

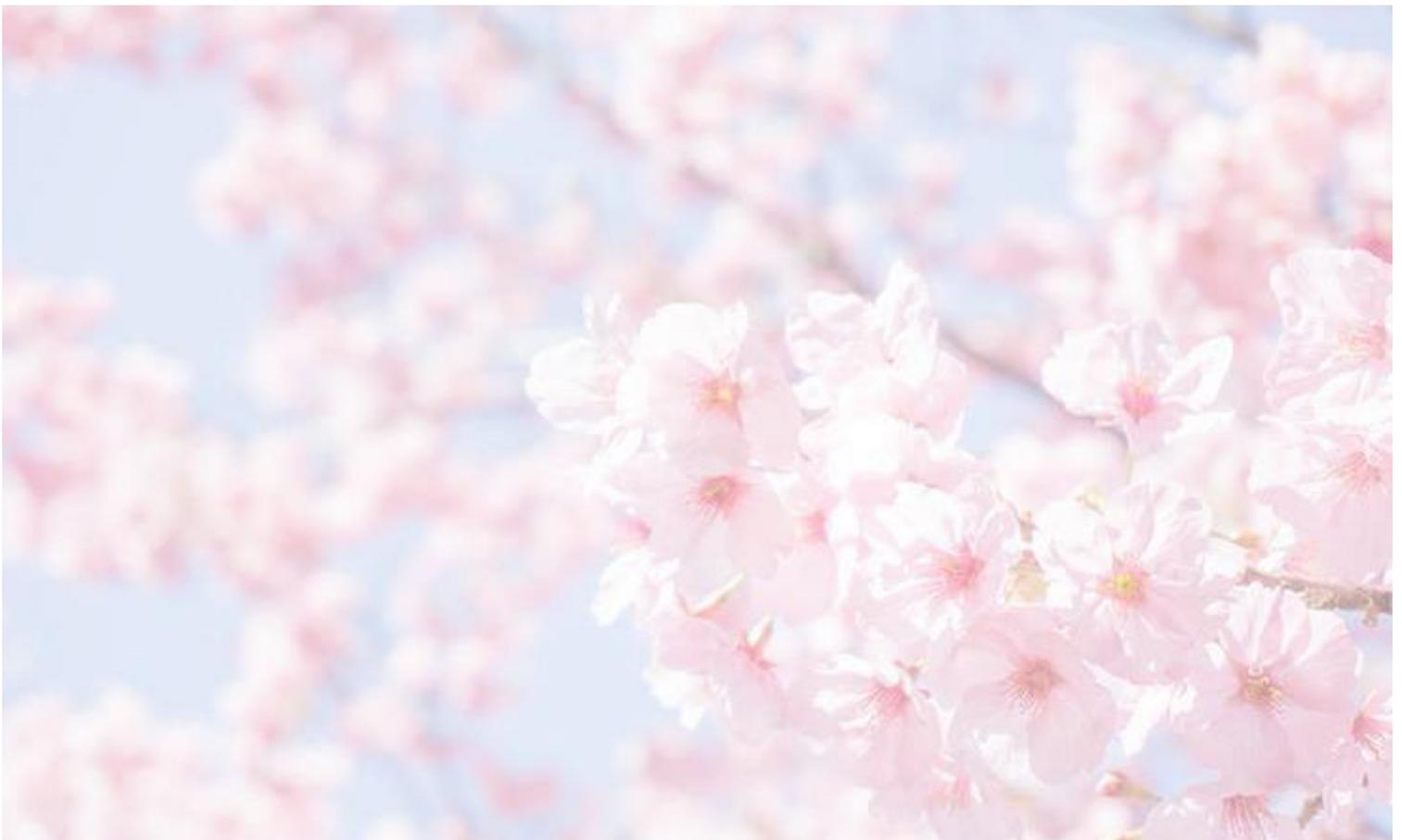
Outline Edition

Osaka Prefectural Plan for Senior Citizens 2021

– Support for the aged society
by all members of each community –
(Osaka Prefecture Elderly Welfare Plan,
Long-Term Care Insurance Service Support Plan,
Long-Term Care Benefits Improvement Plan, and Osaka Prefectural
Plan for the Promotion of Measures against Dementia)

March 2021

Osaka Prefectural Government



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1 Positioning of the Osaka Prefectural Plan for Senior Citizens 2021

The Plan comprehensively provides the Elderly Welfare Plan based on the Act on Social Welfare for the Elderly and the Long-Term Care Insurance Service Support Plan based on the Long-Term Care Insurance Act. The Plan also contains the 5th Phase Osaka Prefecture Long-Term Care Benefits Improvement Plan as a prefectural plan for benefit optimization and the Osaka Prefectural Plan for the Promotion of Measures against Dementia 2021 aimed at comprehensive promotion of dementia-related measures.

2 Outline of the Osaka Prefectural Plan for Senior Citizens 2021

Chapter 1: Significance of the Plan

- In Osaka Prefecture, the population of the elderly aged 75 or over will continue to increase rapidly until 2025. As in other urban areas, Osaka Prefecture is expected to experience population aging with an increase in elderly single households and elderly people with dementia, while the working-age population will decrease. The elderly population will reach its peak around 2045, when the population of those aged 85 or over, with higher demands for medical and long-term care, will rapidly increase and the second-generation baby boomers will be over 65 years old.
- The Plan designates fundamental policy goals to establish a society where elderly people can live their own vigorous life with dignity and peace of mind in a familiar place and to promote “support for the aged society by all members of each community.” It also specifies measures to address to achieve the goals. Based on the Plan, various measures for the elderly related to medical and long-term care and other matters will be implemented in a comprehensive manner.
- Since the Long-Term Care Insurance Act requires formulation of three-year plans, the period for the Plan is three years from FY2021 to FY2023.
- The Osaka Prefectural Government has established the Osaka Prefectural Council for Promotion of the Measures for the Health and Welfare of Senior Citizens, which comprises related departments and bureaus, to promote the implementation of the Plan. The relevant departments and bureaus will work in close collaboration to implement the Plan through the holding of Council meetings and other activities. The prefectural government has also established the Osaka Prefectural Committee for the Promotion of Plans for the Health and Welfare of Senior Citizens, which comprises academics and other experts from the fields of welfare, medicine, and health, to inspect and evaluate the progress of the Plan. Results of the inspection and evaluation will be disclosed through media such as the website of the prefectural government. In each Section of the Plan, the goal and specific measures are indicated to help manage the progress of each measure.
- This Plan is intended to support municipal governments in promoting their respective plans and projects for the elderly. Therefore, through implementation of the prefectural measures specified in this Plan, the prefectural government will provide support to municipal governments for smooth operation of their elderly welfare projects and long-term care insurance projects. The prefectural government will also provide support and advice for smooth implementation of municipal plans through various opportunities and consider necessary measures. When providing support to municipal governments, the prefectural government will offer necessary advice and appropriate support based on Article 5 of the Long-Term Care Insurance Act. In addition, the prefectural government will provide meticulous support in accordance with local circumstances based on each municipality’s situations in terms of regional resources, population aging, and utilization of the evaluation results of the “evaluation index related to the insurer function enhancement subsidy and the long-term care insurer support subsidy.” Through these efforts, the prefectural government will strive to energize the whole region.
- The Osaka Prefectural Government has established the following eight elderly welfare service areas to coincide with the secondary medical care areas (regional units, each of which offers complete general medical services) stipulated in the Osaka Prefectural Medical Plan and the comprehensive medical and

nursing care areas stipulated in the Osaka Prefectural Plan for Regional Securement of Comprehensive Medical and Nursing Care Services (fund project) to promote cooperation between welfare and medical services.

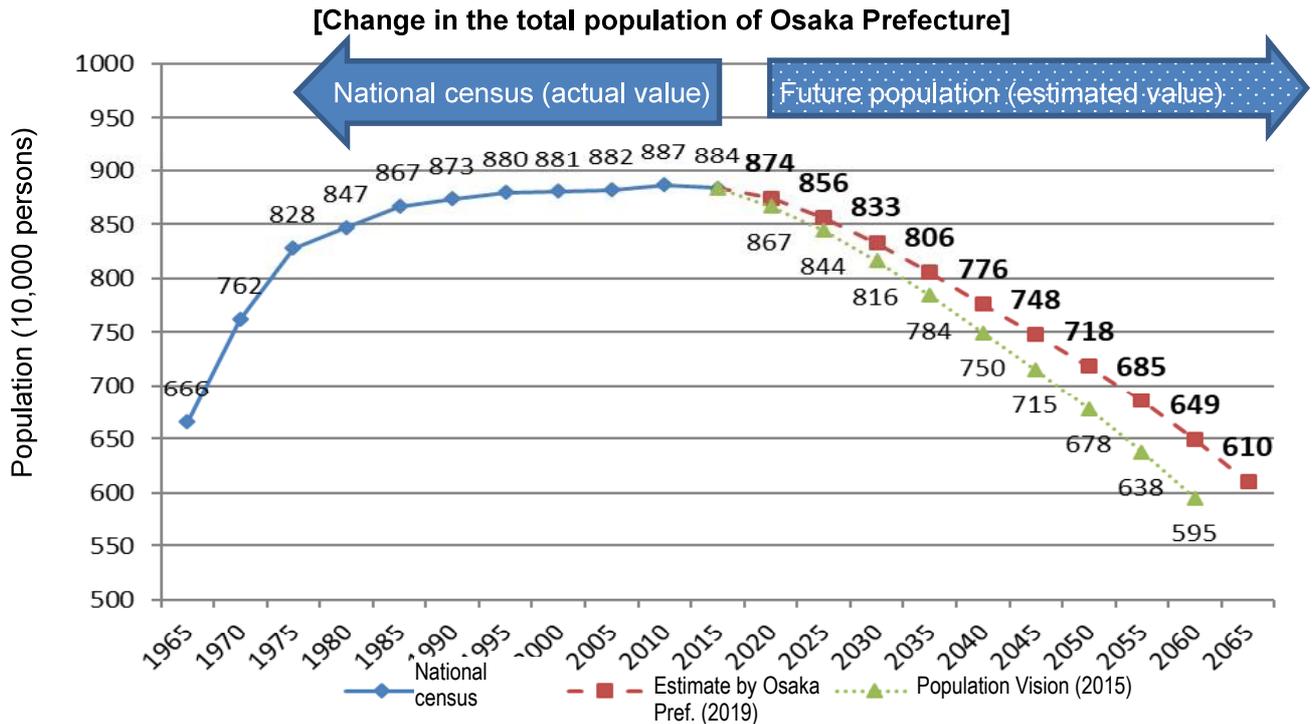
[List of Elderly Welfare Service Areas]

Area Name	Insurers (Municipalities)
Osaka City Elderly Welfare Service Area	Osaka City
Toyono Elderly Welfare Service Area	Toyonaka City, Ikeda City, Suita City, Minoh City, Toyono Town, Nose Town
Mishima Elderly Welfare Service Area	Takatsuki City, Ibaraki City, Settsu City, Shimamoto Town
Kita-kawachi Elderly Welfare Service Area	Hirakata City, Neyagawa City, Daito City, Katano City, Kusunoki Area Union (Moriguchi City, Kadoma City, Shijonawate City)
Naka-kawachi Elderly Welfare Service Area	Yao City, Kashiwara City, Higashiosaka City
Minami-kawachi Elderly Welfare Service Area	Tondabayashi City, Kawachinagano City, Matsubara City, Habikino City, Fujiidera City, Osakasayama City, Taishi Town, Kanan Town, Chihayaakasaka Village
Sakai City Elderly Welfare Service Area	Sakai City
Senshu Elderly Welfare Service Area	Kishiwada City, Izumiotsu City, Kaizuka City, Izumisano City, Izumi City, Takaishi City, Sennan City, Hannan City, Tadaoka Town, Kumatori Town, Tajiri Town, Misaki Town

Chapter 2: The Situation Surrounding the Elderly and Osaka Prefecture's Course of Action

Section 1: The situation surrounding the elderly

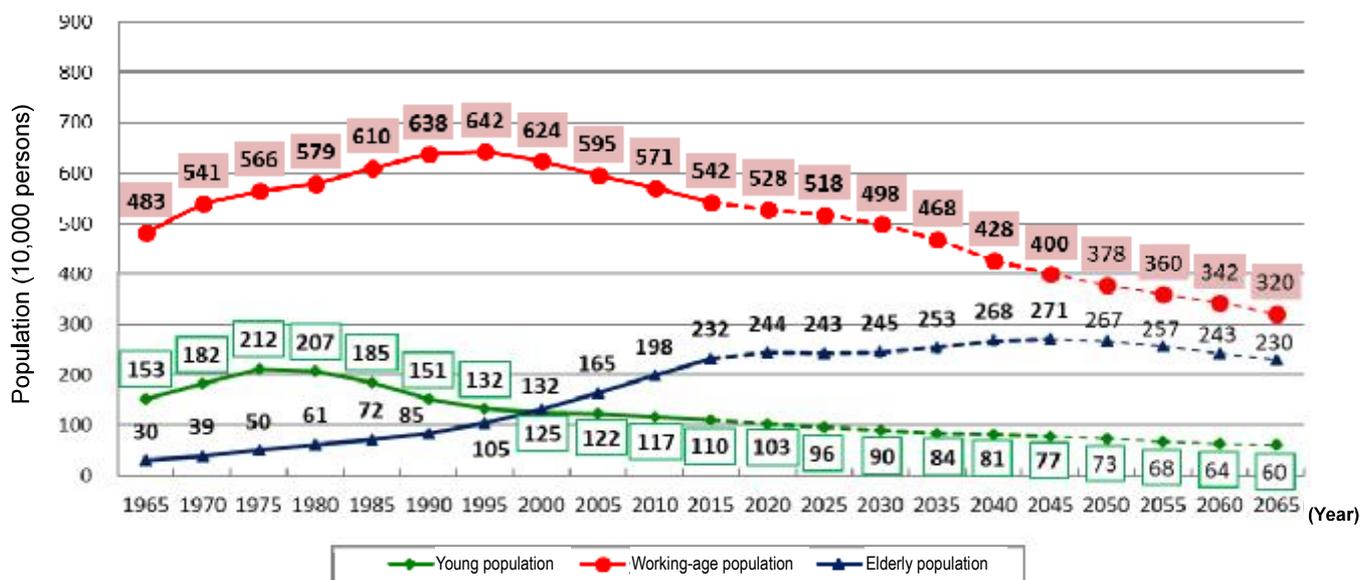
- The population decline in Osaka Prefecture started in 2010. A rapid decrease of 1.36 million in 30 years, from 8.84 million in 2015, is expected, and the estimated population in 2040 will be 7.76 million. Compared with the estimate in the Osaka Prefecture Population Vision (made in April 2015), the declining trend is somewhat moderate, with the estimated total population in 2040 remaining higher by 0.26 million. All the same, the population decrease will continue.



Source: Demographic trend after the formulation of the Osaka Prefecture Population Vision (August 2019)

- The elderly population is expected to increase by approximately 16% from 2.32 million in 2015 to 2.71 million in 2045.

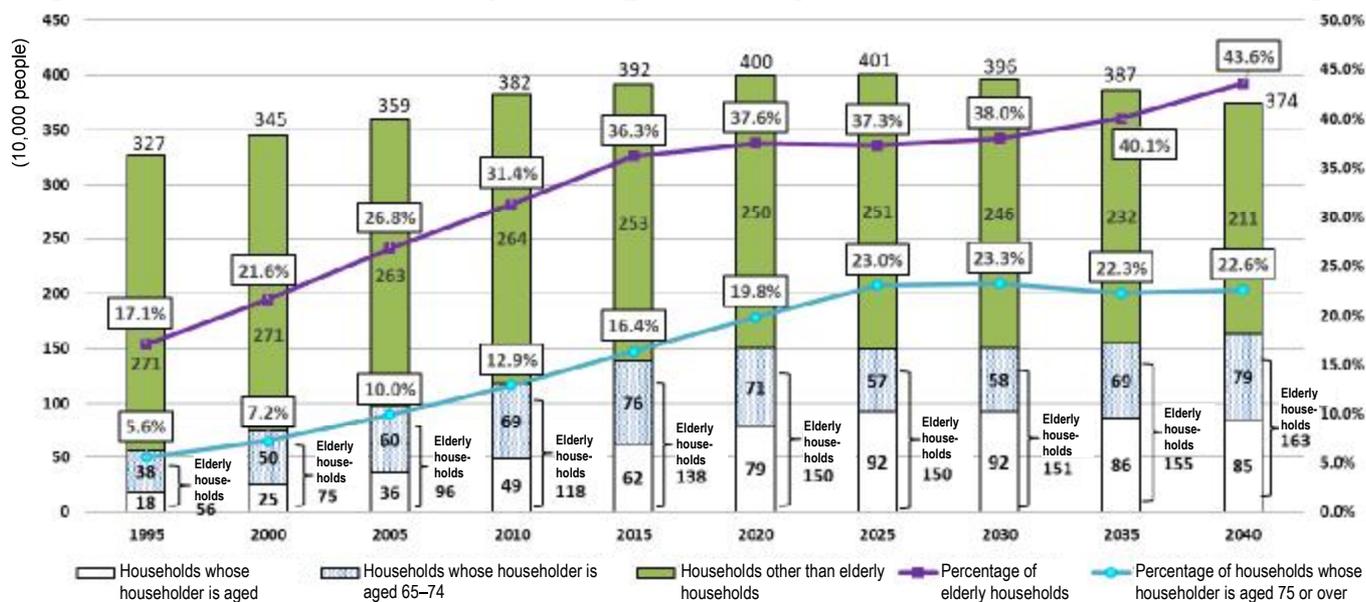
[Change in demographic structure of Osaka Prefecture]



Source: Demographic trend after the formulation of the Osaka Prefecture Population Vision (August 2019)

- The percentage of elderly households (whose householder is aged 65 or over) continues to increase, estimated to exceed 40% in 2035. The percentage of households whose householder is aged 75 or over, which was approximately 5% in 1995, is expected to reach approximately 23% in 2025 and remain almost flat until 2040.

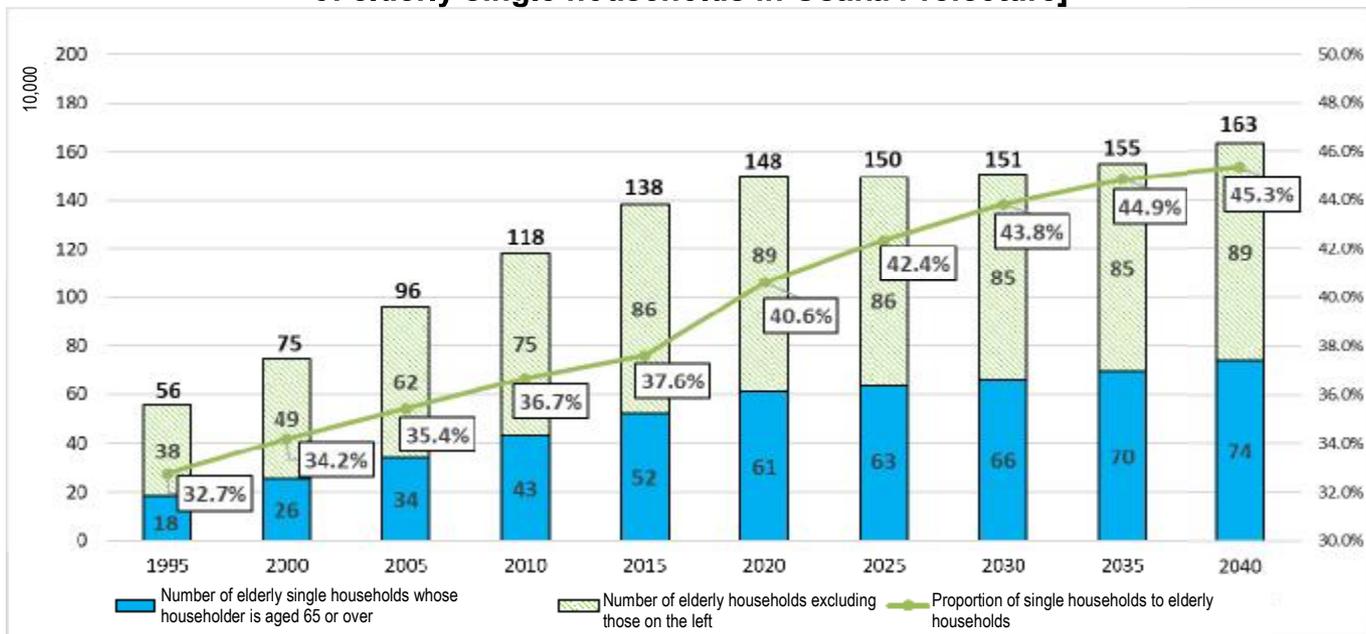
[Number of households and percentage of elderly households in Osaka Prefecture]



Source: Demographic trend after the formulation of the Osaka Prefecture Population Vision (August 2019)

- Elderly households and single households among elderly households (elderly single households) are expected to gradually increase after 2020. In particular, the percentage of elderly single households is expected to continue growing, exceeding 40% in 2040.

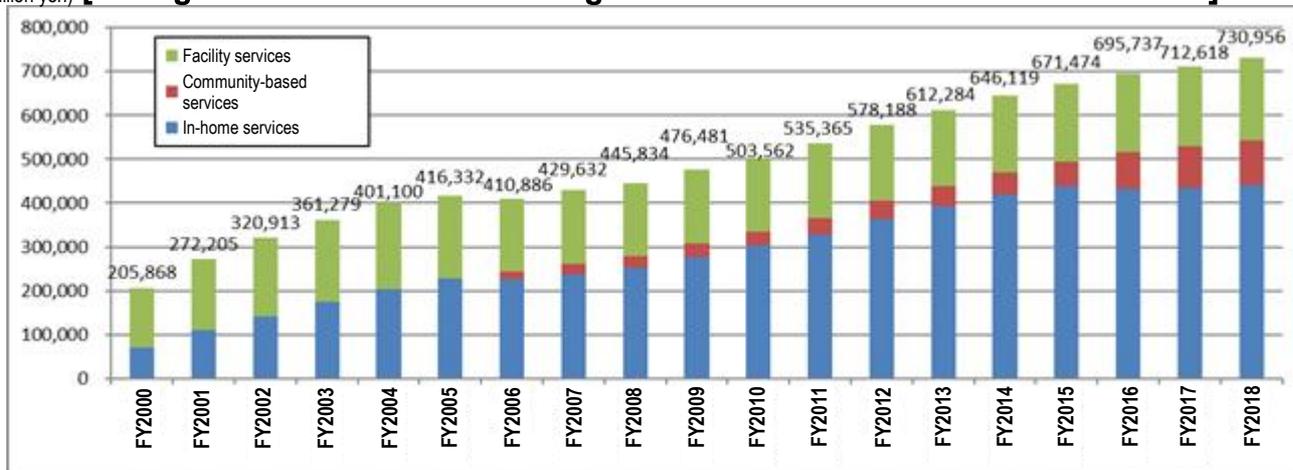
[Number of elderly households and number/percentage of elderly single households in Osaka Prefecture]



Source: Demographic trend after the formulation of the Osaka Prefecture Population Vision (August 2019)

- Total costs for long-term care services in Osaka Prefecture recorded approximately 730 billion yen in FY2018, which is more than 3.5 times as high as those in FY2000 (approximately 200 billion yen), when the long-term care insurance system was started. The weighted average of insurance premium amounts in Osaka Prefecture in the 7th period (FY2018–FY2020) has increased to 6,636 yen from 3,134 yen, which was the amount when the system was started. The premium is expected to rise further in accordance with the aging of the baby boomers.

[Change in the total costs for long-term care services in Osaka Prefecture]



Source: FY2018 Annual Long-Term Care Insurance Business Status Report (Ministry of Health, Labour and Welfare)

- In Osaka Prefecture, the rate of in-home service use, such as home-visit long-term care service use, is higher than the national average both in the number of beneficiaries and the benefit costs. On the other hand, the rate of facility service use, such as in special nursing homes for the elderly (home-based care support services), is lower than that of the national average. It is quite characteristic that in-home services are primarily used in Osaka Prefecture.

[Comparison of the number of users and the costs with those of the whole country]

		In-home services	Community-based services	Facility services
Number of users (Services provided from Mar. 2018 to Feb. 2019)	Whole country	44.89 million 67.5%	10.35 million 15.6%	11.29 million 17.0%
	Osaka Pref.	3.64 million 73.5%	0.7 million 14.1%	0.61 million 12.3%
Costs (Services provided from Mar. 2018 to Feb. 2019)	Whole country	5,030.3 billion yen 49.7%	1,733.8 billion yen 17.1%	3,348.8 billion yen 33.1%
	Osaka Pref.	442 billion yen 60.5%	100.9 billion yen 13.8%	188.1 billion yen 25.7%

Source: FY2018 Annual Long-Term Care Insurance Business Status Report (Ministry of Health, Labour and Welfare)

- In Osaka Prefecture, the percentage of the elderly certified as requiring long-term care in the population aged 65 or over is 22.7% after age adjustment (FY2018), the highest in all 47 prefectures. In particular, those at Care-Required Level 2 or below account for 15.2%, showing a large proportion of the elderly in need of mild care.

Viewing by municipality, the long-term care need certification rates after age adjustment varied from 25.5% to 15.2%.

**[Breakdown of long-term care need certification rates
(FY2018, after age adjustment)]**

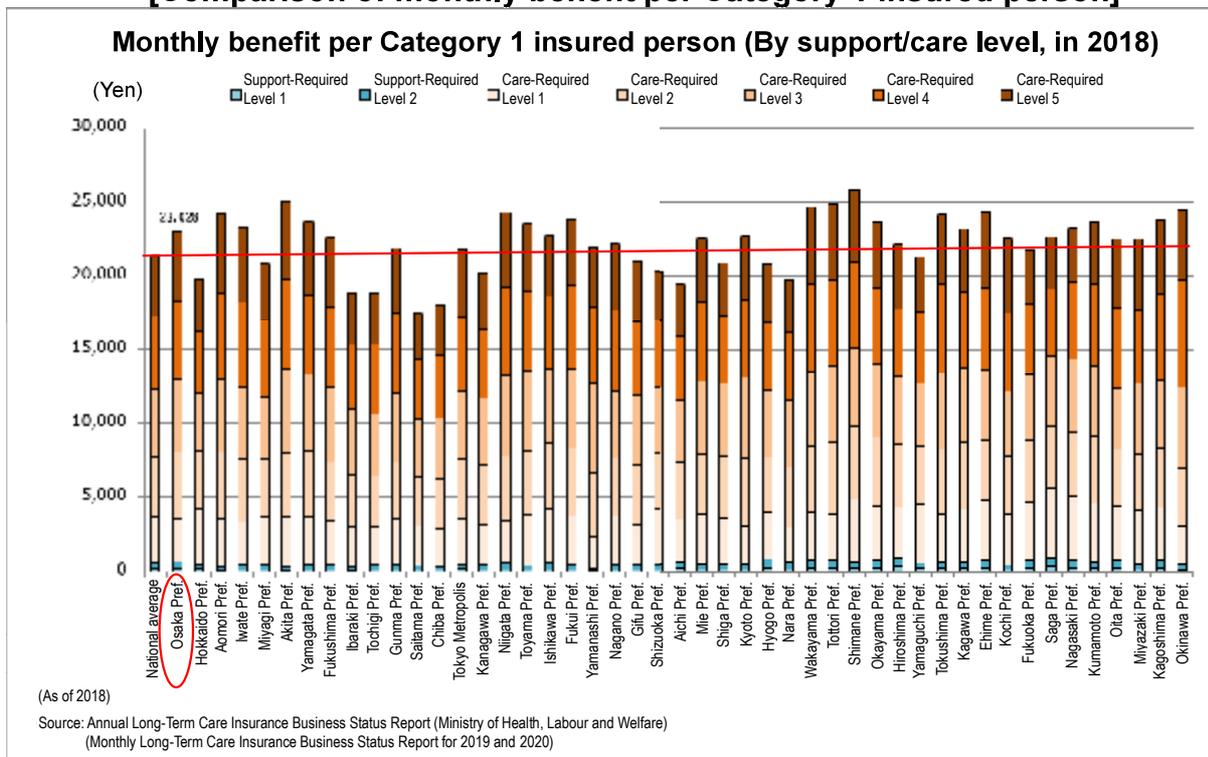
(Unit: %)

Long-term care need certification rate	Support-Required Level 1	Support-Required Level 2	Care-Required Level 1	Care-Required Level 2	Care-Required Level 3	Care-Required Level 4	Care-Required Level 5	Total certification rate
National average	2.6	2.6	3.7	3.1	2.4	2.2	1.7	18.3
Osaka Pref.	4.3	3.3	3.7	3.9	2.8	2.6	2.1	22.7
Difference	1.7	0.7	–	0.8	0.4	0.4	0.4	4.4

Source: FY2018 Annual Long-Term Care Insurance Business Status Report (Ministry of Health, Labour and Welfare)

- In 2018 in Osaka Prefecture, the monthly benefit granted per person insured is 23,028 yen after age adjustment, higher than the national average.

[Comparison of monthly benefit per Category 1 insured person]



Source: FY2018 Annual Long-Term Care Insurance Business Status Report (Ministry of Health, Labour and Welfare)

- In Osaka Prefecture, there are 690 facilities covered by long-term care insurance (four kinds: “home-based care support services,” “long-term care health facilities,” “sanatorium medical facilities for the elderly requiring long-term care,” and “integrated facilities for medical and long-term care”) with a total capacity of 56,000 and 1,813 facilities classified as “fee-based homes for the elderly” and “residences for elderly people with service” with a total capacity of 77,000 as of July 2020.

[Current status of elderly housing in Osaka Prefecture]



* Survey by the Osaka Prefectural Government

Chapter 3: Promotion of Health and Welfare Measures for the Elderly

Section 1: Self-reliance support, preventive care, and prevention of aggravation

[Goal]

Implementing self-reliance support and preventive care to encourage social involvement

1. Support initiatives on self-reliance support, preventive care, and prevention of aggravation conducted by municipal governments

- In Osaka Prefecture, the percentage of the elderly certified as requiring support among those requiring long-term care is high. As such, initiatives on self-reliance support, preventive care, and prevention of aggravation are important. Comprehensive preventive care/daily life support projects (hereinafter referred to as the “Comprehensive Projects”) and comprehensive support projects are some of the approaches for that purpose, and we will provide region-wide support so that all municipal governments in the prefecture can implement the projects smoothly in accordance with local circumstances.
- We will support municipal governments in sequentially implementing the following measures for self-reliance support, preventive care, and prevention of aggravation. In addition, we will provide support in accordance with the circumstances of each municipality, in consideration of their regional resources and status of population aging, among other matters.
 - ① Implementation of short-term and intensive “care prevention programs” based on assessment by specialists from the perspectives of motor function, nutrition and diet, and oral function so that those requiring support and project targets can live as they wish.
 - ② Promotion of “preventive care by social involvement,” encouraging those whose condition has improved after using the services to maintain the condition by participating in activities at community-operated spaces and playing a leading role in community activities.
- In regard to the livelihood support system development project as part of the comprehensive support projects, we will assist municipal governments in steadily implementing the Comprehensive Projects by improving infrastructure for livelihood support and preventive care service. Efforts include creating various services through community initiatives, enhancing the coordination function by training livelihood support coordinators (community mutual support promoters), and improving the network across the regions.
- We will support municipal governments in promoting their initiatives for supporting self-reliance, preventing the transition to the status of requiring long-term care, and improving or preventing worsening of the long-term care need levels by collecting and introducing cutting-edge approaches in and out of Osaka Prefecture since the conditions of accumulated know-how, human resources, and regional resources vary in each municipality.

2. Support health promotion

- While considering the changes in social situations, such as the rapidly growing aging population and the declining population in the prefecture (Osaka is the only one depopulated prefecture in the metropolitan areas), we aim to extend healthy life span of prefectural citizens by encouraging prevention of lifestyle-related diseases and their aggravation. As such, we have formulated the 3rd Osaka Prefecture Health Promotion Plan in order to promote the initiatives for grasping citizens’ health conditions and problems and solving them as comprehensive and systematic efforts of the whole society.
- Under the 3rd Osaka Prefecture Health Promotion Plan, by supporting active health promotion of citizens based on their stage of life, we will make efforts toward extension of a healthy life span so that each of them can lead a healthy and quality life while being emotionally and physically independent throughout life.

Section 2: Long-term care benefits optimization (The 5th Phase Osaka Prefecture Long-Term Care Benefits Improvement Plan)

[Goal]

Certifying long-term care need fairly and equitably, and optimizing long-term care benefits to provide appropriate services

1. Strive to ensure appropriate certification of long-term care need

- We will support efforts of municipal governments toward appropriate certification of long-term care need by visiting municipal Long-term Care Need Certification Committees to specify challenges and discuss solutions related to the operation of the committee and introducing initiatives by other municipalities.

2. Support municipal governments for seven projects on long-term care benefits optimization other than the above, such as check of care plans

[Check of care plans]

- We will support municipal governments by helping improvement of skills of officials engaged in the checks and by sharing care plans that require intensive investigation.

[Survey on home modification and purchase/rental of welfare instruments]

- We will work with municipal governments to consider how the checks can be conducted efficiently by, for example, sharing advanced survey methods.

[Utilization of benefit payment results]

- In cooperation with the Federation of National Health Insurance Associations in Osaka Prefecture, we will support municipal governments by providing information about how to utilize the long-term care benefits optimization system.

3. Strive to secure the quality of elderly housing

- To secure the quality of elderly housing, we will work with municipal governments to share case examples of care plan checks, consider the care plan checking methods focused on the residents of elderly housing, and guide and supervise housing operators.

Section 3: Integration of medical and long-term care

[Goal]

Establishing a system that allows people to continue living with peace of mind in a familiar place to their last moment, even when they require medical or long-term care

1. Promote integration of medical and long-term care

- To promote collaboration of personnel engaged in medical and long-term care in each municipality, we will support municipal governments in smoothly implementing projects related to integration of home medical care and long-term care. Efforts include grasping the current status of integration of home medical care and long-term care and clarifying challenges related thereto, confirming the status of municipal initiatives, such as collaboration promotion meetings that seek solutions, and sharing the outcomes with municipalities in Osaka Prefecture.
- By providing various data on regional healthcare vision and home medical care and successful case examples related to the integration of home medical care and long-term care, we will support municipal governments in smoothly implementing projects based on an analysis of the present situation and challenges.
- In regard to the four scenes where provision of integrated medical and long-term care is required (① support for daily medical care, ② continued support from hospitalization to discharge, ③ response to sudden deterioration, ④ caring for the dying), we will implement region-wide projects related to the integration of medical and long-term care, which is difficult for each municipal government to work on.

2. Work toward enhancement of home medical care

- We will make efforts to develop infrastructure for home medical services by, for example, increasing hospitals and clinics that support home medical care through house call medicine, house call dentistry, and house call nursing and by encouraging pharmacies to take part in home medical care.
- We will train doctors, dentists, pharmacists, nurses, and other medical staff engaged in home medical care, as well as human resources required in enhancing discharge support and coordination functions at hospitals and clinics with beds.
- We will help those engaged in medical and long-term care deepen their understanding of home medical care.

Section 4: Development of various kinds of housing and service infrastructure

[Goal]

Preparing housing that meets various needs

1. Secure a stable supply of elderly housing and promote welfare-focused community development

- The Osaka Prefectural Government has formulated the Housing Vision Osaka (Osaka Prefecture Basic Plan for Housing), indicating the goals of future housing and community development policies, framework of said policies, and course of action regarding their implementation.
As individual plans based on the Housing Vision Osaka, we have also formulated the Osaka Prefecture Rental Housing Supply Promotion Plan, aimed at further promoting the supply of rental housing that accepts persons requiring special assistance in securing housing, such as the elderly, in Osaka Prefecture, and the Osaka Prefecture Housing Plan for the Elderly and Persons with Disabilities as a guideline to promote comprehensive measures encouraging a stable supply of housing for the elderly and persons with disabilities.
- Based on the Osaka Prefecture Rental Housing Supply Promotion Plan and the Osaka Prefecture Housing Plan for the Elderly and Persons with Disabilities, we will continue our efforts to promote a stable supply of housing while utilizing the entire housing stock so that the elderly, persons with disabilities, and all those requiring special assistance in securing housing can secure housing in a familiar place.
- We will promote development of barrier-free cities to realize the concept of welfare-focused community development, enabling all citizens to travel of their own free will and be part of society.
- Some cities around the globe have started smart city projects, featuring cutting-edge technology such as IoT, AI, and big data and utilizing the outcomes for solving urban challenges and making urban functions more efficient. We will make efforts to create “Osaka-model” smart cities by utilizing cutting-edge technology, addressing regional and social challenges of each municipality, improving the quality of life of the elderly, and enhancing urban functions.

2. Secure service infrastructure that meets the needs of the elderly

- We will develop elderly facilities systematically in consideration of the regional balance and based on the service volume requirements estimated by municipal governments in light of the needs of the elderly and the balance between their benefits and burdens.
- The prefectural government will promote introduction of private room/unit-type facilities when newly constructing or renovating old special nursing homes for the elderly and long-term care health facilities so that the residents can live with peace of mind in an environment close to their homes.
- In regard to nursing homes for the elderly and low-cost homes for the elderly, it is expected that the residents in need of long-term care will increase as their stay period in the facility becomes longer. At the same time, those facilities are expected to accommodate the elderly with various challenges in life, such as the needy people and socially isolated people that are increasing in number. In consideration of current housing supply, regional needs, and the status of development and use of facilities, such as residences for the elderly people with service in nearby areas, the prefectural government will promote facility development and reconstruction based on the development goals set by the municipal governments. Moreover, we will support the designation of facilities as providers of “daily life long-term care admitted to a specified facility” so that they can provide long-term care to

- residents and satisfy their needs related to their challenges in life.
- We will support the facilities in promoting exchange with local people to facilitate their community-oriented operation. At the same time, we will support improvement of the environment surrounding facility users, such as by encouraging the facilities to accept care service consultants dispatched by municipalities when dealing with users' complaints.
 - The "integrated facility for medical and long-term care" is a new type of facility covered by long-term care insurance, established in FY2018. In regard to the closing of current sanatorium medical facilities for the elderly requiring long-term care, transitional measures for six years have been established. We will support their smooth conversion to integrated facilities for medical and long-term care or other facilities covered by long-term care insurance by the phasing-out period at the end of FY2023.
 - We will work with municipal governments to secure the quality of fee-based homes for the elderly and residences for elderly people with service.
 - We will support municipal governments so that they can strive toward promoting community-based services, which are expected to break the limit of home medical care.

Section 5: Securing and improving the quality of human resources engaged in welfare and long-term care services

[Goal]

Securing human resources engaged in medical and long-term care services to support the elderly

1. Strive to secure and improve the quality of human resources engaged in long-term care

- We have implemented various projects based on the Osaka Prefecture Strategy for Securing Care/Welfare Human Resources established in November 2017. As three years have passed since the launch of the projects, we will inspect and evaluate the results and implement necessary initiatives in a comprehensive manner in consideration of factors such as changes in the situation.
- We will implement initiatives based on various perspectives, such as widely sharing the attraction of jobs related to long-term care, promoting acceptance of various human resources (e.g., foreigners, the elderly in good health, people engaged in child-rearing) and other businesses, and supporting returning to work of certified care workers who are currently not working.
- We will implement initiatives leading to the workers' quality improvement and career path development in the entire region in consideration of the characteristics of each region. We will also make efforts to improve the quality of human resources engaged in long-term care, such as certified care workers.
In addition, we will support municipal governments in promoting their initiatives by utilizing the Integrated Securing Funds for Regional Medical and Long-term Care.
- We will support initiatives aimed at preventing turnover and encouraging continued employment of those engaged in long-term care, such as improving their working conditions and treatment and enhancing productivity in long-term care workplaces. In particular, taking into consideration the fact that the national initiatives for long-term care workplace reform advocate utilization of technology based on person-to-person (users and caregivers) relationships, we will promote enhancement of productivity and quality of long-term care service by supporting introduction of robots and ICT equipment into long-term care facilities, etc.

2. Work toward enhancement of home medical care (as stated previously)

- We will make efforts to develop infrastructure for home medical services by, for example, increasing hospitals and clinics that support home medical care through house call medicine, house call dentistry, and house call nursing and by encouraging pharmacies to take part in home medical care.
- We will train doctors, dentists, pharmacists, nurses, and other medical staff engaged in home medical care, as well as human resources required in enhancing discharge support and coordination functions at hospitals and clinics with beds.
- We will help those engaged in medical and long-term care deepen their understanding of home medical care.

**Supply-demand gap of human resources engaged in long-term care
(Actual number of people)**

	Estimated demand ①	Estimated supply ②	(Supply-demand gap) ①-②
2023	200,852 people	184,313 people	16,539 people
2025	209,510 people	185,090 people	24,420 people

* Calculated based on the “Long-term care human resources supply-demand estimate worksheet” by the Ministry of Health, Labour and Welfare.

* These are theoretical values as of the time of estimate.

Section 6: Proper operation of long-term care insurance projects

[Goal]

Securing a service provision system that respects self-reliance and dignity of the elderly

Subsection 1: Providing services in consideration of the conditions of each service recipient and improving the service quality

1. Provide services in consideration of the conditions of each service recipient

- We will inform long-term care service providers of the characteristics of each disability and required consideration so that they can give careful consideration when offering services to the elderly with disabilities who need support for communication.
- We will collaborate with the support center for persons who have recovered from leprosy, municipal governments, and welfare and long-term care personnel so that multifaceted support is given to those who have recovered from leprosy and their families.
- We will work with municipal governments to promote initiatives to facilitate communication at the time of the survey for long-term care need certification so that the condition of each person, including the elderly with disabilities or with dementia, can be accurately reflected. Specifically, we will encourage attendance of family members or caregivers and utilization of sign language interpreters or interpreters for deaf-blind persons as much as possible at the time of the survey.
- Service users are required to submit applications in regard to the costs related to the high-cost long-term care service and the long-term care service for specified facility residents. As such, it is necessary to share information about the system. Therefore, we will support publication activities by insurers so that they can provide detailed explanations when residents come to the contact office.

2. Strive to publicize the long-term care insurance system and improve the quality of long-term care service

- It is necessary to provide information about the long-term care insurance system in an easy-to-understand manner to the elderly who require consideration when they seek information. In addition, when the system undergoes changes, it is required to share the contents for each change widely and thoroughly.
- We will work with related organizations to provide training smoothly to care managers. We aim to provide them with continuous training to improve their quality, enhance their expertise and awareness of human rights, and promote care management that meets various needs of the elderly. At the seminar, we will provide information about the importance of cooperation and information sharing between care managers and consultants to facilitate appropriate service usage of the elderly with disabilities.
- We will provide long-term care service providers with information about the third-party evaluation system on welfare service, encourage them to receive evaluation, and disclose the results. Moreover, in regard to the external evaluation system required in the communal daily long-term care for dementia patients, we will select evaluation organizations and work with municipal governments to implement evaluation and disclose the results.

Subsection 2: Guidance and advice to service providers

1. Provide guidance to in-home service providers and support authorized municipalities

- If inappropriate operation of a service provider is suspected, we will provide guidance and supervision or take other necessary action in cooperation with insurers and related organizations.

- We will support authorized municipalities (municipalities to which authority is delegated) to facilitate their smooth operation and provision of appropriate services across the prefecture.
- We will promote prevention of accidents related to long-term care service and instruct service providers to contact the relevant municipal government (the insurer) if an accident should occur, and we will urge them to take measures to prevent another accident.

2. Provide guidance to facilities covered by long-term care insurance

- We will provide on-site guidance based on the Osaka Prefectural Ordinance concerning the Standards of Personnel, Equipment, and Operation of Designated Facilities Covered by Home-based Care Support Services and other rules. We will also promote initiatives such as group guidance given at a place to multiple facility organizers according to the content of required guidance.

3. Provide guidance to special nursing homes for the elderly in regard to appropriate admission of residents

- Based on the Osaka Prefecture Guidelines for Admission to Designated Facilities Covered by Home-based Care Support Services (Special Nursing Home for the Elderly), etc. formulated jointly with municipal governments and facilities, we will secure transparency and fairness in facility admission and instruct the facilities to ensure appropriate selection so that the elderly with substantial need for admission can be admitted preferentially.

Subsection 3: Improving complaint management and consultation systems

1. Improve the consultation system

- We will work with municipal governments to increase awareness of Community General Support Centers.
- We will support municipal governments so that those engaged in consultation activity in the community, such as commissioned welfare volunteers and commissioned child welfare volunteers, can provide home-visit consultation and clarify the challenges and needs of the elderly. We will also make efforts to improve the consultation system.
- We will encourage municipal governments' smooth implementation of the project providing comprehensive support for consultation, social involvement, and community development (multitiered support system development project) established in the Social Welfare Act (2020 revision) to respond to the complicated and multiple support needs of local residents.

2. Improve the complaint management system

- We will work with municipal governments, the Federation of National Health Insurance Associations in Osaka Prefecture, the Committee for Proper Operation of Osaka Prefecture Council of Social Welfare, and other related organizations to prevent recurrent complaints and eliminate complaints.
- In regard to the on-site guidance for facilities for the elderly and long-term care service providers, we will encourage them to establish systems and procedures for complaint management.
- We will support the smooth operation of the Committee for Proper Operation of Osaka Prefecture Council of Social Welfare, which provides consultation and advice and conducts investigation and mediation to resolve complaints on welfare services.

3. Properly handle examinations on administrative complaints

- To secure a remedy for rights and interests of service users and ensure appropriate administrative operation, we will continue our efforts to encourage more speedy and appropriate hearing procedures by the certification committee for long-term care insurance and support each insurer so that the certification committee in the relevant government is operated appropriately.

Section 7: Promotion of protection of rights and social involvement

[Goal]

Realizing a society in which everyone can actively participate

Subsection 1: Establishing a comprehensive support system toward a regional symbiotic society

1. Support municipal governments in developing a comprehensive support system

- We will support municipal governments in developing a comprehensive support system through initiatives of community development that encourage residents to think of local challenges as their own problems, development of places where consultations on various issues are comprehensively provided, coordination among consulting organizations, and development of the network system.
- We will encourage municipal governments' smooth implementation of the project providing comprehensive support for consultation, social involvement, and community development (multitiered support system development project) established in the Social Welfare Act (2020 revision) to respond to the complicated and multiple support needs of local residents (as stated previously).

2. Strive to prevent isolation of the elderly and support the elderly in need

- To prevent isolation of the elderly and support the elderly in need, we will support municipal governments that promote collaboration and cooperation among Community General Support Centers, Councils of Social Welfare in each municipality, self-reliance support and consultation organizations for people in need and other related organizations, and Community Social Workers (CSWs).

3. Enhance education on welfare

- We will promote education on welfare through hands-on learning, allowing students of elementary and junior high schools to realize the diverse lives and lifestyles of the elderly and people with disabilities living in familiar places and understand the meaning and roles of welfare issues and welfare activities.
- We will promote education on welfare at prefectural high schools, focusing on the development of human resources that will promote social welfare by, for example, establishing courses on welfare.

4. Promote understanding of persons who have recovered from leprosy

- We will promote understanding of human rights of persons who have recovered from leprosy at elementary, junior high, and prefectural high schools.

Subsection 2: Promoting protection of rights

1. Promote initiatives to prevent elder abuse

- As municipal governments primarily respond to elder abuse cases, we will support them in taking speedy and appropriate actions. In handling malicious cases requiring speedy exercise of the prefectural government's authority or when the prefectural government directly receives a report, we will promptly confirm the facts and provide guidance together with the municipal government.
- We will make efforts to improve caregivers' skills in abuse prevention and promote abuse prevention at facilities.

2. Encourage the use of the adult guardianship system

- To ensure appropriate implementation of the adult guardianship system support project, we will encourage municipal governments to establish a framework to provide necessary support to those who need to use the system.

3. Make efforts to prevent the elderly from becoming crime victims

- We will strive to provide information effectively as to the tricks deployed by fraudulent businesses targeting the elderly as well as what the elderly should keep in mind. By establishing watch-over networks of regional councils for ensuring consumer safety in each municipality, we will work with related organizations to provide ample information to those in the community who require watch-over support. At the same time, we will support related organizations so that the watch-over activities will be conducted by various entities, including business operators.
- We will provide region-wide support so that the elderly, including those with dementia, and their families can live with peace of mind and will promote initiatives such as providing information to municipal governments.

Subsection 3: Establishing a society where people can utilize their rich experience and abilities

1. Promote social involvement of the elderly

- If the elderly can get involved in society and play a role there, it will lead to the prevention of long-term care. Therefore, we will support community building through development of life support systems so that the elderly can utilize their experience and knowledge and get involved in society for self-realization as supporters of the community.
- Senior citizens clubs are expected to play a role in mutual support activities in the community. Therefore, we will support them through municipalities and the Osaka Senior Citizens' Club Union so that they can make efforts to increase the club members and take part in watch-over visits and other activities in accordance with local circumstances.

2. Promote job and employment opportunities for the elderly

[Promoting job and employment opportunities for middle-aged and older people]

- We will raise awareness of and promote employment of middle-aged and older people.
- We will provide employment support to job seekers, including middle-aged and older people, through upskilling opportunities as part of the public vocational training and seminars given by OSAKA shigoto field.

[Promoting projects conducted by the Silver Human Resources Center]

- We will promote projects conducted by the Council of Silver Human Resources Centers in Osaka Prefecture to enhance employment opportunities and increase the employment rate of the elderly.

Section 8: Establishment of elderly support systems against disasters and infectious diseases

[Goal]

Establishing systems allowing the elderly to use long-term care service with peace of mind in the occurrence of disasters or infectious diseases

1. Establish an elderly support system against disasters

- The Osaka Prefectural Government has formulated the Osaka Prefectural Area Disaster Management Plan, stipulating measures against disasters, based on the fundamental concept of disaster resilience (minimizing damage from a disaster and recovering as soon as possible). Based on this plan, we will implement necessary projects and work with long-term care service providers and other entities on a regular basis, conducting disaster drills and other awareness-raising activities and confirming the risks and the status of storage and procurement of foods, drinking water, daily necessities, fuel and other supplies in long-term care facilities, etc.
- We will support the establishment of a system that allows municipal governments to obtain information about vulnerable people in disasters on a regular basis and provide speedy and appropriate support to the elderly during a disaster. At the same time, we will take necessary measures to respond to the welfare needs of prefectural citizens during a disaster.

- We will regularly check specific plans on disaster risk reduction formulated by each long-term care service provider so that the users can use necessary services with peace of mind.
- We will also develop the support system by concluding long-term care personnel dispatch agreements with related organizations beforehand.

2. Establish an elderly support system against infectious diseases

- The Osaka Prefectural Government has formulated the Osaka Prefectural Action Plan for Pandemic Influenza and New Infectious Diseases (hereinafter referred to as the “Action Plan”), stipulating initiatives for preventing the spread of infectious diseases, such as pandemic influenza, as well as measures to be taken by the prefectural government at each phase of the epidemic. The Action Plan was formulated based on the relevant law¹. We will implement necessary initiatives according to the Action Plan and keep ourselves prepared for the occurrence of infectious diseases by conducting drills and providing information about infection prevention measures based on cooperation with the national and municipal governments and related organizations on a regular basis.
- In group guidance and on-site guidance to facilities covered by long-term care insurance, we will utilize the infection prevention manual for elderly facilities and other materials to ensure prevention of infections and appropriate responses in the occurrence of infectious diseases.
- We will also regularly confirm whether preparations are made by long-term care service providers to continue providing services in the occurrence of infectious diseases. Moreover, we will improve training related to infectious diseases so that staff at long-term care facilities can work based on understanding and knowledge about infectious diseases.
- Particularly in regard to COVID-19, we have taken necessary measures, such as urging thorough infection prevention measures in the facilities, providing necessary training related thereto, and preparing information videos and other materials for training. We have also worked on the provision of hygiene materials to long-term care service providers and the development of a personnel support system including inter-office cooperation amid the pandemic.

We will continue to take necessary measures in light of the status of infections and development of vaccines and therapeutic drugs.

Chapter 4: Osaka Prefectural Plan for the Promotion of Measures against Dementia 2021

Section 1: Purpose of the Plan

- In Osaka Prefecture, the population of the elderly aged 75 or over will continue to increase rapidly until 2025. As in other urban areas, Osaka Prefecture is expected to experience population aging with an increase in elderly single households and elderly people with dementia, while the working-age population will decrease. The elderly population will reach its peak around 2045, when the population of those aged 85 or over, with higher demands for medical and long-term care, will rapidly increase and the second-generation baby boomers will be over 65 years old.
- In light of the above, the Osaka Prefectural Government has decided to formulate the Osaka Prefectural Plan for the Promotion of Measures against Dementia. To realize a society where people with dementia can continue living their life in a good environment in the community to the extent possible, the Plan aims to determine basic policy goals pursued by the Osaka Prefectural Government based on the present situation and challenges of the prefecture and to clarify the measures to be taken to realize such goals.
- Measures included in the Plan must be implemented in consideration of the situations of the elderly and in line with measures included in the Elderly Welfare Plan and the Long-Term Care Insurance Service Support Plan. Therefore, the period of the Plan is from FY2021 to FY2023, same as that of the Osaka Prefectural Plan for Senior Citizens 2021.

¹ Article 7, paragraph 1 of the Act on Special Measures for Pandemic Influenza and New Infectious Diseases Preparedness and Response

- The Osaka Prefectural Government has established the Osaka Prefectural Council for Promotion of the Measures for the Health and Welfare of Senior Citizens, which comprises related departments and bureaus, to promote the implementation of the Plan. The relevant departments and bureaus will work in close collaboration to implement the Plan through the holding of Council meetings and other activities. The prefectural government has also established the Osaka Prefectural Committee for the Promotion of Plans for the Health and Welfare of Senior Citizens, which comprises academics and other experts from the fields of welfare, medicine, and health, to inspect and evaluate the progress of the Plan. Results of the inspection and evaluation will be disclosed through media such as the website of the prefectural government. In each Section of the Plan, the goal and specific measures are indicated to help manage the progress of each measure.

Section 2: Present situation of people with dementia and future estimation

- The future estimation of the prevalence of dementia in Osaka Prefecture, made using the “prevalence rate of dementia by gender and age group in 2012 calculated by the mathematical model” included in a national research project, indicates that the prevalence of dementia, which was 322,000 in 2015, is expected to reach 547,000 in 2035, showing an increase of approximately 230,000 in 20 years.

[Prevalence rate of dementia by gender and age group in 2012 calculated by the mathematical model]

Age group	Male	Female
65–69 years old	1.94% (1.44%–2.61%)	2.42% (1.81%–3.25%)
70–74 years old	4.30% (3.31%–5.59%)	5.38% (4.18%–6.93%)
75–79 years old	9.55% (7.53%–12.12%)	11.95% (9.57%–14.91%)
80–84 years old	21.21% (16.86%–26.68%)	26.52% (21.57%–32.61%)
85 years old or over	47.09% (37.09%–59.77%)	58.88% (47.69%–72.69%)

* Preliminary figures by “Research on future estimation of the population of the elderly with dementia in Japan” (Health and Labour Sciences Research Grant Special Research in 2014 by Professor Ninomiya of Kyushu University)

[Future estimation of the elderly with dementia (Table, Osaka Prefecture)]

	2015	2020	2025	2030	2035	2040
Prevalence of dementia	322,000	399,000	466,000	519,000	547,000	533,000
Prevalence rate of dementia	13.9%	16.3%	19.2%	21.3%	21.7%	20.1%

* Calculated by multiplying the above preliminary figures by future estimation of the population of Osaka Prefecture by gender and age group from “Regional Population Projections for Japan (estimated March 2018)” by the National Institute of Population and Social Security Research.

Section 3: Promotion of health and welfare measures for people with dementia

- Measure mainly targeted at people with dementia
- Measure targeted at the elderly

[Goal]

Implementing self-reliance support and preventive care to encourage social involvement

Subsection 1: Providing information and encouraging people with dementia to share information about themselves

1. Promote understanding of dementia

- Based on the concept that, as anyone may suffer from dementia, we will pursue a society where people with dementia and their families can continue living their life in a good environment in the community to the extent possible, we will raise people’s awareness of dementia through media such as leaflets, pamphlets, and websites to promote correct knowledge and understanding of dementia.

- We will work with municipal governments to train dementia supporters who, based on correct knowledge and understanding of dementia, assist people with dementia and their families in communities and workplaces. We will also continue the training for “caravan mates,” who serve as lecturers in dementia supporter training courses.
- We will work with municipal governments to promote the enhancement of training courses for employees of retail stores, financial institutions, public transportation, and other trades that are expected to have many opportunities to communicate with people with dementia in their living environment.
- We will encourage municipal governments to host more courses that provide people who completed the dementia supporter training course with opportunities to review what they have learned and obtain knowledge that will be useful in practical scenes through not only lectures but also presentations and discussions among peer supporters (hereinafter referred to as the “step-up course”).
- In addition to increasing the number of dementia supporters, we will support municipal governments in developing a system encouraging dementia supporters who completed the step-up course to form a support team that provides specific support to people with dementia and their families according to their needs for support (“Team Orange”).
- We will work with private business operators to promote correct knowledge of dementia and encourage watch-over activities for the elderly in communities.
- We will raise awareness of dementia on the occasion of World Alzheimer’s Day on September 21 and World Alzheimer’s Month (September).
- We aim to promote initiatives to encourage prior decision-making by people with dementia so that caregivers can provide support in accordance with their will as much as possible. For this purpose, we will work with municipal governments to share with medical and long-term care personnel the nationally formulated guidelines to support decision-making of people with dementia in everyday and social life.

2. Provide information about consultation services

- Establishing a system for consultation about dementia is an essential basis for supporting people with dementia and their families. Therefore, we will encourage municipal governments to widely share information about consultation services that are locally available in each municipality.
- We will provide basic knowledge about dementia and information about consultation services in an easy-to-understand manner through media such as the website of the prefectural government, thus enhancing information provision to prefectural citizens.
- In regard to the Dementia Care Path, we will urge municipalities that have not made their own to do so as soon as possible. For municipalities that have already made their own, we will encourage them to check and organize the contents for improvement.

3. Encourage people with dementia to share information about themselves

- People with dementia vigorously engaging in activities may change people’s point of view on dementia and give hope to many other people with dementia. Therefore, we will encourage people with dementia to share information about themselves.
- We will make further efforts to publicize the initiative of “peer meetings,” where people with dementia gather to discuss their wishes and what they need.
- We will support municipal governments that promote consultation activities by people with dementia themselves (peer activities) that provide mental and life support at an early stage in communities, as well as those that support family meetings to provide opportunities for interaction among families of people with dementia with a view to offering mental support to family caregivers suffering various problems.

Subsection 2: Prevention

1. Promote activities that may contribute to dementia prevention

- We will support initiatives on preventive care by municipal governments in the prefecture, such as the promotion of care management that contributes to self-reliance support assisted by professionals in rehabilitation, etc. We will also support initiatives which contribute to preventive care, such as effective

- involvement of municipal governments in activities at community-operated spaces run by residents.
- Based on the 2nd Phase Osaka Prefecture Sports Promotion Plan, which aims at encouraging each of the prefectural citizens to live fulfilled lives at any stage of life, we will work with municipal governments, parties related to physical education and sports at school, and companies to develop an environment allowing each citizen to enjoy sports of various kinds at any time and place and in whatever way they like.

2. Promote early recognition of and intervention for dementia (including Mild Cognitive Impairment (MCI))

- We will promote awareness-raising on the symptoms of dementia and MCI and work with municipal governments so that the elderly and their families can promptly consult the appropriate organization when they feel there might be some problem. In particular, in regard to prevention, we will promote correct knowledge and understanding of dementia so that prejudice and misunderstanding will not be aroused based on incorrect understanding, such as “Someone develops dementia because of a lack of effort.”
- In regard to early recognition of and intervention for dementia (including MCI), we will support municipal governments by collecting and sharing information about advanced or successful cases, such as cooperation with early-stage dementia intensive support teams and dementia-related disease medical centers, and the latest evidence on dementia prevention gained through investigation and research by the national government and other organizations.

Subsection 3: Providing medical and long-term care and supporting caregivers

1. Promote early recognition and intervention and develop the medical system

- We will establish a dementia-related disease medical center in each of the secondary medical care areas. This is to connect long-term care services to dementia-related services in local areas, such as specialized medical consultation, differential diagnosis, response to acute physical complications and behavioral and psychological symptoms of dementia (BPSD), coordination with family doctors, providing information and consultation about long-term care for patients and their families, and providing medical information.
- In addition, based on the “guidelines for ensuring the provision of high-quality and appropriate medical care for people with mental disabilities,” we will specify medical institutions and regional psychiatric medical institutions serving as bases for inter-prefectural and inter-regional coordination related to dementia.
- Early-stage dementia intensive support teams are engaged in initial responses to ensure that differential diagnosis is made at an early stage and that the patients can receive appropriate medical and long-term care, while community dementia supporters provide support in accordance with local circumstances. To facilitate their activities, we will provide training so that they can obtain the necessary knowledge and skills.

2. Promote improvement of skills of medical and long-term care service personnel

- We will promote training for dementia support doctors, who are skilled in the treatment of people with dementia, can provide consultation for family doctors regarding matters such as diagnosis of dementia, and can promote cooperation among specialized medical institutions and Community General Support Centers.
- To improve the skills of family doctors, who are closer to the patients, in handling dementia and encourage them to introduce the patients to appropriate medical institutions when necessary, we will provide training to family doctors. Such training will also be provided to dentists and pharmacists.
- We will provide training to medical and nursing staff at general hospitals to improve their skills in handling dementia, thus improving the response to BPSD at acute medical institutions that treat physical complications of people with dementia, and to enhance staff members’ practical skills in handling patients from hospitalization to discharge.
- To secure human resources that can provide quality long-term care to people with dementia, we will promote implementation of systematic training for providing long-term care based on the intentions of the patients and correct understanding of dementia, slowing down the symptoms of dementia as much

as possible, and preventing BPSD.

- By providing managers of community-based service providers with training for obtaining knowledge related to the provision of appropriate services, we will support technical improvement in long-term care for dementia.

3. Strive to develop infrastructure for long-term care services and secure human resources engaged in long-term care

- We will develop elderly facilities systematically in consideration of the regional balance and based on the service volume requirements estimated by municipal governments in light of the needs of the elderly and the balance between their benefits and burdens.
- We have implemented various projects based on the Osaka Prefecture Strategy for Securing Care/Welfare Human Resources established in November 2017. As three years have passed since the launch of the projects, we will inspect and evaluate the results and implement necessary initiatives in a comprehensive manner in consideration of factors such as changes in the situation.
- We will implement initiatives based on various perspectives, such as widely sharing the attraction of jobs related to long-term care, promoting acceptance of various human resources (e.g., foreigners, the elderly in good health, people engaged in child-rearing) and other businesses, and supporting returning to work of certified care workers who are currently not working.
- We will implement initiatives leading to the workers' quality improvement and career path development in the entire region in consideration of the characteristics of each region. We will also make efforts to improve the quality of human resources engaged in long-term care, such as certified care workers.

In addition, we will support municipal governments in promoting their initiatives by utilizing the Integrated Securing Funds for Regional Medical and Long-term Care.

- We will support initiatives aimed at preventing turnover and encouraging continued employment of those engaged in long-term care, such as improving their working conditions and treatment and enhancing productivity in long-term care workplaces. In particular, taking into consideration the fact that the national initiatives for long-term care workplace reform advocate utilization of technology based on person-to-person (users and caregivers) relationships, we will promote enhancement of productivity and quality of long-term care service by supporting introduction of robots and ICT equipment into long-term care facilities, etc.

4. Strive to reduce the burden of caregivers of people with dementia

- We will work with municipal governments to promote initiatives, such as a dementia café where people with dementia and their families as caregivers gather, family classes, and peer activities by families, thereby reducing the burden on families.
- We will work with municipal governments to support the holding of meetings involving people with dementia and their families in a familiar setting for them.

Subsection 4: Promoting a barrier-free environment for people with dementia and supporting and encouraging social involvement of people with early-onset dementia

1. Promote a barrier-free environment for people with dementia

(1) Promoting barrier-free cities

- As anyone may suffer from dementia, we will promote social understanding of dementia so that people with dementia and their families can continue living their life in a good environment in the community to the extent possible.
- We will promote development of barrier-free cities where all citizens can travel of their own free will and be part of society.
- Some cities around the globe have started smart city projects, featuring cutting-edge technology such as IoT, AI, and big data and utilizing the outcomes for solving urban challenges and making urban functions more efficient. We will make efforts to create "Osaka-model" smart cities by utilizing cutting-edge technology, addressing regional and social challenges of each municipality, improving the quality of life of the elderly, and enhancing urban functions.

(2) Securing traffic safety

- We will run campaigns for prefectural citizens to share with every one of them the concept of traffic safety and urge them to observe traffic rules and practice driving etiquette.

(3) Securing housing

- Based on the Osaka Prefecture Rental Housing Supply Promotion Plan and the Osaka Prefecture Housing Plan for the Elderly and Persons with Disabilities, we will continue our efforts to promote a stable supply of housing while utilizing the entire housing stock so that the elderly, persons with disabilities, and all those requiring special assistance in securing housing can secure housing in a familiar place.

(4) Enhancing community support systems

- We will provide region-wide support to enhance the community watch-over network established in all municipalities so that people with dementia and their families can live with peace of mind.
- We will work with private business operators to promote correct knowledge of dementia and encourage watch-over activities for the elderly in communities.
- In addition to increasing the number of dementia supporters, we will support municipal governments in developing a system encouraging dementia supporters who completed the step-up course to form a support team that provides specific support to people with dementia and their families according to their needs for support (“Team Orange”) (as stated previously).
- We will support the establishment of community watch-over systems allowing people with dementia to go out safely. To promptly find them and take them into protective custody when they go missing, we will review existing search systems and establish a cooperative framework for area-wide search. We will also make efforts to establish search networks and publicize ICT-assisted search systems.
- We will support the initiatives by municipal governments to establish community support systems, such as promoting the formation and utilization of the Dementia Care Path, implementing projects at dementia cafés, and promoting social involvement of people with dementia, with community dementia supporters playing a primary role in connecting regional resources.
- We will encourage municipal governments’ smooth implementation of the project providing comprehensive support for consultation, social involvement, and community development (multitiered support system development project) established in the Social Welfare Act (2020 revision) to respond to the complicated and multiple support needs of local residents.
- We will designate corporations that provide various kinds of housing support to the elderly, including those with dementia, and all those requiring special assistance in securing housing as Housing Assistance Corporations. We will enhance support for securing their homes at “safe and secure rental housing” in communities based on close cooperation among real estate businesses, municipal governments, and Housing Assistance Corporations. We will also work on the establishment of housing support councils in each municipality to ensure effective and efficient support.

(5) Encouraging the use of adult guardianship system

- To ensure appropriate implementation of the adult guardianship system support project, we will encourage municipal governments to establish a framework to provide necessary support to those who need to use the system.

(6) Promoting initiatives to prevent elder abuse

- As municipal governments primarily respond to elder abuse cases, we will implement initiatives to improve their abilities in taking speedy and appropriate actions. In handling malicious cases requiring speedy exercise of the prefectural government's authority or when the prefectural government directly receives a report, we will promptly confirm the facts and provide guidance together with the municipal government.
- We will make efforts to improve caregivers' skills in abuse prevention and promote abuse prevention at facilities.

(7) Preventing the elderly from becoming crime victims

- We will strive to provide information effectively as to the tricks deployed by fraudulent businesses targeting the elderly as well as what the elderly should keep in mind. By establishing watch-over networks of regional councils for ensuring consumer safety in each municipality, we will work with related organizations to provide ample information to those in the community who require watch-over support. At the same time, we will support related organizations so that the watch-over activities will be conducted by various entities, including business operators.

2. Support people with early-onset dementia

- We will continue deploying coordinators to support people with early-onset dementia and developing a system leading to early recognition of and intervention for early-onset dementia. At the same time, to promote continued employment of people with early-onset dementia to the extent possible, we will provide information to and raise the awareness of employers and coordinate with them so that measures for their employment are taken properly.
- To improve the ability of the communities to support people with early-onset dementia, we will support initiatives of municipal governments by deploying staff who handle specific challenges and consider support methods based on medical assessment, such as the current condition and future prospects for change in the condition of people with early-onset dementia.
- We will provide training to those engaged in supporting people with early-onset dementia so that they can provide support in accordance with the characteristics of early-onset dementia. We will also raise people's awareness of early-onset dementia.

3. Support social involvement of people with dementia

- Community dementia supporters are engaged in activities to lead the development of community support systems. By finding cases that will lead to social involvement support from among their activities and introducing them to municipal governments, we will promote activities in accordance with local circumstances.
- We will support social involvement of people with dementia by enhancing the opportunities for them to share information about themselves.
- We will support people with early-onset dementia by, for example, promoting their continued employment to the extent possible.

**Chapter 5: Estimated Service Volume of Long-Term Care and Total Capacity
Necessary to Accommodate Residents (Users)**

Section 1: Estimated number of persons certified as requiring support or long-term care

The estimated number of persons certified as requiring support or long-term care in this Plan was calculated by each municipal government.

**[Estimated number of persons certified as requiring support
or long-term care by support/care level]**

(Unit: person)

Support/Care Level	FY2021	FY2022	FY2023	FY2025 (Reference)	FY2040 (Reference)
Total	547,355	562,612	577,748	605,224	663,095
Support-Required Level 1	101,164	102,519	104,217	107,912	106,326
Support-Required Level 2	79,906	81,457	83,115	86,315	88,027
Care-Required Level 1	91,426	94,721	97,832	102,853	110,768
Care-Required Level 2	93,555	96,159	98,572	103,192	114,971
Care-Required Level 3	67,402	69,852	72,140	76,124	89,048
Care-Required Level 4	63,903	66,157	68,382	72,323	86,665
Care-Required Level 5	49,999	51,747	53,490	56,505	67,290

* The number of persons certified as requiring support or long-term care includes Category 2 insured persons (40 to 64 years old).

Section 2: Estimated long-term care service volume

The estimated long-term care service volume (required volume) in this Plan was calculated by adding all the estimates made by each municipal government based on past data on the use of services, estimated number of persons certified as requiring long-term care or support, and intentions for future use of the services based on a survey on the needs related to preventive care in daily living areas; they were then sorted by elderly welfare service area.

Service volume			FY2021	FY2022	FY2023	FY2025 (Reference)	FY2040 (Reference)
In-home services	In-home long-term care support	(persons/month)	229,365	237,757	245,753	257,422	291,839
	Home-visit long-term care	(times/year)	51,213,142	53,409,400	55,497,177	58,109,811	67,829,366
	Home-visit bathing long-term care	(times/year)	262,328	274,607	286,770	300,397	362,966
	Home-visit nursing	(times/year)	6,583,992	6,852,866	7,111,024	7,490,285	8,665,629
	Home-visit rehabilitation	(times/year)	1,225,640	1,280,814	1,333,843	1,401,649	1,610,024
	Outpatient day long-term care	(times/year)	9,651,068	10,005,509	10,357,868	10,861,739	12,277,165
	Outpatient rehabilitation	(times/year)	2,911,632	3,035,274	3,140,705	3,291,564	3,706,617
	Short-term admission for daily life long-term care	(days/year)	2,321,408	2,450,178	2,552,159	2,677,276	3,151,371
	Short-term admission for recuperation	(days/year)	313,585	328,521	342,317	357,486	423,151
	Rental service of equipment for long-term care covered by public aid	(thousand yen/year)	27,697,589	28,855,004	30,017,223	31,381,857	36,335,740
	Sales of specified equipment covered by public aid	(thousand yen/year)	1,003,007	1,037,169	1,073,540	1,126,145	1,317,225
	Home modification	(thousand yen/year)	1,724,708	1,788,791	1,855,849	1,932,592	2,203,016
	Guidance for management of in-home medical long-term care	(persons/month)	87,109	90,868	94,450	99,236	115,235
	Daily life long-term care admitted to a specified facility	(persons/month)	15,831	16,943	17,680	18,409	20,664
Facility services	Home-based care support services	(persons/month)	34,566	35,037	35,438	37,861	42,921
	Long-term care health facility	(persons/month)	21,074	21,326	21,407	23,160	26,438
	Integrated facility for medical and long-term care	(persons/month)	857	907	1,061	1,707	1,903
	Sanatorium medical facility for the elderly requiring long-term care	(persons/month)	564	528	484	-	-

Service volume		FY2021	FY2022	FY2023	FY2025 (Reference)	FY2040 (Reference)	
Preventive long-term care services	Care prevention support	(persons/month)	63,810	65,406	66,832	69,531	70,155
	Home-visit bathing service for preventive long-term care	(times/year)	1,048	1,085	1,145	1,171	1,406
	Home-visit nursing service for preventive long-term care	(times/year)	914,031	941,845	968,525	1,013,222	1,037,263
	Home-visit rehabilitation service for preventive long-term care	(times/year)	202,064	208,188	214,095	223,070	227,350
	Outpatient rehabilitation service for preventive long-term care	(persons/month)	11,353	11,684	11,969	12,451	12,388
	Short-term admission for daily preventive long-term care	(days/year)	19,280	20,405	21,294	21,939	23,409
	Short-term admission for recuperation for preventive long-term care	(days/year)	3,152	3,316	3,418	3,490	3,806
	Lending preventive long-term care welfare instruments	(thousand yen/year)	3,793,539	3,906,793	4,014,343	4,155,321	4,184,385
	Sales of specific preventive long-term care welfare instruments	(thousand yen/year)	344,763	351,526	359,891	375,094	388,868
	Home modification for preventive long-term care	(thousand yen/year)	1,379,952	1,423,857	1,464,814	1,521,181	1,530,642
	Management and guidance for in-home medical service for preventive long-term care	(persons/month)	5,620	5,784	5,935	6,165	6,328
	Daily preventive long-term care admitted to a specified facility	(persons/month)	2,675	2,842	2,935	3,046	3,156
	Community-based (preventive long-term care) services	Regular visiting/on demand home-visit long-term/nursing care	(persons/month)	2,197	2,507	2,638	2,812
Home visit at night for long-term care		(persons/month)	322	332	344	374	426
Community-based outpatient day long-term care		(times/year)	3,997,967	4,149,765	4,299,671	4,509,485	5,109,963
Outpatient long-term care of dementia patients		(times/year)	424,552	443,280	460,329	482,469	556,991
Multifunctional long-term care in a small group home		(persons/month)	3,768	3,984	4,256	4,509	5,122
Communal daily long-term care for dementia patients		(persons/month)	11,393	11,876	12,456	13,147	16,744
Daily life long-term care for people admitted to a community-based specified facility		(persons/month)	335	437	512	527	583
Admission to a community-based facility for preventive daily long-term care of the elderly covered by public aid		(persons/month)	3,828	4,046	4,543	4,992	5,976
Combined Multiple Service (multifunctional long-term care in a small group home & home-visit nursing)		(persons/month)	1,197	1,504	1,676	1,835	2,049
Outpatient care service for preventive long-term care for dementia patient		(times/year)	2,566	2,760	2,912	3,091	3,511
Multifunctional preventive long-term care in a small group home		(persons/month)	482	513	550	575	599
Daily life care service for preventive long-term care in communal living for dementia patient		(persons/month)	34	38	49	52	62

Section 3: Total capacity necessary to accommodate residents (users) of facility/housing-type services and community-based services

(Unit: person)

Type	End of FY2020 estimate (Reference)	FY2021	FY2022	FY2023	Difference between the end of FY2023 and FY2020 estimate
Services at facilities covered by long-term care insurance					
Home-based care support services	33,994	34,419	34,695	35,086	1,092
Long-term care health facility	21,231	21,387	21,387	21,387	156
Integrated facility for medical and long-term care	0	100	104	133	133
Sanatorium medical facility for the elderly requiring long-term care	521	493	493	252	-269
Housing-type services					
Daily life long-term care admitted to a specified facility specialized in long-term care	542	542	542	542	0
Daily life long-term care admitted to a combined specified facility	21,636	22,340	23,406	23,988	2,352
Community-based services					
Communal daily long-term care for dementia patients	11,937	12,341	12,759	13,258	1,321
Daily life long-term care for people admitted to a community-based specified facility	317	375	500	587	270
Admission to a community-based facility for preventive daily long-term care of the elderly covered by public aid	3,886	4,002	4,231	4,724	838

* As for “facilities covered by long-term care insurance” and “daily life long-term care admitted to a specified facility,” calculations were made in consideration of factors such as the intent for facility development estimated by each municipal government for each year. As for “sanatorium medical facility for the elderly requiring long-term care,” construction of new facilities is not expected.

* As for the community-based services, calculations were made by adding the total capacity necessary to accommodate users estimated by each municipal government according to local circumstances.

[Reference] Estimates of long-term care benefits, etc. during the Plan period

- Standard long-term care benefits costs (estimation)

(Unit: million yen)

	End of FY2021	End of FY2022	End of FY2023
Costs of services covered by long-term care benefits	759,191	788,277	815,720
High-cost long-term care (preventive care) service costs	22,803	23,572	24,674
High-cost combined medical and long-term care (preventive care) service costs	3,071	3,311	3,545
Costs of long-term care (preventive care) service for specified facility residents	17,189	16,025	16,530
Examination/payment fees	678	706	733
Total costs of standard long-term care benefits	802,932	831,891	861,202

- Costs of community support projects (estimation)

(Unit: million yen)

	End of FY2021	End of FY2022	End of FY2023
Costs of comprehensive preventive care/daily life support projects	33,153	34,527	35,680
Costs of comprehensive support projects and voluntary projects	15,422	15,860	16,177
Total costs of community support projects	48,575	50,387	51,857

- Average value of standard insurance premium amounts (estimation)

(Unit: yen/month)

	6th period	7th period	8th period
Standard insurance premium amount	6,025	6,636	6,826
Increased amount of money	722	611	190

* Weighted average of Osaka Prefecture

The average value of standard insurance premium amounts (estimation) is 7,942 yen/month for 2025 and 9,651 yen/month for 2040.

Chapter 6: Review of Osaka Prefectural Plan for Senior Citizens 2018

		FY2018			FY2019		
		Plan	Results	vs. plan	Plan	Results	vs. plan
Number of persons certified as requiring support or long-term care	(persons)	517,044	517,779	100.1%	533,107	524,705	98.4%

Service volume		FY2018			FY2019		
In-home services		Plan	Results	vs. plan	Plan	Results	vs. plan
In-home long-term care support	(persons/month)	210,826	211,967	100.5%	218,212	215,444	98.7%
Home-visit long-term care	(times/year)	43,698,692	44,641,681	102.2%	46,050,231	46,998,756	102.1%
Home-visit bathing long-term care	(times/year)	268,004	240,281	89.7%	281,291	242,764	86.3%
Home-visit nursing	(times/year)	5,231,127	5,397,756	103.2%	5,602,918	5,849,869	104.4%
Home-visit rehabilitation	(times/year)	1,116,765	1,073,653	96.1%	1,178,933	1,140,453	96.7%
Outpatient day long-term care	(times/year)	8,767,964	8,964,250	102.2%	9,170,641	9,243,205	100.8%
Outpatient rehabilitation	(times/year)	2,911,064	2,798,951	96.1%	3,032,443	2,867,274	94.6%
Short-term admission for daily life long-term care	(days/year)	2,236,256	2,192,879	98.1%	2,328,554	2,182,248	93.7%
Short-term admission for recuperation	(days/year)	327,188	302,507	92.5%	347,737	294,417	84.7%
Rental service of long-term care covered equipment by public aid	(thousand yen/year)	24,115,477	24,461,457	101.4%	25,282,406	25,356,372	100.3%
Sales of specified equipment covered by public aid	(thousand yen/year)	1,068,023	900,669	84.3%	1,119,304	878,406	78.5%
Guidance for management of in-home medical long-term care	(persons/month)	69,588	73,734	106.0%	74,050	78,690	106.3%
Daily life long-term care admitted to a specified facility	(persons/month)	14,720	13,594	92.4%	15,375	14,358	93.4%
Facility services							
Home-based care support services	(persons/month)	33,047	31,133	94.2%	33,888	31,312	92.4%
Long-term care health facility	(persons/month)	20,673	19,659	95.1%	21,187	19,702	93.0%
Integrated facility for medical and long-term care	(persons/month)	404	111	27.5%	652	348	53.4%
Sanatorium medical facility for the elderly requiring long-term care	(persons/month)	1,494	1,215	81.3%	1,276	856	67.1%

Source: Implementation status of the Long-Term Care Insurance Service Support Plan

Service volume		FY2018			FY2019		
Preventive long-term care services		Plan	Results	vs. plan	Plan	Results	vs. plan
Care prevention support	(persons/month)	69,412	56,141	80.9%	71,477	59,831	83.7%
Home-visit bathing service for preventive long-term care	(times/year)	1,100	815	74.1%	1,118	922	82.5%
Home-visit nursing service for preventive long-term care	(times/year)	725,946	722,563	99.5%	802,971	815,971	101.6%
Home-visit rehabilitation service for preventive long-term care	(times/year)	176,996	165,711	93.6%	200,998	188,214	93.6%
Outpatient rehabilitation service for preventive long-term care	(persons/month)	9,141	9,596	105.0%	9,689	10,867	112.2%
Short-term admission for daily preventive long-term care	(days/year)	20,262	17,890	88.3%	21,792	17,975	82.5%
Short-term admission for recuperation for preventive long-term care	(days/year)	3,057	2,680	87.7%	3,503	2,794	79.8%
Lending preventive long-term care welfare instruments	(thousand yen/year)	3,233,481	3,240,811	100.2%	3,441,759	3,429,988	99.7%
Sales of specific preventive long-term care welfare instruments	(thousand yen/year)	398,807	337,679	84.7%	415,651	312,349	75.1%
Management and guidance for in-home medical service for preventive long-term care	(persons/month)	5,030	4,946	98.3%	5,418	5,242	96.8%
Daily preventive long-term care admitted to a specified facility	(persons/month)	2,339	2,295	98.1%	2,502	2,429	97.1%
Community-based (preventive long-term care) services							
Regular visiting/on demand home-visit long-term/nursing care	(persons/month)	1,438	1,437	99.9%	1,712	1,597	93.3%
Home visit at night for long-term care	(persons/month)	329	249	75.7%	342	244	71.3%
Outpatient long-term care of dementia patients	(times/year)	436,850	406,217	93.0%	462,559	397,491	85.9%
Community-based outpatient day long-term care	(times/year)	3,822,683	3,698,152	96.7%	4,013,684	3,776,809	94.1%
Multifunctional long-term care in a small group home	(persons/month)	3,395	3,264	96.1%	3,833	3,431	89.5%
Communal daily long-term care for dementia patients	(persons/month)	10,848	10,489	96.7%	11,381	10,661	93.7%
Daily life long-term care for people admitted to a community-based specified facility	(persons/month)	312	284	91.0%	312	291	93.3%
Admission to a community-based facility for preventive daily long-term care of the elderly covered by public aid	(persons/month)	3,539	3,362	95.0%	3,974	3,507	88.2%
Combined Multiple Service (multifunctional long-term care in a small group home & home-visit nursing)	(persons/month)	887	749	84.4%	1,213	831	68.5%
Outpatient care service for preventive long-term care for dementia patient	(times/year)	3,820	3,069	80.3%	4,297	2,280	53.1%
Multifunctional preventive long-term care in a small group home	(persons/month)	442	413	93.4%	522	423	81.0%
Daily life care service for preventive long-term care in communal living for dementia patient	(persons/month)	35	31	88.6%	41	23	56.1%

Source: Implementation status of the Long-Term Care Insurance Service Support Plan



Osaka Prefectural Government

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