate and address any underperformance	Not met	
9	**ICB antimicrobial stewardship committee action plan**		
9.1	Evidence of actions completed and underway, with milestones and accountability	Met	
9.2	Local needs and inequalities considered as part of planned actions	Met	

Key informant evidence

	Key informants and lines of enquiry	Evidence
1	**ICB board member with nominated responsibility for antimicrobial resistance**	
1.1	Awareness of ICB antimicrobial resistance and stewardship leads	
1.2	Awareness of ICB performance against antimicrobial prescribing key performance indicators	
1.3	Assurance of priority level of improving quality of antimicrobial prescribing and antimicrobial stewardship	
1.4	Knowledge of ICB antimicrobial resistance risks and actions being taken to address them	
2	**ICB medical director**	
2.1	Awareness of ICB antimicrobial resistance and stewardship leads	
2.2	Awareness of ICB performance against antimicrobial prescribing key performance indicators	
2.3	Assurance of priority level of improving quality of antimicrobial prescribing and antimicrobial stewardship	
2.4	Knowledge of ICB antimicrobial resistance risks and actions being taken to address them, and mechanism in place to escalate concerns to the ICB board	
3	**ICB antimicrobial resistance senior responsible officer**	
3.1	Assurance of sufficient capacity and capability to undertake role (protected time and training/qualifications)	
3.2	Awareness of ICB performance against antimicrobial prescribing key performance indicators	
3.3	Assurance of priority level of improving quality of antimicrobial prescribing and antimicrobial stewardship	
3.4	Knowledge of ICB antimicrobial resistance risks and actions being taken to address them, and mechanism in place to escalate concerns to the medical director	
4	**ICB nominated lead for antimicrobial stewardship**	
4.1	Sufficient capacity and capability to undertake role (protected time and training or qualifications)	
4.2	Awareness of ICB performance against antimicrobial prescribing key performance indicators	
4.3	Adequate senior leadership engagement and support	
4.4	Effective microbiology/infectious diseases collaboration, engagement and support	
4.5	Effective infection prevention and control collaboration, engagement and support	
4.6	Adequate healthcare provider organisation engagement and action	

4.7	Appraisal and personal development plan in place	
4.8	Knowledge of ICB antimicrobial resistance risks and actions being taken to address them, and mechanism in place to escalate to the ICB antimicrobial resistance senior responsible officer	

Appendix C

Priority 1 (IPC)

Strengthening Infection Prevention and Control in Primary Care by identifying IPC Champion's in GP Practices and improving IPC engagement.

To be achieved by 31st March 2027:

Objectives

- Identify an IPC Champion in 100% of GP Practices across Lancashire and South Cumbria.
- Improve IPC engagement across primary care by increasing two-way communication between the IPC team and GP Practices with a 25% increase in practice engagement compared with 2024/25.
- 50% of practices across Lancashire and South Cumbria to have implemented an IPC noticeboard, including an AMR section.

Priority 2 (AMS)

Reduce broad spectrum prescribing in Lancashire and South Cumbria.

Objectives

- By 31 March 2027, reduce the proportion of co-amoxiclav, cephalosporin and quinolone items to 7% or less of all antibiotic prescribing in Lancashire & South Cumbria ICB

  Specific: Reduce the prescribing of broad spectrum antibiotics (co- amoxiclav, cephalosporins and quinolones) across Lancashire & South Cumbria ICB.

  Measurable: Achieve a proportion of 7% or lower of all antibiotic items.

  Achievable: Supported by antimicrobial stewardship programmes and aligned with NHS England AMR priorities.

  Relevant: Narrow spectrum antibiotic use helps minimise antimicrobial resistance.

  Reducing broad spectrum antibiotic (co-amoxiclav, cephalosporins and quinolones) use helps minimise antimicrobial resistance and supports safer, more effective prescribing.

  Timely: Target date: 31 March 2027

How will this be achieved:

- Reduction in broad spectrum use will be added to the Medicines Optimisation Local Enhanced Specification (LES) 2026-2027
- Medicines Management bulletins: AMS and broad spectrum specific relating risks to *C Difficile* Infection
- Ensure optimiseRx messages relating to broad spectrum use and *C Difficile* Infection risks are enabled.
- Medicines Optimisation Team to direct quality improvement work with GP practices who are outliers

Priority 3 (AMS)

Antibiotic children prescribing for children in in Lancashire and South Cumbria. Reduction in percentage of children 0-9 years prescribed at least one antibiotic in the last 12 months

To be achieved by 31st March 2027:

Objectives

- By 31 March 2027, Lancashire & South Cumbria ICB will achieve a 5% reduction in the proportion of children aged 0–9 years who were prescribed one or more antibiotics in the previous 12 months, compared with the baseline period of April 2025 to March 2026.
Specific: Reduce antibiotic exposure among children aged 0–9 years across Lancashire & South Cumbria ICB.
Measurable: A 5% reduction from the defined baseline (April 2025–March 2026 prescribing data).
Achievable: Aligned with NHSE antimicrobial stewardship priorities and existing prescribing improvement programmes.
Relevant: Supports reductions in inappropriate prescribing in children and contributes to tackling AMR.
Timely: To be achieved by 31 March 2027**.**

- By 31 March 2027, achieve NHS England's antimicrobial prescribing target by ensuring that four or more L&SC sub ICB locations reduce the proportion of children aged 0–9 years receiving at least one antibiotic in the previous 12 months to 27% or lower.
Specific: Reduce childhood antibiotic exposure.
Measurable: ≥4 sub-ICB areas at ≤27% prescribing prevalence in 0–9-year-olds.
Achievable: Aligned with NHSE antimicrobial stewardship priorities and existing prescribing improvement programmes.
Relevant: Supports reductions in inappropriate prescribing in children and contributes to tackling AMR.
Timely: By 31 March 2027

How will this be achieved:

- Children's target will be included in the Medicines Optimisation LES 26/27
- Medicines Management bulletins: AMS and children specific
- Promotion of the Medicines Optimisation webinars on antibiotic prescribing in children. Delivered and recorded in November 2025 and April 2026