Doctors have a unique and vested interest in child health that goes beyond their roles as parents and grandparents. Many will be directly involved in the medical care of children and young people, while others dedicate their professional lives to managing long-term conditions that have their origins in childhood, or in planning and delivering preventative health services.

Child health has been a central feature of the BMA’s work on areas such as nutrition and physical exercise, mental health, sexual health, smoking, alcohol and drug use. There is also a need to look more broadly at the medical and social care of children in the UK, from the way child health services are commissioned and coordinated, to the factors that affect the conditions in which they live, learn and develop from young children to adolescents.

The BMA first considered this issue in its 1979 report, *Our children’s health*, which was followed in 1999 with the publication of *Growing up in Britain: ensuring a healthy future for our children*. While there have been some improvements since our 1999 report, this is not distributed evenly across the socioeconomic spectrum. It is distressing that in the 21st Century, the future health and wellbeing of a child born in the UK remains dependent on their social position. The UK is also lagging behind many other European countries on a range of health outcomes for children and young people without good reason.

This report sets out what is needed to move towards an equitable society where all children are given the best start in life. It highlights the importance of coordinating children’s health services, and the processes and structures that enable them, in the interests of children and families. In building on the improvements that have been made in child health policy in recent years, we support a life-course approach where health and wellbeing are integrated on a continuum from pre-conception to adolescence. The key elements for this include:

- measures to tackle poverty and reduce inequalities before birth and continuing throughout the life of the child
- ensuring child health policies are evidence based and informed by robust data, to improve the ‘match’ between children’s healthcare needs and the services provided to meet these needs
• establishing accountability at Ministerial level for children’s health and wellbeing that includes a framework of monitoring, reviewing, and remedying processes
• providing children’s services that are family centred and focused on the importance of parenting, where the child and family are embraced as a unit
• meeting the needs of children at risk through early intervention and multi-disciplinary working between social services, education authorities, healthcare teams, police services, and others.

As healthcare professionals, we have an opportunity, indeed a duty, to push for change for the benefit of our nation’s children. I am therefore very grateful to all those who have contributed to this report, which provides an authoritative resource for advocacy. My hope is that the next report we publish on this subject is a celebration of the successes that have been achieved, and not a further acknowledgement that society in the UK is continuing to fail its children.

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Averil Mansfield is a graduate of Liverpool University and was formerly a consultant surgeon in Liverpool until her move to St Mary's Hospital in London in 1982. She became Director of the Academic Surgical Unit and Professor of Vascular Surgery at St Mary's/Imperial College in 1993. Her research centered around venous thromboembolism, carotid surgery and extensive aortic aneurysms.

She was Vice President of The Royal College of Surgeons and President of The Association of Surgeons of Great Britain and Ireland, The Vascular Surgical Society, and the Section of Surgery of the Royal Society of Medicine.

She was President of the BMA from 2009 to 2010 and became Chairman of the Board of Science in 2010.