

Ageing: a 21st century public health challenge?

Ageing populations, with increasing physical and mental multimorbidities, and therefore care needs, will grow by 25% within a decade in England and Wales, according to Maria Guzman-Castillo and colleagues' study published in this issue of *The Lancet Public Health*. The societal, economic, and public health implications of their predictions are substantial. Are we prepared?

In their study, Guzman-Castillo and colleagues modelled future trends in life expectancy and disability in England and Wales between 2015 and 2025. Their prediction model combines population trends in cardiovascular disease, dementia, disability, and death. Guzman-Castillo and colleagues estimate that the number of people aged 65 years and older will increase by nearly a fifth from 10.4 million to 12.4 million. The number of people living with disability is projected to increase from 2.25 million in 2015 to 2.81 million in 2025: an additional half million. Over the next decade, life expectancy at 65 years is projected to increase by 1.7 years. 0.7 of these years will be lived with disability; life expectancy with disability will grow more in relative terms (about 15% increase from 2015). The increase in the burden of disability reflects population ageing rather than an increase in ill health.

A quarter of the extra years gained after age 65 years will involve disability. A burden that cannot be ignored. For Stuart Gilmour, writing the accompanying Comment, the study presents a timely warning of the "huge health system challenges looming in the UK's near future," at a time when the British health and social care system "is uniquely unprepared for even the existing burden of disability in the UK population." These estimates are "immediately accessible to policy makers in the form of case numbers" and should be taken as "a strong call for action on health service planning and funding, workforce training and retention, and preparation for the ageing of British society", Gilmour stresses.

The estimates of future burden of disability also emphasise the need for effective public health prevention interventions to tackle the main risk factors for chronic disease and associated disability, including poor diets, smoking, high alcohol consumption, and physical inactivity.

The challenges ahead for the health and social care services are enormous, with substantial financial and

workforce planning predicaments. The study comes at an important time in UK politics—uncertainty, on the eve of Brexit negotiations opening "with the possibility of further and as yet unpredictable pressures on the recruitment of staff at all levels of the health and social care system", Gilmour notes.

Indeed, a series of recent surveys suggest that a substantial proportion of European doctors and nurses in the National Health Service (NHS) are now considering leaving the UK following the Brexit vote. In a recent survey of Scottish medical students, also published in this issue of *The Lancet Public Health*, 77% of students said they were less likely to practice medicine in England. Robin Borchert and colleagues conclude that their survey suggests that medical students feel that Brexit and the new junior doctor contract have disadvantaged their future careers, which could have a great effect on the number of doctors in the NHS, and their distribution within the UK, in the years to come.

While Brexit and the junior doctor contract are UK-specific threats to the health workforce, the challenges posed by an ageing population on health and social care systems and for governments are seen in many countries. According to WHO, life expectancy at age 65 years in European countries has increased from 17.8 years in 2002 to 20 years in 2014. All nations are benefiting huge gains in life expectancy, as reported in the latest Global Burden of Disease Study published in *The Lancet*. And that is a very good news. For it to remain truly good news, countries need to be prepared to give the eldest the care, attention, and help they need.

As people live longer, it is important not only that they can access health services, but also that they can access quality services. Dignity and respect should be the cornerstone of care; and not only so for the elderly, but also for their carers—formal and informal. Home care, most often done by women, remains an unrecognised, yet crucial, pillar of the care for the oldest. Investing in, protecting, and supporting the ageing population and those who care for them are essential prerequisites for the wellbeing of our ageing societies.

■ *The Lancet Public Health*

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See [Articles](#) page e307

See [Comment](#) page e298

See [Correspondence](#) page e306