

Outline Edition

Osaka Prefectural Plan for Senior Citizens 2024

– 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 2024

Osaka Prefectural Government

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1 Positioning of the Osaka Prefectural Plan for Senior Citizens 2024

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 6th 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 2024 aimed at comprehensive promotion of dementia-related measures.

2 Outline of the Osaka Prefectural Plan for Senior Citizens 2024

Chapter 1: Significance of the Plan

- In Osaka Prefecture, the number of elderly people will increase markedly by 2025, when baby boomers (those born from 1947 to 1949) will turn 75 or older, and this trend is expected to continue until 2040, when “junior” baby boomers will turn 65 or older. The percentage of senior citizens living alone is high, and is expected to continue rising. Additionally, the number of senior citizens with various needs, for example, the population of individuals aged 85 and older who need both medical and long-term care and the number of senior citizens with dementia. At the same time, the working-age population is expected to continue to decline, making it crucial to ensure the continuity of the long-term care insurance system in terms of both finance and human resources.
- In addition to building a society where people can continue living in their familiar communities with peace of mind and dignity through the development and implementation of the regional comprehensive care system, which is a pillar of the Plan, we seek to realize a regional symbiotic society fostering connections between people and between individuals and society, transcending traditional systems and fields as well as the conventional relationships between those giving and receiving support. Our goal is for every person to enjoy a meaningful life and play a meaningful role through mutual cooperation.
- Since the Long-Term Care Insurance Act requires formulation of three-year plans, the period for the Plan is three years from FY2024 to FY2026.
- 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 closely collaborate to implement the Plan through 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 the website of the prefectural government, etc. In Sections 3 and 4 of the Plan, the goal and specific measures are indicated to help manage the progress of each measure.
- This Plan aims to help municipalities promote their respective plans and projects for the elderly. By implementing the prefectural measures specified in this Plan, the prefectural government will support municipalities in smoothly operating their elderly welfare and long-term care insurance projects. The prefectural government will also offer support and advice for smooth implementation of municipal plans through various opportunities and consider necessary measures. When providing support to municipalities, 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 offer tailored support based on each municipality’s regional resources, population aging, and the results of the “evaluation index related to the insurer function enhancement subsidy and the long-term care insurer support subsidy.” These efforts aim 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.

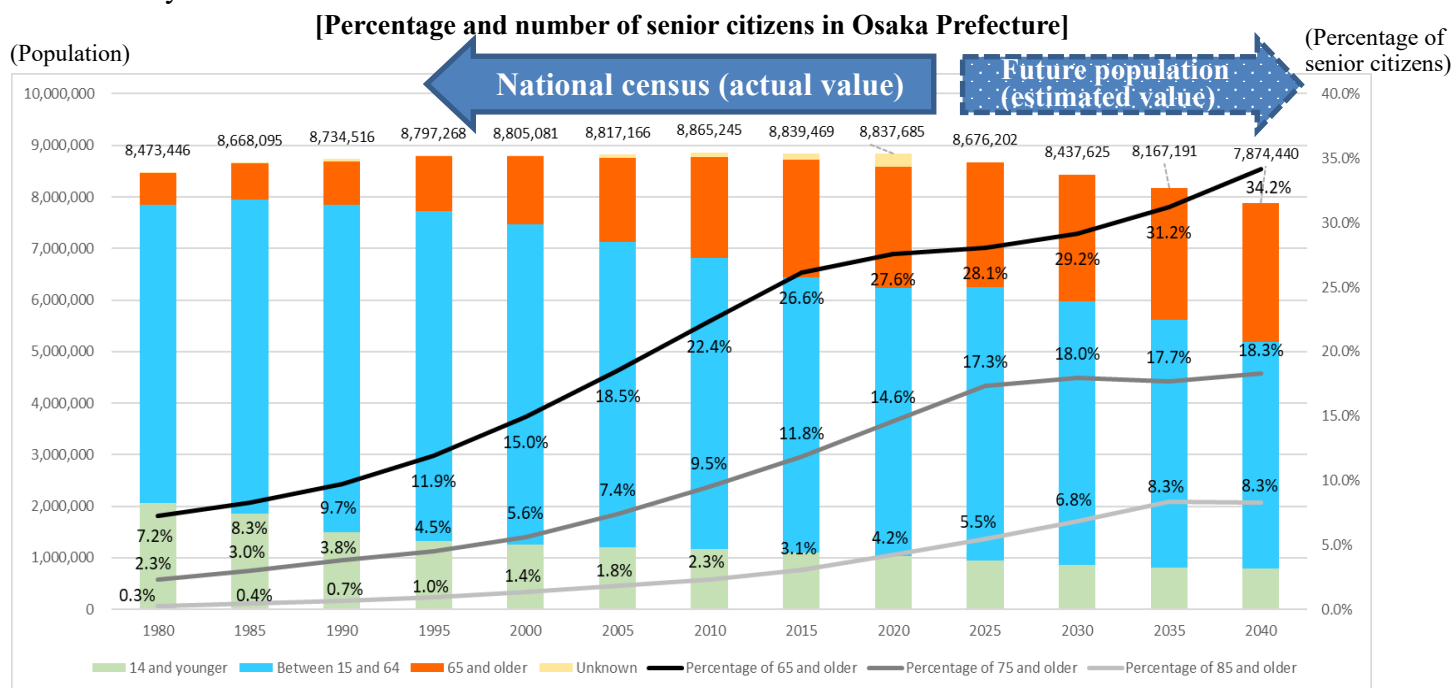
[List of Elderly Welfare Service Areas]

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	Moriguchi City, Hirakata City, Neyagawa City, Daito City, Kadoma City, Shijonawate City, Katano 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

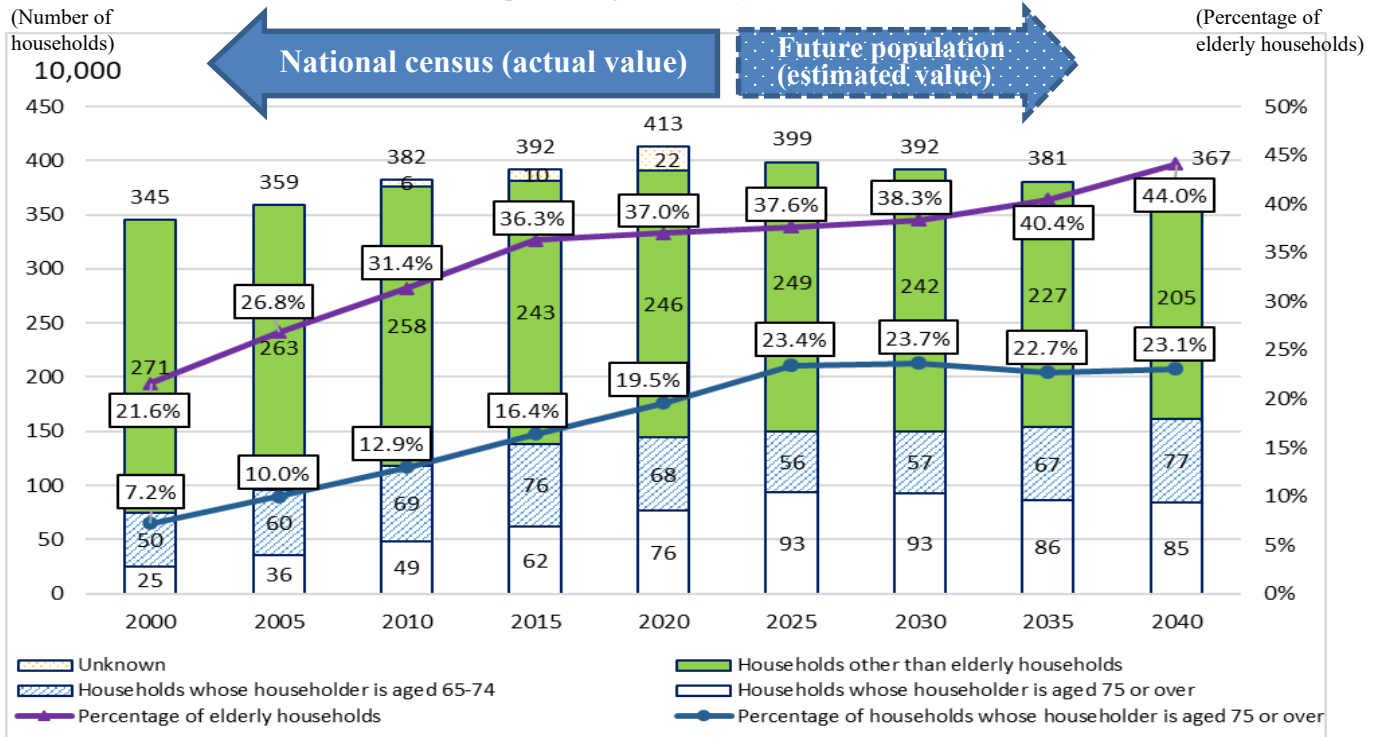
- In 2020 Osaka’s percentage of residents aged 65 or older (27.6%) and aged 75 or older (14.6%) was lower than the national average (28.6% and 14.7%, respectively). However, due to significant number of baby boomers (those born from 1947 to 1949), the aging population will continue to rise. For example, the percentage of those aged 75 or older is expected to reach 17.3% in 2025, and those aged 85 or older will nearly double from 2020 to 8.3% in 2035.



Source: Compiled by Osaka Prefecture using the “National Census of Japan” (1980 to 2020) by the Ministry of Internal Affairs and Communications and “Regional Population Projections for Japan (estimated December 2023)” (2025 and beyond) by the National Institute of Population and Social Security Research. (Percentages through 2015 have been calculated by excluding age-indeterminate individuals from total numbers, while the percentages for 2020 have supplemented age-indeterminate figures.)

- 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 7.2% in 2000, is expected to reach 23.4% in 2025 and remain almost flat until 2040.

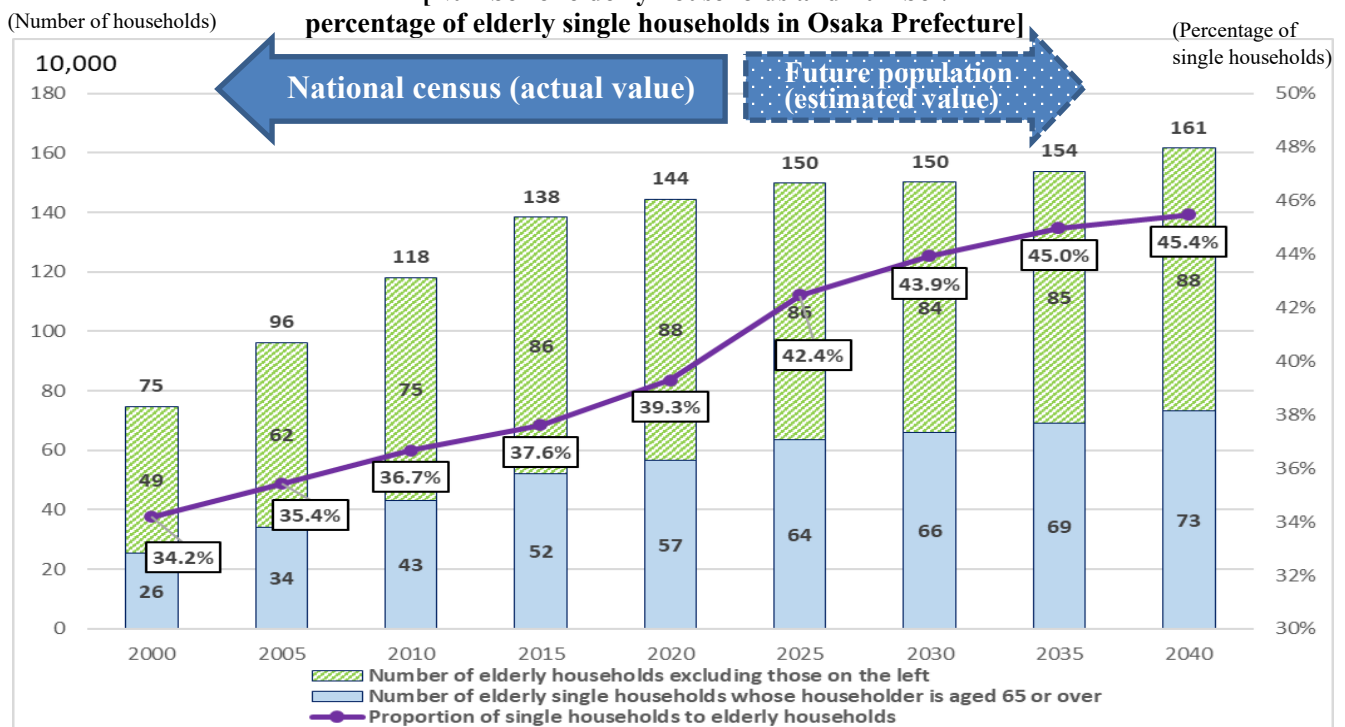
[Number of households and percentage of elderly households in Osaka Prefecture]



Source: Compiled by Osaka Prefecture using the “National Census of Japan” (2000 to 2020) by the Ministry of Internal Affairs and Communications and “Household Projections for Japan (estimated April 2019)” (2025 and beyond) by the National Institute of Population and Social Security Research.

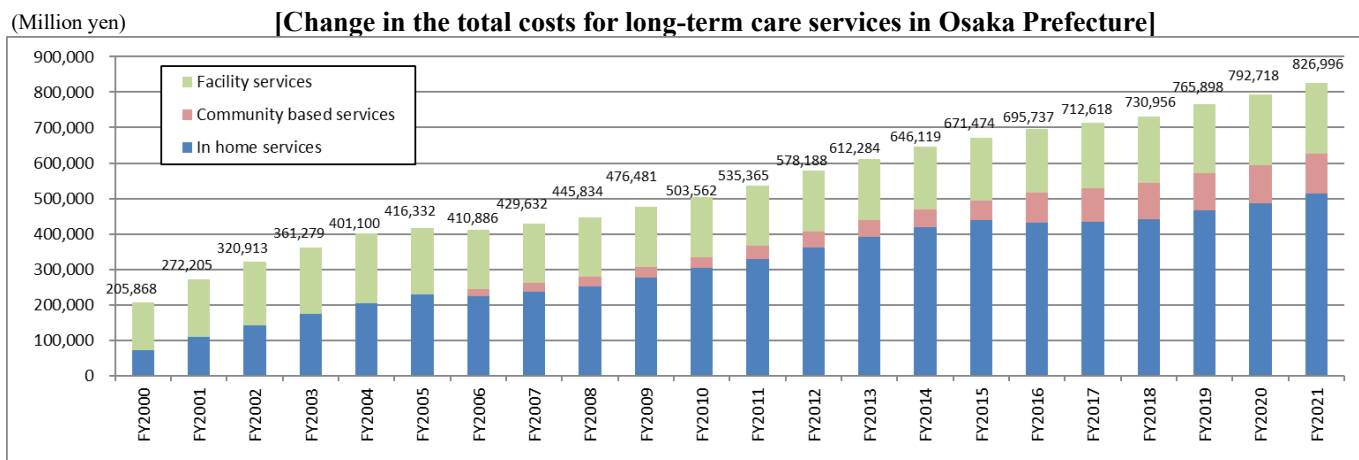
- Elderly households and single households among elderly households (elderly single households) are expected to gradually increase after 2020. In 2020, in particular, the percentage of elderly single households was 39.3%, already higher than the national figure of 33.1%. This percentage is expected to continue growing, exceeding 45.4% in 2040.

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



Source: Compiled by Osaka Prefecture using the “National Census of Japan” (2000 to 2020) by the Ministry of Internal Affairs and Communications and “Household Projections for Japan (estimated April 2019)” (2025 and beyond) by the National Institute of Population and Social Security Research.

- Total costs for long-term care services in Osaka Prefecture recorded approximately 830 billion yen in FY2021, which is more than 4 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 8th period (FY2021–FY2023) has increased to 6,826 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.



Source: FY2021 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 total 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 recipients (Total person-months from Mar. 2021 to Feb. 2022)	Whole country	48.54 million 68.7%	10.65 million 15.1%	11.5 million 16.3%
	Osaka Pref.	4.03 million 75.2%	0.7 million 13.1%	0.63 million 11.7%
Costs (Services provided from Mar. 2021 to Feb. 2022)	Whole country	5,528 billion yen 50.2%	1,900.1 billion yen 17.3%	3,574.5 billion yen 32.5%
	Osaka Pref.	514.3 billion yen 62.2%	110.8 billion yen 13.4%	201.9 billion yen 24.4%

Source: FY2021 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 23.1% after age adjustment (FY2021), which is the highest in all 47 prefectures and 4.2 points higher than the national average of 18.9%. The percentage of people classified as Support-Required Level 1 is particularly high at 4.2%, which is 1.5 points higher than the national figure of 2.7%.

Viewing by municipality, the long-term care need certification rates after age adjustment varied from 26.2% to 16.0%.

[Breakdown of long-term care need certification rates (FY2021, after age adjustment)]

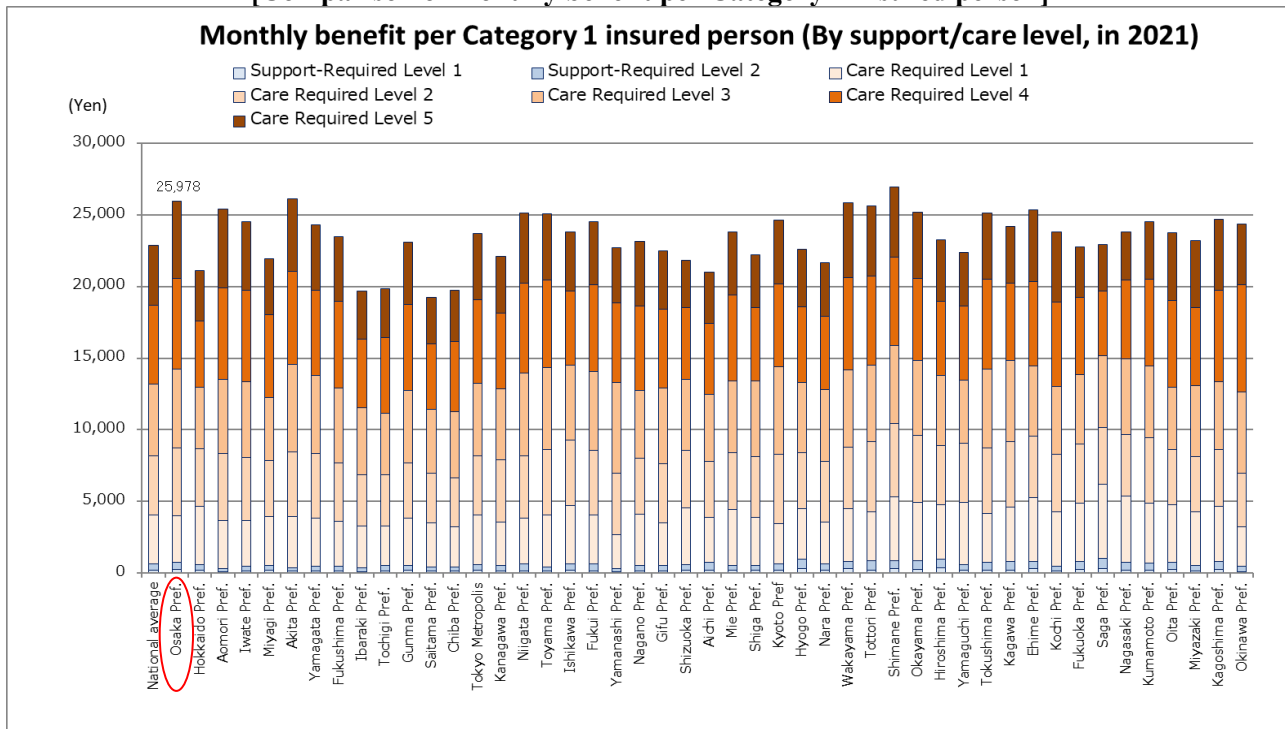
(Unit: %)

	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	2.7	2.6	3.9	3.2	2.5	2.4	1.6	18.9
Osaka Pref.	4.2	3.2	4.0	3.9	2.9	2.9	2.1	23.1

Source: FY2021 Annual Long-Term Care Insurance Business Status Report (Ministry of Health, Labour and Welfare)

- In 2021 in Osaka Prefecture, the monthly benefit granted per person insured is 25,978 yen, higher than the national average.

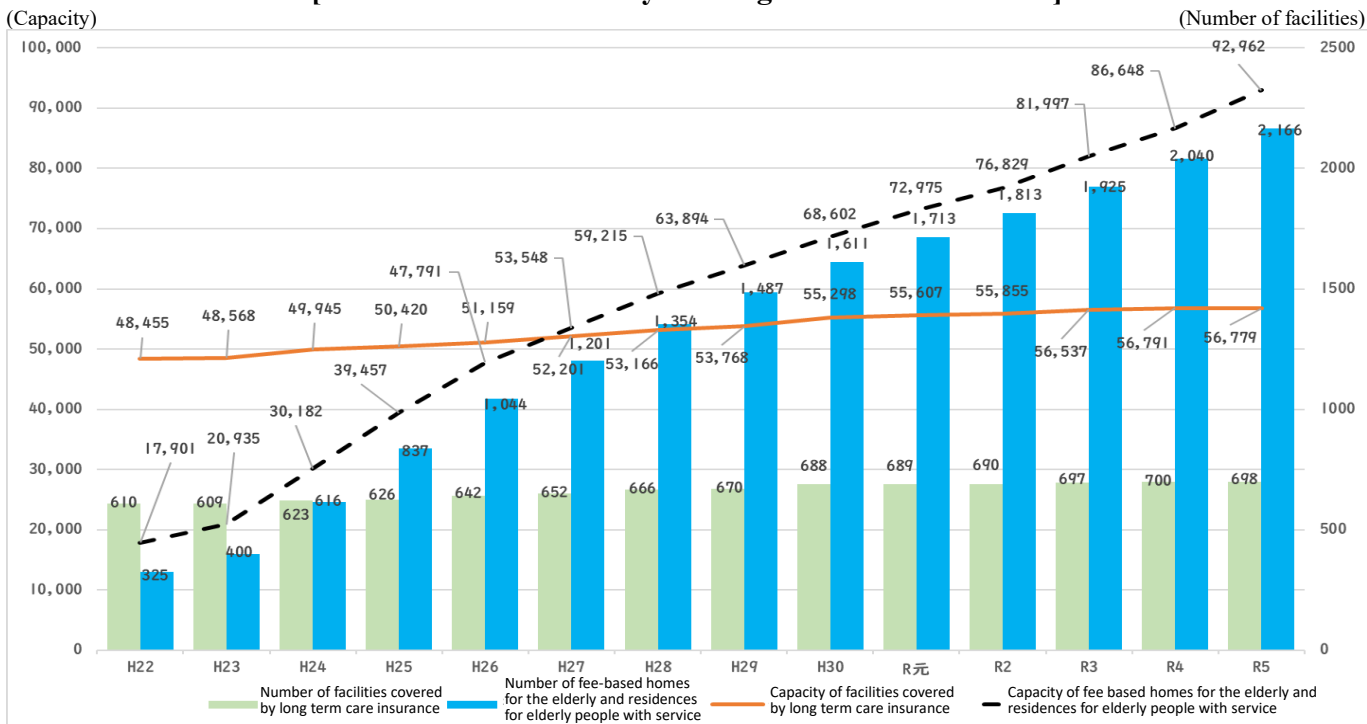
[Comparison of monthly benefit per Category 1 insured person]



Source: FY2021 Annual Long-Term Care Insurance Business Status Report (Ministry of Health, Labour and Welfare)

- In Osaka Prefecture, there are 698 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 57,000, and 2,166 facilities classified as “fee-based homes for the elderly” and “residences for elderly people with service” with a total capacity of 93,000 as of July 2023.

[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. Supporting initiatives on self-reliance support, preventive care, and prevention of aggravation conducted by municipalities

- 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 crucial. 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 municipalities in the prefecture can implement the projects smoothly in accordance with local circumstances.
- We will support municipalities 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, considering 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.
- Regarding the livelihood support system development project as part of the comprehensive support projects, we will assist municipalities in steadily implementing Comprehensive Projects and other initiatives by improving infrastructure for livelihood support and preventive care service. Efforts include creating various services and mutual support mechanisms such as community-led initiatives, enhancing the coordination function by training livelihood support coordinators (community mutual support promoters), and improving the network across the regions.
- We will support municipalities 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. Promoting health

- In response to the rapidly growing aging and declining population in the prefecture, we have formulated the 4th Osaka Prefecture Health Promotion Plan. This plan aims to extend the healthy lifespan of prefectural citizens by promoting the prevention of lifestyle-related diseases and their aggravation. Our goal is to understand and solve citizens' health conditions and problems through comprehensive and systematic efforts of the whole society.
- Having identified extending healthy lifespan and reducing health inequality as fundamental goals, we will work to promote healthy living around the concept of “Kenkatsu 10: Osaka wellness action” (a set of 10 steps people can take to improve their daily habits and prevent lifestyle-related diseases). In addition, we're working to extend healthy lifespan and to prevent lifestyle-related diseases, detect them early when they occur, and prevent them from becoming more serious.
- In order to help create a rich and fulfilling living environment for senior citizens, we will strive to realize a smart health city in Osaka, for example, by offering support for startups in the next-generation smart health field working to develop products like treatment and prevention apps.

Section 2: Promotion of social engagement

[Goal]

Realizing a society in which everyone can actively participate

1. Promoting social engagement

- 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.
- By matching private-sector companies, organizations, and other entities that can provide employment activities with businesses and others that can implement employment activity-related initiatives and coordinating activities that suit the characteristics and hopes of elderly individuals, we will encourage senior citizens to participate in society by taking on various roles.
- We will provide a variety of governmental and private-sector services using digital terminals so that senior citizens can enjoy healthy, energetic, and convenient lives.

2. Promoting job and employment opportunities

[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 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 need medical or long-term care

1. Strengthening 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 municipalities in smoothly implementing projects related to integration of home medical care and long-term care. Efforts include confirming the status of municipal initiatives that take into account the results of discussions based on reporting on the function of primary care physicians and other requirements put in place by the Medical Care Act as created by the Act partially amending the Health Insurance Act and other acts in order to establish a sustainable social security system that covers all generations, such as collaboration promotion meetings for understanding the current status of integration of home medical care and long-term care, clarifying challenges, and seeking 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 municipalities in smoothly implementing projects based on an analysis of the present situation and challenges.
- We will implement region-wide projects related to the integration of medical and long-term care, focusing on the following areas: ① support for daily medical care, ② continued support from hospitalization to discharge, ③ response to sudden deterioration, and ④ end-of-life care. These areas are challenging for individual municipalities to manage alone.

2. Enhancing home medical care

- We will lay the foundation for regional services that will underpin home care, by focusing on home medical care coordination center and active medical institutions.
- 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 and doctor visits, 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, dental hygienists, and other medical staff engaged in-home medical care, as well as human resources required to enhance discharge support and coordination functions at hospitals and clinics with beds.
- We will help healthcare providers deepen their understanding of home medical care.
- We will promote awareness of advanced care planning (ACP) among the prefecture’s residents.

Section 4: Development of comprehensive support structures and promotion of advocacy

[Goal]

Realizing a society in which everyone can actively participate

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

1. Putting in place a comprehensive support system in municipalities toward a regional symbiotic society

- Where support has been vertically segregated by field and age in the past, we will provide comprehensive support by focusing on stakeholders, and we will assist in the development of comprehensive support systems that facilitate the understanding and resolution of regional lifestyle issues being faced by households that include not only senior citizens, but also family caregivers, including “young carers,” in municipalities.
- In addition, we will provide support so that multi-tiered support system development project can be implemented smoothly by municipalities.

2. Preventing isolation of the elderly and supporting elderly in need

- To prevent isolation of the elderly and support the elderly in need, we will support municipalities 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. Enhancing welfare education

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

4. Promoting understanding of the human rights of people who have recovered from leprosy and their families

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

Subsection 2: Promoting protection of rights

1. Promoting initiatives to prevent elder abuse

- We will support municipalities, which are primarily responsible for responding to elder abuse cases, to ensure their responses are speedy and appropriate. Additionally, we will strengthen and promote efforts to improve the associated systems. For malicious cases or when the prefectural government directly receives a report, we will seek to promptly collaborate and cooperate with municipalities.
- We will make efforts to improve caregivers' skills in abuse prevention and promote abuse prevention at facilities by offering them abuse prevention training.

2. Promoting support for protection of rights in each region

- To ensure that people who need support for protecting rights can receive such support in an appropriate manner and prepare for the development of a regional collaborative network for rights protection support, we will support municipalities to put in place core institutions to coordinate such efforts and to secure personnel to oversee adult guardianship programs.

3. 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.
- 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 municipalities.

Section 5: Development of various kinds of housing and service infrastructure

[Goal]

Preparing housing that meets various needs

1. Securing a stable supply of elderly housing and promoting 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.

To promote comprehensive and effective measures related to stable housing for those who need assistance in securing housing, including senior citizens, people with disabilities, and low-income residents, we are formulating an Osaka Prefecture Housing Stability Assurance Plan that combines the Osaka Prefecture Rental Housing Supply Promotion Plan, which was developed in accordance with the Act on Promotion of Offering of Rental Housing to Persons Requiring Special Assistance in Securing Housing, with the Osaka Prefecture Housing Plan for the Elderly and Persons with Disabilities, which was developed in accordance with the Act on Securement of Stable Supply of Elderly Persons' Housing, to serve as an individual plan under Housing Vision Osaka.

- We will ensure the continuity and further development of the general direction guiding initiatives to date in order to assure stability of housing by making full use of housing inventory in the form of private rental housing and public rental housing, while working with social welfare measures and other policies and operating housing assistance mechanisms.
- We will promote urban planning founded on the principles of universal design, for example through development of barrier-free public transportation and buildings, so that all citizens can travel freely and participate fully in society.
- We will make efforts to create “Osaka-model” smart cities by utilizing cutting-edge technology like the IoT, AI, and big data; addressing regional and social challenges of each municipality; improving the quality of life (QOL) of residents, including the elderly; and enhancing urban functions.

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

- We will develop elderly facilities systematically considering the regional balance and based on the service volume requirements estimated by municipalities 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 special nursing homes for the elderly and long-term care health facilities or renovating old ones so that the residents can live with peace of mind in an environment close to their homes.
- Regarding nursing homes for the elderly and low-cost homes for the elderly, the number of 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. Considering 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 municipalities.
- We will support the facilities in promoting community engagement to enhance their local operation. At the same time, we will support improvement of the environment surrounding facility users by encouraging the facilities to accept care service consultants from municipalities, aiming to improve the quality of long-term care services.
- We will work with municipalities to secure the quality of fee-based homes for the elderly and residences for the elderly with service.

Section 6: Securing and improving the quality of human resources engaged in welfare and long-term care services and improving productivity in nursing care practice

[Goal]

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

1. Striving 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 2023, which was reviewed in March 2023.
- 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., foreign nationals, the elderly in good health, people engaged in child-rearing) and other sectors, and supporting the return to work of certified care workers who are currently not employed.
- We will implement initiatives to improve the workers' quality and develop career path in the entire region considering 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 municipalities in promoting their initiatives by utilizing the Integrated Securing Funds for Regional Medical and Long-term Care.
- Concerning measures to prevent harassment for long-term care service providers, we will work to raise awareness through group instruction and review conditions through operational guidance.
- We will work to reduce the burden of paperwork in the long-term care field by utilizing standard forms authorized by the Japanese government and the Electronic Application and Reporting System for designated applications, compensation requests, and other administrative procedures.
- We will promote use of nursing care robots and ICT devices that address issues faced by individual long-term care service providers, and we will work to improve the employment environment, prevent worker attrition, and promote worker retention by reducing long-term care service workers' workload. In addition, we will strive to reduce workers' administrative workload by taking steps to improve and streamline operations in settings where long-term care is provided, for example, through the adoption of such technologies. It will be important to improve productivity in such settings to enhance quality of long-term care services, and we will work to realize employee-friendly workplace environments by supporting businesses that undertake these initiatives.

[Goal] 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
2026	215,481 people	191,186 people	24,294 people
2030	228,788 people	188,134 people	40,654 people

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

* There may be some divergence between the difference between figures ① and ② and the supply-demand gap due to rounding of numbers in calculations.

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

2. Enhancing home medical care (republished)

- We will lay the foundation for regional services that will underpin home care, by focusing on home medical care coordination center and active medical institutions.

- 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 and doctor visits, 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, dental hygienists, and other medical staff engaged in home medical care, as well as human resources required to enhance discharge support and coordination functions at hospitals and clinics with beds.
- We will help healthcare providers deepen their understanding of home medical care.
- We will promote awareness of advanced care planning (ACP) among the prefecture's residents.

Section 7: 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 considering the conditions of each service recipient and improving the service quality

1. Providing services considering 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 people who have recovered from leprosy, municipalities, 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 municipalities 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 people as much as possible at the time of the survey.
- Service users are required to submit applications regarding 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 public relation activities by insurers so that they can provide detailed explanations when residents come to the contact office.

2. Striving 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 need 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.

- With regard to information about long-term care services, we will publish information about financial condition along with the addresses of businesses registered by long-term care service providers and the nature of the services they provide, from the perspective of helping users make informed choices.
- 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, regarding the external evaluation system required in the communal daily long-term care for dementia patients, we will select evaluation organizations and work with municipalities to implement evaluation and disclose the results.

Subsection 2: Guidance and advice to service providers

1. Providing guidance to facilities covered by long-term care insurance and in-home service providers and supporting authorized municipalities

- We will provide operational 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. 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 also promote initiatives such as group guidance given at a place to multiple facility organizers according to the content of required guidance.
- 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. Providing guidance to special nursing homes for the elderly regarding 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 municipalities 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: Enhancement of support for consultations and complaint resolution

1. Improving the consultation system

- We will work with municipalities to increase awareness of Community General Support Centers.
- We will support municipalities 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 and assign community social workers (CSW).
- We will encourage municipalities' smooth implementation of the project providing comprehensive support for consultation, social involvement, and community development (multi-tiered 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. Improving the complaint management system

- We will work with municipalities, 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.
- Regarding the operational 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. Examining 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 long-term care certification committee in the relevant government is operated appropriately.

Section 8: Long-term care benefits optimization (The 6th 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. Further optimizing certification of long-term care need

- We will support efforts to optimize the certification of long-term care need in municipalities by providing information about data such as the rates at which certification examination items are chosen and the rates at which severity ratings are changed and by exchanging views and offering advice concerning leveling of certification examinations through training for long-term care certification committee members, certification examiners, municipal workers, and other stakeholders and through visits to municipal long-term care certification committees.

2. Supporting municipal programs such as care plan checks

- In addition to sharing effective inspection and survey methods, we will work with municipalities to consider how the checks can be conducted efficiently. Moreover, in cooperation with the Federation of National Health Insurance Associations in Osaka Prefecture, we will support municipalities by providing information about how to utilize the long-term care benefits optimization system.

3. Ensuring provision of appropriate services in the area of elderly housing

- To ensure the provision of appropriate services in the area of elderly housing, we will work with municipalities 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 9: 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. Establishing elderly support systems 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 municipalities 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.
- In addition, we will support programs to relocate, renovate, and maintain wide-area long-term care facilities and other care providers located in areas with high natural disaster risk.
- Furthermore, we will support planning to ensure that long-term care providers and other facilities can maintain essential long-term care services in the event of a disaster.

2. Establishing elderly support systems 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. We will work closely with the national government, municipalities, and related organizations on a regular basis as we implement necessary initiatives under the Action Plan, including raising awareness about steps to prevent infectious diseases and preparing for infectious disease outbreaks.
- Moreover, we will implement necessary measures in accordance with the Osaka Prefectural Infectious Disease Prevention Plan, which sets forth steps for preventing the outbreak and spread of infectious diseases. In addition, we will put in place structures for providing medical care to patients receiving care at home in the event of a new infectious disease, for example through the establishment of medical protocols with medical care providers. Furthermore, to develop structures to provide for timely diagnosis and other care in the event of an infectious disease outbreak at an entity such as a senior care facility before such structures are needed, the prefecture will provide support to help such facilities work with medical care providers that have entered into agreements to provide those services and determine how they would respond to an outbreak of a new infectious disease.
- We will assist in covering the cost of converting multi-bed rooms into private rooms, installing portable negative pressure devices, and creating a zoning environment to help prevent the spread of infectious diseases, among other measures.
- In group and operational guidance for long-term care insurance facilities, we will utilize the infection prevention guidelines and other materials to ensure effective infection prevention and appropriate responses to infectious disease outbreaks.
- In addition, we will support planning to ensure that long-term care providers and other facilities can maintain essential long-term care services during an infectious disease outbreak.

Chapter 4: Osaka Prefectural Plan for the Promotion of Measures against Dementia 2024

Section 1: Purpose of the Plan

- In Osaka Prefecture, the number of elderly people will increase markedly by 2025, when baby boomers (those born from 1947 to 1949) will turn 75 or older, and this trend is expected to continue until 2040, when “junior” baby boomers will turn 65 or older. The percentage of senior citizens living alone is high, and is expected to continue rising. Additionally, the number of senior citizens who need long-term care including those aged 85 and older who need both medical and nursing care, and those with dementia, is also expected to grow.
- The Basic Act on Dementia to Promote an Inclusive Society (“the Basic Act”), which is conceived to help realize a society founded on coexistence where people respect each other’s humanity and individuality by empowering each and every person, including people with dementia, to make the most of their individuality and ability, was enacted in June 2023. The new law took effect on January 1, 2024. Under the Basic Act, prefectures are required to formulate Plans for the Promotion of Measures against Dementia based on the Japanese government's Plan for the Promotion of Measures against Dementia.
- Accordingly, Osaka Prefecture formulated the Osaka Prefecture Plan for the Promotion of Measures against Dementia 2024 based on the enactment and implementation of the Basic Act, in advance of the Japanese government's basic plan.
- 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. For this and other reasons, the Plan will be developed in conjunction with these plans, and the period covered by the Plan is from FY2024 to FY2026.
- 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 closely collaborate to implement the Plan through 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 the website of the prefectural government, etc. In Section 3 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 399,000 in 2020, is expected to reach 519,000 in 2030, which is more than one in five elderly people (21.1%), and to reach 531,000 in 2040, showing an increase of approximately 130,000 in the 20 years after 2020.

[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)]

	2020	2025	2030	2035	2040	2045
Prevalence of dementia	399,000	467,000	519,000	546,000	531,000	523,000
Prevalence rate of dementia	16.3%	19.2%	21.1%	21.4%	19.7%	19.4%

* 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 December 2023)” 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 elderly people and others

[Goal]

Based on the purpose of the Basic Act, we will focus on the needs of people with dementia and their families to create a dynamic, inclusive society where everyone’s humanity and individuality are respected. Our goal is to empower all individuals, including people with dementia, to fully utilize their unique abilities.

Subsection 1: Promotion of understanding and development of consultation programs, etc. (addressed in Articles 14 and 19 of the Basic Act)

1. Promoting understanding of people with dementia (addressed in Article 14 of the Basic Act)

- Recognizing that anyone may suffer from dementia, we will raise people’s awareness through media such as leaflets, pamphlets, and websites to promote correct knowledge and understanding of dementia and those with dementia, helping people with dementia and their families live well in their communities.
- We will work with municipalities 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.
- Reflecting the responsibility under the Basic Act of public transportation providers, retailers, financial institutions, and other businesses that provide services that play a core role in everyday life and social life to work to make necessary and reasonable accommodations of people with dementia as they offer those services to the extent that doing so does not hinder the operation of their businesses, we will work with municipalities to expand availability of educational courses for employees of such businesses and others.
- We will encourage municipalities 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 municipalities 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 accurate knowledge of dementia and encourage watch-over activities for the elderly in communities.
- We will raise awareness of dementia on the occasion of Dementia Day on September 21 and month (September), in accordance with the Basic Act; and of World Alzheimer’s Day on September 21 and World Alzheimer’s Month (September).

2. Putting in place consultation programs, etc. (addressed in Article 19 of the Basic Act)

- Establishing a system for consultation about dementia is an essential basis for supporting people with dementia and their families. Therefore, we will encourage municipalities 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, dementia cafés, and other resources in an easy-to-understand manner through media such as the website of the prefectural government, thus enhancing information provision to prefectural citizens.
- Regarding the Dementia Care Path, we will support municipalities, by raising awareness on the part of prefectural residents and by sharing information about successful initiatives, so that it can function more effectively.
- We will work with municipalities 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.

Subsection 2: Promotion of a barrier-free society for people with dementia so that they can go about their lives with peace of mind (addressed in Articles 15 to 17 of the Basic Act)

1. Promoting a barrier-free society for people with dementia (addressed in Article 15 of the Basic Act)

(1) Promoting a barrier-free society in daily life

- As anyone may suffer from dementia, we will work with municipalities, private-sector businesses, and other stakeholders to promote social understanding of dementia so that people with dementia and their families can continue living well in their communities.
- We will work to improve how people with dementia are received and supported by taking advantage of opportunities such as dementia supporter education classes for employees of businesses such as retailers and financial institutions and seminars designed to deepen understanding of dementia and by promoting the Guidelines for Realizing a Dementia Barrier-free Society, which were compiled by the Japan Public-Private Council on Dementia.
- To promote dementia supporter education classes for employees of businesses such as retailers and financial institutions and initiatives that help people with dementia, we will create a registry of dementia support businesses. Registered businesses will be listed on the prefecture's website to highlight their activities.
In addition, we will develop a mechanism to allow people with dementia and their families to easily search initiatives being undertaken by dementia support businesses so that they can choose businesses that are easy for them to use.
- We will promote urban planning founded on the principles of universal design, for example through development of barrier-free public transportation and buildings, so that all citizens can travel freely and participate fully in society.
- We will make efforts to create “Osaka-model” smart cities by utilizing cutting-edge technology like the IoT, AI, and big data; addressing regional and social challenges of each municipality; improving the quality of life (QOL) of residents, including the elderly; and enhancing urban functions.

(2) Securing traffic safety

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

(3) Ensuring a stable supply of housing

- Based on the Osaka Prefecture Housing Stability Assurance Plan, we will continue to promote a stable supply of housing while fully using housing inventory in the form of private rental housing and public rental housing, so that the elderly, people with disabilities, low-income residents, and all those need special assistance in securing housing can secure housing with peace of mind.

(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 accurate 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 municipalities 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 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 municipalities to establish community support systems, such as promoting the 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 municipalities’ smooth implementation of the project providing comprehensive support for consultation, social involvement, and community development (multi-tiered 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, for example through assistance such as offering consultations, providing information, and participating in community watch initiatives, to ensure stable housing for the elderly, including those with dementia, and others requiring special assistance in securing housing. In addition, we will promote establishment of housing support councils, for example by offering financial assistance to programs working to establish such entities in each municipality, in order to build a diverse range of structures to provide housing assistance in ways that reflect community conditions.

2. Ensuring opportunities for social involvement for people with dementia, including people with early-onset dementia, etc. (addressed in Article 16 of the Basic Act)

(1) Encouraging people with dementia to share information about themselves, etc.

- 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, and we will help them participate in society by expanding opportunities for them to do so.
- 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.

- 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 municipalities, we will promote activities in accordance with local circumstances.

(2) Supporting people with early-onset dementia

- We will create a personnel position tasked with providing support for people with early-onset dementia; coordinate as necessary with municipalities and entities involved in medical care, social welfare, employment, and other areas while working with primary care physicians, industrial physicians, and others to take into account the symptoms of people with early-onset dementia, treatment conditions, and other factors; and provide ongoing assistance with regard to employment based on the diversity of symptoms and individual patients' characteristics and support for social engagement.
- 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. Supporting decision-making by people with dementia and protecting their rights and interests (addressed in Article 17 of the Basic Act)

(1) Adoption of guidelines supporting decision-making

- 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 municipalities 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) Promoting support for protection of rights in each region

- To ensure that people who need support for protecting rights can receive such support in an appropriate manner and prepare for the development of a regional collaborative network for rights protection support, we will support municipalities to put in place core institutions to coordinate such efforts and to secure personnel to oversee adult guardianship programs.

(3) Promoting initiatives to prevent elder abuse

- We will support municipalities, which are primarily responsible for responding to elder abuse cases, to ensure their responses are speedy and appropriate. Additionally, we will strengthen and promote efforts to improve the associated systems. For malicious cases or when the prefectural government directly receives a report, we will seek to promptly collaborate and cooperate with municipalities.
- We will make efforts to improve caregivers' skills in abuse prevention and promote abuse prevention at facilities by offering them abuse prevention training.

(4) 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.

Subsection 3: Development of structures for providing health and medical services and social welfare services (addressed in Article 18 of the Basic Act)

(1) Promoting early recognition and intervention and developing 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 organize the roles and responsibilities of medical institutions and 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) Promoting 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) Striving to develop infrastructure for long-term care services and securing human resources engaged in long-term care

- We will develop elderly facilities systematically considering the regional balance and based on the service volume requirements estimated by municipalities 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 2023, which was reviewed in March 2023.

- 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., foreign nationals, the elderly in good health, people engaged in child-rearing) and other sectors, and supporting the return to work of certified care workers who are currently not employed.
- We will implement initiatives to improve the workers' quality and develop career path in the entire region considering 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 municipalities in promoting their initiatives by utilizing the Integrated Securing Funds for Regional Medical and Long-term Care.
- We will promote use of nursing care robots and ICT devices that address issues faced by individual long-term care service providers, and we will work to improve the employment environment, prevent worker attrition, and promote worker retention by reducing long-term care service workers' workload. In addition, we will strive to reduce workers' administrative workload by taking steps to improve and streamline operations in settings where long-term care is provided, for example, through the adoption of such technologies. It will be important to improve productivity in such settings to enhance quality of long-term care services, and we will work to realize employee-friendly workplace environments by supporting businesses that undertake these initiatives.

Subsection 4: Prevention of dementia (addressed in Article 21 of the Basic Act)

(1) Promoting activities that may contribute to dementia prevention

- We will use testing capable of evaluating MCI risk based on blood specimens to verify the effectiveness of municipal programs in the prefecture such as exercise classes that promise to help prevent dementia, and we will promote adoption of more effective dementia prevention programs among municipalities in the prefecture and communicate information about those programs.
- We will support initiatives on preventive care by municipalities 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 municipalities in activities at community-operated spaces run by residents.
- Based on the 3rd Phase Osaka Prefecture Sports Promotion Plan and reflecting the diversity of ways, both physical and emotional, in which people can enjoy sports as well as the diversity of physical skills, we will work to increase both availability of and participation in sports by providing a variety of opportunities for people to encounter the diverse pleasures of sports according to their stage of life, including by sending out top athletes to meet people, hosting strength measurement sessions, communicating information about sports, and enhancing physical education activities at schools.

(2) Promoting early recognition and intervention for dementia (including mild cognitive impairment (MCI))

- We will promote awareness-raising on the symptoms of dementia and MCI and work with municipalities so that the elderly and their families can promptly consult the appropriate organization when they feel there might be some problem. In particular, regarding 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."
- Regarding early recognition and intervention for dementia (including MCI), we will support municipalities 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.

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

Subsection 1: Method for estimating number of persons certified as requiring support or long-term care under the Plan

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

Subsection 2: Estimated number of persons certified as requiring support or long-term care

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

(Unit: person)

Support/Care Level	FY2024	FY2025	FY2026	(Reference) FY2040
Total	574,884	585,304	594,682	641,481
Support-Required Level 1	102,498	102,430	101,880	99,929
Support-Required Level 2	74,666	73,517	72,351	73,299
Care-Required Level 1	104,736	109,032	112,911	120,339
Care-Required Level 2	93,190	94,495	95,831	105,370
Care-Required Level 3	71,578	73,105	74,597	84,185
Care-Required Level 4	74,401	77,337	80,181	92,826
Care-Required Level 5	53,815	55,388	56,931	65,533

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

Section 2: Estimated long-term care service volume

Subsection 1: Method for estimating long-term care service volume under the Plan

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.

Subsection 2: Estimated long-term care service volume by type

Service volume		FY2024	FY2025	FY2026	(Reference) FY2040
In-home services	In-home long-term care support (persons/month)	257,158	265,332	274,025	300,047
	Home-visit long-term care (times/year)	62,350,510	64,937,759	67,501,717	75,277,771
	Home-visit bathing long-term care (times/year)	306,361	318,404	331,238	377,255
	Home-visit nursing (times/year)	8,493,450	8,857,831	9,223,733	10,252,506
	Home-visit rehabilitation (times/year)	1,487,339	1,546,910	1,606,458	1,762,507
	Outpatient day long-term care (times/year)	9,791,567	10,130,324	10,412,293	11,352,264
	Outpatient rehabilitation (times/year)	2,874,308	2,957,602	3,040,476	3,326,400
	Short-term admission for daily life long-term care (days/year)	2,186,232	2,256,079	2,332,723	2,638,624
	Short-term admission for recuperation (days/year)	270,349	278,965	289,666	326,806
	Lending welfare instruments (thousand yen/year)	32,963,955	34,142,533	35,381,988	39,439,044
	Sales of specified welfare instruments (thousand yen/year)	1,088,813	1,128,905	1,172,253	1,292,265
	Home modification (thousand yen/year)	1,774,849	1,825,159	1,897,745	2,072,934
	Guidance for management of in-home medical long-term care (persons/month)	108,258	112,618	117,071	130,720
Daily life long-term care admitted to a specified facility (persons/month)	17,465	18,246	18,888	20,812	
Facility services	Home-based care support services (persons/month)	35,020	35,553	35,847	40,636
	Long-term care health facility (persons/month)	20,683	20,926	21,028	24,497
	Integrated facility for medical and long-term care (persons/month)	1,217	1,272	1,316	1,535

Service volume		FY2024	FY2025	FY2026	(Reference) FY2040	
Preventive long-term care services	Care prevention support	(persons/ month)	70,640	70,182	69,650	68,914
	Home-visit bathing service for preventive long-term care	(times/ year)	864	895	889	791
	Home-visit nursing service for preventive long-term care	(times/ year)	1,003,436	1,004,480	1,001,016	1,006,133
	Home-visit rehabilitation service for preventive long-term care	(times/ year)	239,884	238,364	234,328	234,971
	Outpatient rehabilitation service for preventive long-term care	(persons/ month)	11,914	11,866	11,802	11,636
	Short-term admission for daily life preventive long-term care	(days/ year)	13,586	13,604	13,688	14,286
	Short-term admission for recuperation for preventive long-term care	(days/ year)	1,543	1,571	1,523	1,624
	Lending preventive long-term care welfare instruments	(thousand yen/year)	4,129,609	4,094,207	4,048,107	4,003,286
	Sales of specific preventive long-term care welfare instruments	(thousand yen/year)	375,493	375,210	368,307	359,942
	Home modification for preventive long-term care	(thousand yen/year)	1,423,741	1,420,209	1,414,522	1,404,766
	Guidance for management of in-home medical service for preventive long-term care	(persons/ month)	6,410	6,380	6,355	6,313
	Daily life preventive long-term care admitted to a specified facility	(persons/ month)	2,294	2,375	2,456	2,591
Community-based (preventive long-term care) services	Regular visiting/on demand home-visit long-term/nursing care	(persons/ month)	2,341	2,570	2,675	3,037
	Home visit at night for long-term care	(persons/ month)	335	353	371	415
	Community-based outpatient day long-term care	(times/ year)	4,053,323	4,192,464	4,315,920	4,733,758
	Outpatient day long-term care for dementia patients	(times/ year)	410,162	424,972	445,822	497,850
	Multifunctional long-term care in a small group home	(persons/ month)	3,812	4,003	4,210	4,815
	Communal daily life long-term care for dementia patients	(persons/ month)	11,885	12,294	12,687	14,886
	Daily life long-term care for people admitted to a community-based specified facility	(persons/ month)	433	481	516	942
	Admission to a community-based facility for preventive daily long-term care of the elderly covered by public aid	(persons/ month)	4,131	4,394	4,598	5,617
	Combined Multiple Service (multifunctional long-term care in a small group home & home-visit nursing)	(persons/ month)	1,467	1,671	1,758	1,968
	Preventive outpatient day long-term care for dementia patient	(times/ year)	2,429	2,422	2,467	2,563
	Multifunctional preventive long-term care in a small group home	(persons/ month)	386	403	425	461
	Daily life care service for preventive long-term care in communal living for dementia patient	(persons/ month)	26	26	27	32

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

(Unit: person)

Type	FY2023 year-end estimate	FY2024	FY2025	FY2026	Difference between FY2026 and FY2023 year-end estimates
Services at facilities covered by long-term care insurance					
Home-based care support services	34,640	35,026	35,081	35,364	724
Long-term care health facility	21,075	21,231	21,231	21,231	156
Integrated facility for medical and long-term care	1,165	1,296	1,296	1,486	321
Housing-type services					
Daily life long-term care admitted to a specified facility specialized in long-term care	625	619	619	619	-6
Daily life long-term care admitted to a combined specified facility	23,511	24,332	25,318	25,693	2,182
Community-based services					
Communal daily life long-term care for dementia patients	12,531	12,808	13,202	13,443	912
Daily life long-term care for people admitted to a community-based specified facility	462	520	549	607	145
Admission to a community-based facility for preventive daily long-term care of the elderly covered by public aid	4,212	4,308	4,569	4,725	513

* 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.

* The “facilities covered by long-term care insurance” and “daily life long-term care admitted to a specified facility” figures include transfers from medical and other facilities.

* 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)

	FY2024	FY2025	FY2026
Costs of services covered by long-term care benefits	850,524	879,800	905,070
High-cost long-term care (preventive care) service costs	26,656	27,968	29,331
High-cost combined medical and long-term care (preventive care) service costs	3,378	3,568	3,770
Costs of long-term care (preventive care) service for specified facility residents	15,523	15,976	16,417
Examination/payment fees	767	789	812
Total costs of standard long-term care benefits	896,849	928,101	955,401

○ Costs of community support projects (estimation)

(Unit: million yen)

	FY2024	FY2025	FY2026
Costs of comprehensive preventive care/daily life support projects	30,401	31,337	31,968
Costs of comprehensive support projects and voluntary projects	14,434	14,668	14,784
Comprehensive support programs (supplementing social security)	1,787	1,842	1,862
Total costs of community support projects	46,621	47,848	48,615

○ Average value of standard insurance premium amounts (estimation)

(Unit: yen per month)

	7th period	8th period	9th period
Standard insurance premium amount	6,636	6,826	7,486
Increased amount of money	611	190	660

* Weighted average of Osaka Prefecture

Chapter 6: Review of Osaka Prefectural Plan for Senior Citizens 2021

		FY2021			FY2022		
		Plan	Results	vs. plan	Plan	Results	vs. plan
Number of persons certified as requiring support or long-term care	(persons)	547,355	547,375	100.0%	562,612	555,357	98.7%

Service volume		FY2021			FY2022		
In-home services		Plan	Results	vs. plan	Plan	Results	vs. plan
In-home long-term care support	(persons/month)	229,365	234,453	102.2%	237,757	243,605	102.5%
Home-visit long-term care	(times/year)	51,213,142	55,088,186	107.6%	53,409,400	58,657,602	109.8%
Home-visit bathing long-term care	(times/year)	262,328	279,048	106.4%	274,607	287,237	104.6%
Home-visit nursing	(times/year)	6,583,992	7,334,638	111.4%	6,852,866	7,882,852	115.0%
Home-visit rehabilitation	(times/year)	1,225,640	1,361,835	111.1%	1,280,814	1,449,656	113.2%
Outpatient day long-term care	(times/year)	9,651,068	8,870,599	91.9%	10,005,509	9,068,349	90.6%
Outpatient rehabilitation	(times/year)	2,911,632	2,752,593	94.5%	3,035,274	2,782,543	91.7%
Short-term admission for daily life long-term care	(days/year)	2,321,408	2,118,475	91.3%	2,450,178	2,105,821	85.9%
Short-term admission for recuperation	(days/year)	313,585	237,644	75.8%	328,521	242,234	73.7%
Lending welfare instruments	(thousand yen/year)	27,697,589	28,904,539	104.4%	28,855,004	30,708,769	106.4%
Sales of specified welfare instruments	(thousand yen/year)	1,003,007	951,645	94.9%	1,037,169	983,443	94.8%
Home modification	(thousand yen/year)	1,724,708	1,604,203	93.0%	1,788,791	1,578,217	88.2%
Guidance for management of in-home medical long-term care	(persons/month)	87,109	91,970	105.6%	90,868	98,349	108.2%
Daily life long-term care admitted to a specified facility	(persons/month)	15,831	15,067	95.2%	16,943	15,921	94.0%
Facility services							
Home-based care support services	(persons/month)	34,566	31,804	92.0%	35,037	31,788	90.7%
Long-term care health facility	(persons/month)	21,074	19,556	92.8%	21,326	19,286	90.4%
Integrated facility for medical and long-term care	(persons/month)	857	737	86.0%	907	825	91.0%
Sanatorium medical facility for the elderly requiring long-term care	(persons/month)	564	440	78.0%	528	329	62.3%

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

Service volume		FY2021			FY2022		
Preventive long-term care services		Plan	Results	vs. plan	Plan	Results	vs. plan
Care prevention support	(persons/month)	63,810	64,424	101.0%	65,406	64,701	98.9%
Home-visit bathing service for preventive long-term care	(times/year)	1,048	584	55.7%	1,085	482	44.4%
Home-visit nursing service for preventive long-term care	(times/year)	914,031	918,167	100.5%	941,845	906,453	96.2%
Home-visit rehabilitation service for preventive long-term care	(times/year)	202,064	221,342	109.5%	208,188	218,597	105.0%
Outpatient rehabilitation service for preventive long-term care	(persons/month)	11,353	10,805	95.2%	11,684	10,939	93.6%
Short-term admission for daily life preventive long-term care	(days/year)	19,280	12,785	66.3%	20,405	12,840	62.9%
Short-term admission for recuperation for preventive long-term care	(days/year)	3,152	1,655	52.5%	3,316	1,365	41.2%
Lending preventive long-term care welfare instruments	(thousand yen/year)	3,793,539	3,756,473	99.0%	3,906,793	3,782,506	96.8%
Sales of specific preventive long-term care welfare instruments	(thousand yen/year)	344,763	303,195	87.9%	351,526	302,938	86.2%
Home modification for preventive long-term care	(thousand yen/year)	1,379,952	1,231,135	89.2%	1,423,857	1,235,838	86.8%
Guidance for management of in-home medical service for preventive long-term care	(persons/month)	5,620	5,667	100.8%	5,784	5,647	97.6%
Daily life preventive long-term care admitted to a specified facility	(persons/month)	2,675	2,381	89.0%	2,842	2,226	78.3%
Community-based (preventive long-term care) services							
Regular visiting/on demand home-visit long-term/nursing care	(persons/month)	2,197	1,870	85.1%	2,507	1,964	78.3%
Home visit at night for long-term care	(persons/month)	322	298	92.5%	332	308	92.8%
Community-based outpatient day long-term care	(times/year)	3,997,967	3,657,673	91.5%	4,149,765	3,794,147	91.4%
Outpatient day long-term care for dementia patients	(times/year)	424,552	374,182	88.1%	443,280	369,358	83.3%
Multifunctional long-term care in a small group home	(persons/month)	3,768	3,592	95.3%	3,984	3,588	90.1%
Communal daily life long-term care for dementia patients	(persons/month)	11,393	10,963	96.2%	11,876	11,080	93.3%
Daily life long-term care for people admitted to a community-based specified facility	(persons/month)	335	287	85.7%	437	330	75.5%
Admission to a community-based facility for preventive daily long-term care of the elderly covered by public aid	(persons/month)	3,828	3,671	95.9%	4,046	3,747	92.6%
Combined Multiple Service (multifunctional long-term care in a small group home & home-visit nursing)	(persons/month)	1,197	1,131	94.5%	1,504	1,210	80.5%
Preventive outpatient day long-term care for dementia patient	(times/year)	2,566	1,476	57.5%	2,760	1,745	63.2%
Multifunctional preventive long-term care in a small group home	(persons/month)	482	416	86.3%	513	381	74.3%
In-home long-term care	(persons/month)						
Daily life care service for preventive long-term care in communal living for dementia patient	(persons/month)	34	23	67.6%	38	22	57.9%

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



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