

2016 Edition

Annual Health, Labour and Welfare Report

— **Consideration of a social model to overcome demographic aging** —

{ Summary }

Ministry of Health, Labour and Welfare

Overall Picture of FY2016 Edition of Annual Health, Labour and Welfare Report

Part 1 (Theme edition) – Consideration of a social model to overcome demographic aging –

- A specific theme is set in the field of the health, labour and welfare administration to conduct an analysis of its current situation. In addition, related measures are presented with the aim to deepen the public's understanding on them.

In this FY edition, we chose the theme of “consideration of a social model to overcome population aging,” based on the recognition that we need to present to global society a vision of Japan as a nation experiencing advanced demographic aging. In particular, we show what kind of society Japan should aim to be and what kind of measures it must implement to respond to its progressively aging population, with the baby boomer generation reaching the age of the latter-stage elderly by 2025.

Part 2 (Annual report on administration) “Response to current policy challenges”

- * This annual report show various policy challenges are dealt with at the Ministry of Health, Labour and Welfare in a way that can be easily understood by the public.

Special feature 1 Toward realization of a society in which all citizens are dynamically engaged

Special feature 2 Response of Ministry of Health, Labour and Welfare to the 2016 Kumamoto Earthquake

Chapter 1 Creation of a favorable environment for childbirth and child-rearing.

Chapter 2 Promotion of employment measures aimed at enhancement of a vigorous economic society and revitalization of the regions

Chapter 3 Improvement of an environment where people can work with a sense of security

Chapter 4 Realization of independent life and securing of livelihood

Chapter 5 Establishment of a pension system which secures both youth and elderly

Chapter 6 Promotion of medical care related innovation

Chapter 7 Realization of sustainable medical care/long-term care the Japanese people can feel secured

Chapter 8 Securing of healthy and safe livelihood

Chapter 9 Comprehensive promotion of support for the disabled people.

Chapter 10 Contributions to the international community and appropriate response to the problems of foreign labourers, etc.

Chapter 11 Improvement of the administrative system and promotion of information policy.

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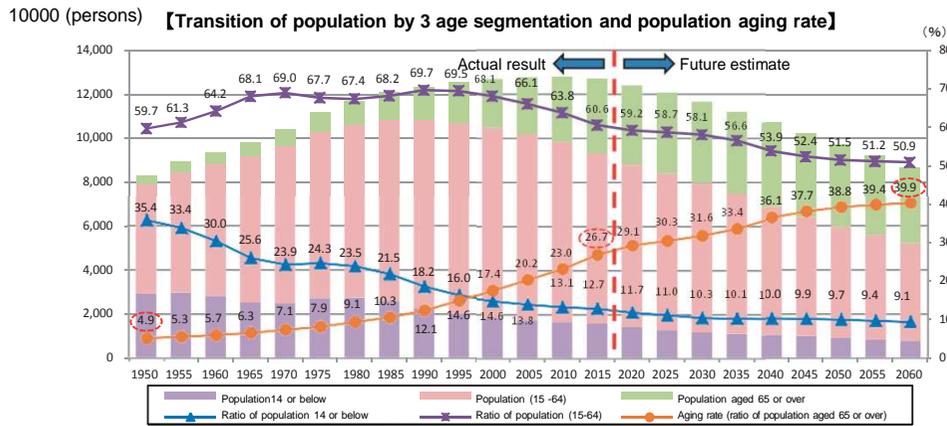
- Section 1 Lifelong active society: motivated and skilled elderly people taking active roles
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Conclusion

Chapter 1 Situations concerning Japan's elderly people

Section 1 Status of population aging

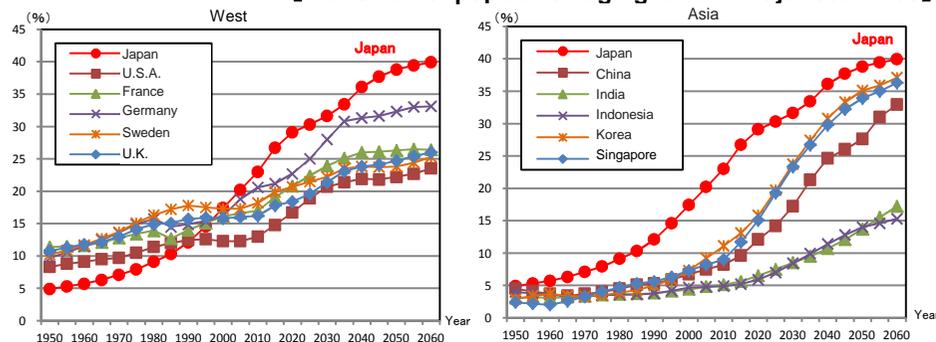
- Japan's population aging rate, which was less than 5% in 1950, exponentially increased to 26.7% in 2015. It is projected to rise to 39.9% in 2060, which means that one in about every 2.5 people in society will be 65 or older.
- Japan's aging rate has progressed at an unprecedented speed compared to the rest the world. Japan's population aging rate, which had been at the lowest level until 1980s, rose to the highest level in 2005. It is expected that populations will age rapidly throughout Asia in the future.
- Japan's population aged 65 or older will drastically increase on a major scale in urban areas. Meanwhile, in cities with populations of less than 50,000, this 65-and-over age group is projected to decrease after reaching a peak in 2020.



Source: 2015 or earlier: Ministry of Internal Affairs and Communications Statistics Bureau "Population Census" and "population estimate," (Population of age not reported are proportionally distributed across all age groups.)
 From 2020 or later: National Institute of Population and Social Security Research "Population Projections for Japan (January 2012) (medium-fertility/medium-mortality assumption)"

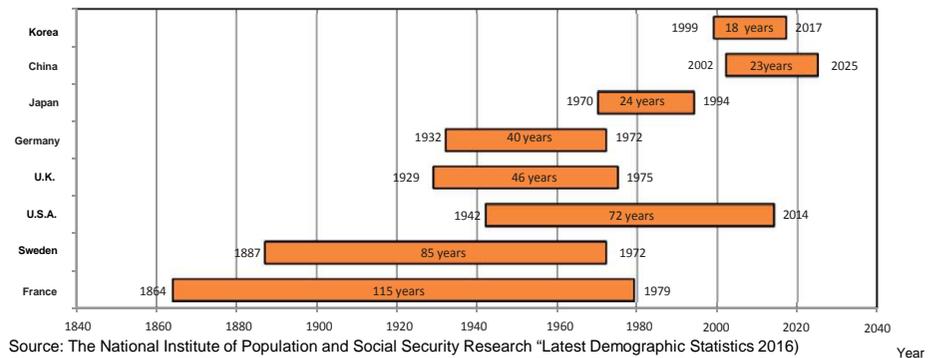
(Note) 1. 2015: Ministry of Internal Affairs and Communications "population estimate" (Final estimates as of October 1, 2015, based on the preliminary count of the 2015 Population Census)
 2. Okinawa Pref. is not included until 1970.

[Transition of population aging ratio in major countries]



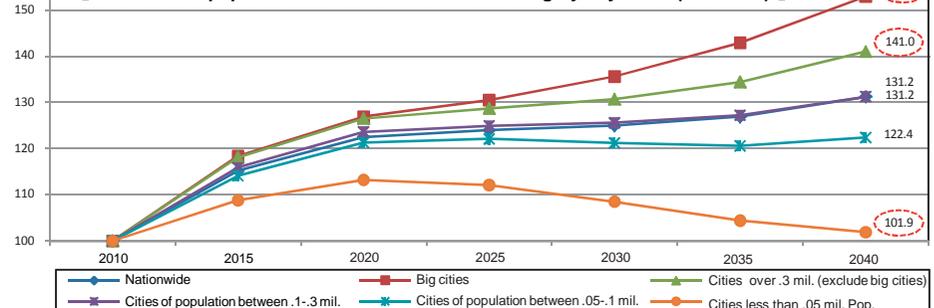
Source: For each country, medium projections based on the 2015 revision of UN World Population Prospects.
 In regard to Japan, for 2010 or earlier, Ministry of Internal Affairs and Communications Statistics Bureau "Population Census," for 2015, Ministry of Internal Affairs and Communications Statistics Bureau "Population Estimate," (Final estimates as of October 1, 2015, based on the preliminary count of the 2015 Population Census) and for 2020 and later, National Institute of Population and Social Security Research "Population Projections for Japan (January 2012) (medium-fertility/medium-mortality assumption)."

[Doubling time in major countries (Period required to reach aging rate of 14% from 7%)]



Source: The National Institute of Population and Social Security Research "Latest Demographic Statistics 2016"
 (Note) 1950 or earlier: UN. The aging of Population and its Economic and Social Implications (Population Studies No. 26, 1956) and Demographic Yearbook.
 1950 or later: 2015 revision of UN World Population Prospects (medium projection). In regard to Japan, Ministry of Internal Affairs and Communications Statistics Bureau "Population Census" and "Population Estimates."
 1950 or earlier: Projections based on known annual data obtained by interpolation

[Transition of population index of 65 or older viewing by city scale (2010=100)]



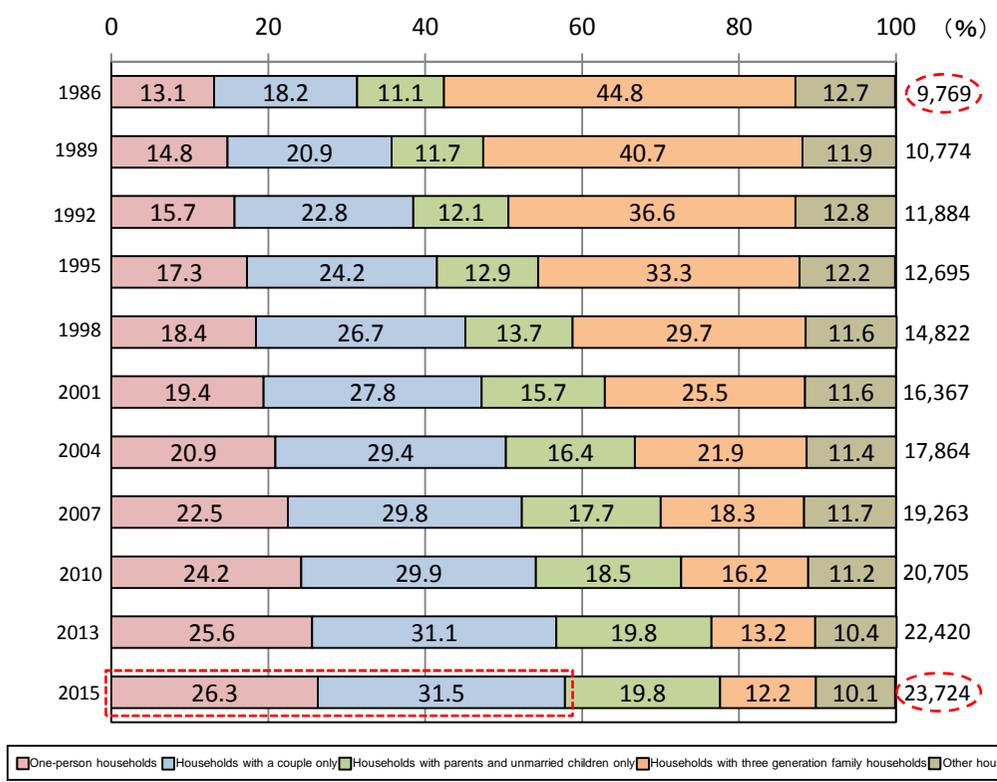
Source: Ministry of Health, Labour and Welfare, Office of the Director-General for General Policy and Evaluation, Office for Policy Evaluation prepared based on The National Institute of Population and Social Security Research Based on "Regional Population Projections for Japan (March 2013)"
 (Note) 1. Aggregate total obtained for each category, and population in each year indexed (2010's population=100)
 2. A big city indicates Tokyo metropolitan ward and ordinance-designated cities.
 3. Fukushima Prefecture's data is not included in categories excluding whole country.

Chapter 1 Situations concerning the Japan's elderly people

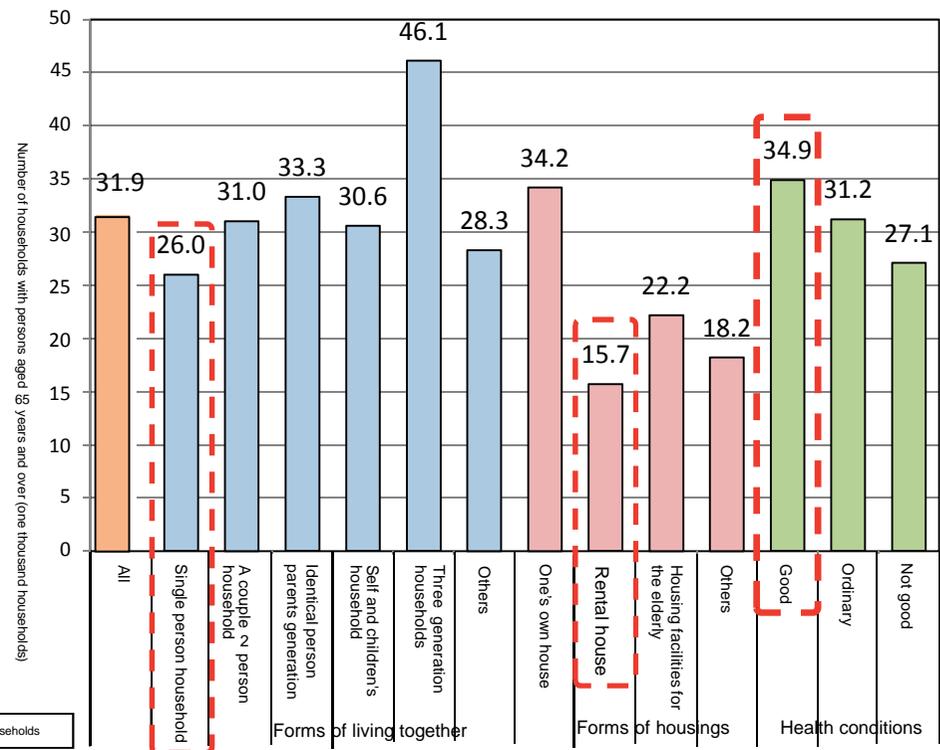
Section 2 Livelihood situations of elderly people

- The number of households with persons aged 65 years and over has more than doubled in comparison with 30 years ago to 23,724,000. The composition ratio of household structures are that one-person households comprise about a quarter of all the households with persons aged 65 years and over, and if combined with couple-only households, they make up the majority of them.
- The survey item on friendly neighborhood relations by attributes reveals that they are less among single person households and rental homes, and better health conditions are associated with more active friendly neighborhood relations.

[Trends in percentage distribution of the number of households with persons aged 65 years and over, by structure of household]



(%) [The ratio of persons who have friendly relations with neighbors by attribute]



Source: "Comprehensive Survey of Living Conditions", Household Statistics Office to the Director-General for Statistics and Information Policy, Ministry of Health, Labour and Welfare.

(Notes) 1. The figures of 1995 exclude those of Hyogo Prefecture.
 2. "Households with parents and unmarried children only" means "Households with a couple and unmarried children only" and "Households with a single parent and unmarried children only".

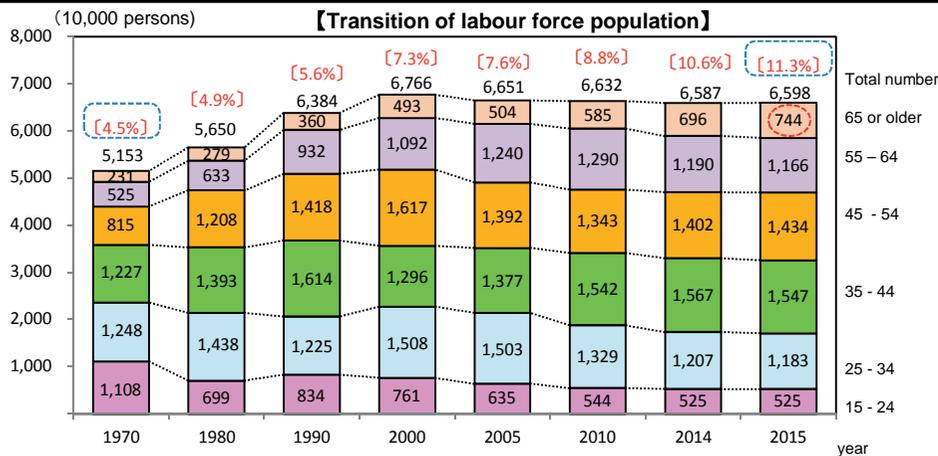
Source: "Awareness survey on the elderly's daily life" (2014), Cabinet Office

(Notes) 1. Subject: Male/female of 60 or over.
 2. "Three generations household" indicates a household composed of "Self and children and grandchildren."

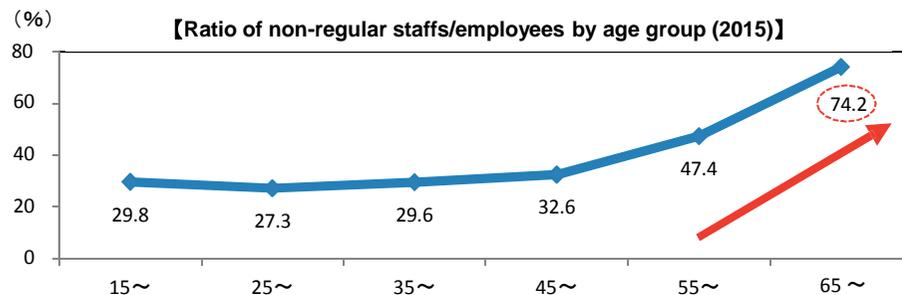
Chapter 1 Situations concerning Japan's elderly people

Section 3 Employment situations in the old age

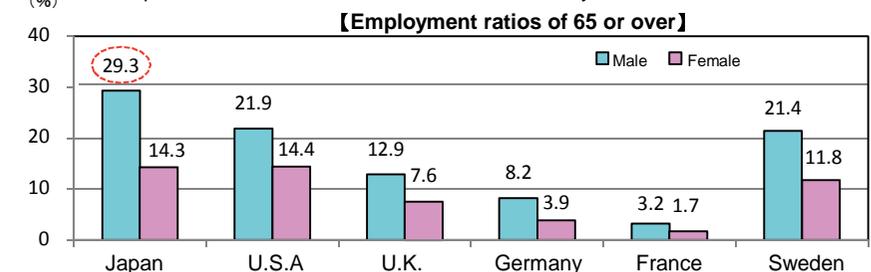
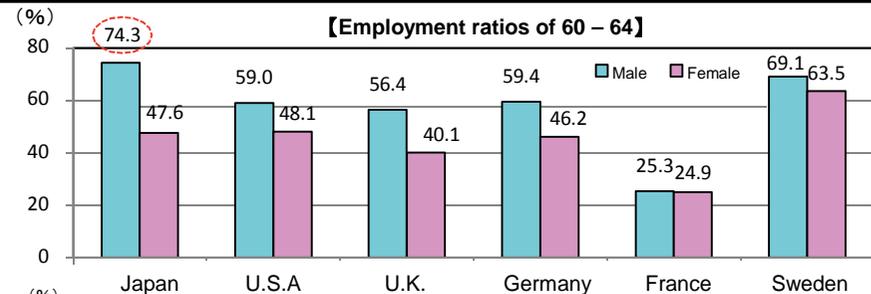
- The labour force population of 65 or older in 2015 has risen to 7.44 million, representing 11.3% of the total labour force population and about 2.5-fold increase from 1970 (4.5%). The aging trend also is observed in the entire labour force population structure.
- Japan's elderly employment ratio is on a high level internationally (males 60-64: 74.3%, 65 or over: 29.3%).
- Over 70% of people aged 65 or older are employed as non-regular staff or employees. In the majority of cases the salary of employees continuing to work after the age of 60 decreases relative to their level at retirement age (assigning a figure of 100 to retirement age relative to subsequent salaries).



Source: "Labour force survey" (Basic tabulation), Ministry of Internal Affairs and Communications Statistics Bureau
 (Note) 1. The labour force population is an aggregated number of the employed and the completely unemployed among the population aged 15 or older.
 2. 1970 does not include Okinawa Prefecture
 3. Red letters indicate the composition ratio of persons aged 65 or older in the labour force population.

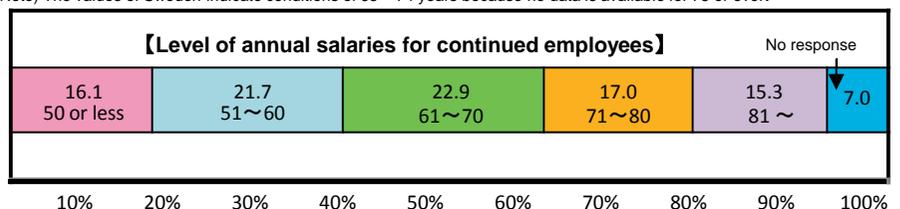


Source: "Labour force survey" (Detailed tabulation), Ministry of Internal Affairs and Communications
 (Note) 1. The percentage points indicate ratios of non-regular staff or employees among employees except of board members.
 2. Age from 15 to 24 indicate numerical values excluding students enrolled in school.



Source: Japan's values are from "Labour force survey," (basic tabulation), MIC Statistics Bureau. For other countries, Ministry of Health, Labour and Welfare, Office of the Director-General for General Policy and Evaluation, Office for Policy Evaluation prepared based on "OECD Stat"

(Note) The values of Sweden indicate conditions of 65 - 74 years because no data is available for 75 or over.



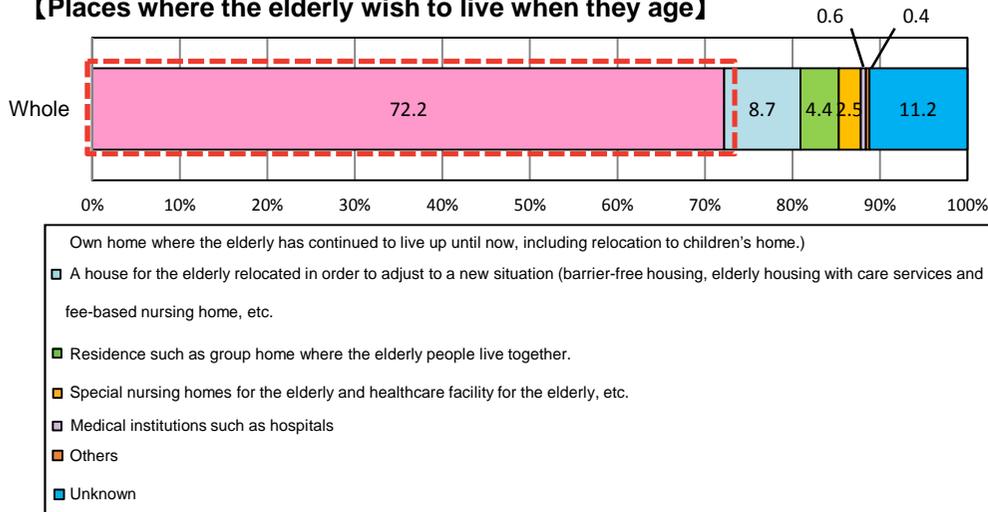
Source: "Survey on utilization of the elderly and fixed-term employees after law amendment" (2014), The Japan Institute for Labour Policy and Training.

(Note) The numerical value indicates level of annual salary of each age group when the annual salary at the time of retirement is taken as 100.

Section 1 – 3 Awareness on livelihood in the elderly years and mutual support in the local community

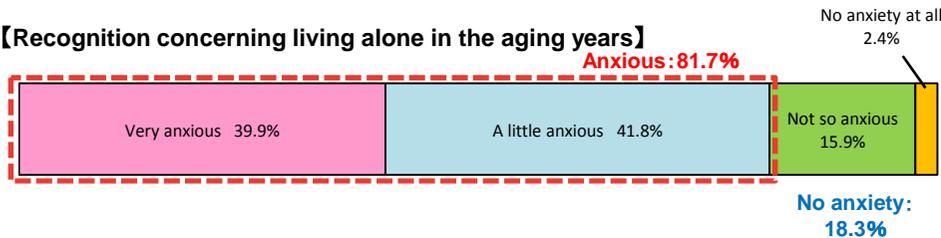
- Most people prefer to live in their own home in their old age (72.2%).
- While the number of elderly people living alone is rising, more than 80 percent of them are concerned about single life in their elderly years.
- Services that elderly people wish to have when living alone are help when going outside, support in an emergency, and so on.
- In regard to mutual support in the local community, as much as 70 percent of people are willing to help when someone is in trouble. Measures that utilize such residents' motivation can involve, for example, preparing maps illustrating the location of persons requiring help.

【Places where the elderly wish to live when they age】



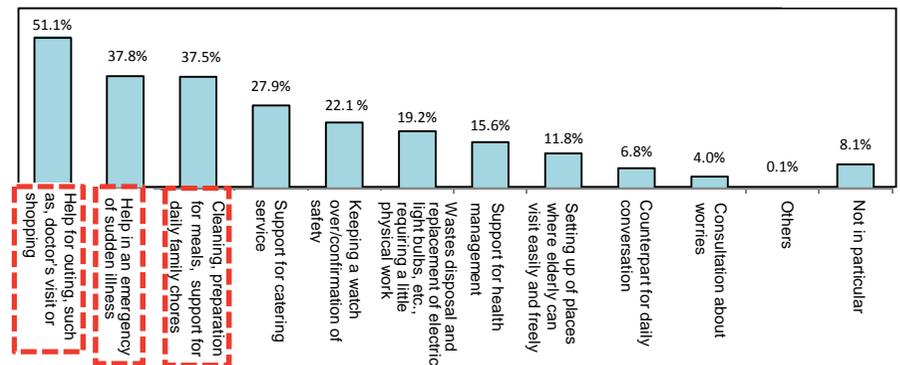
Source: "Awareness survey on aging society" (2016), commissioned by Office of the Director-General for General Policy and Evaluation, Office for Policy Evaluation, Ministry of Health, Labour and Welfare

【Recognition concerning living alone in the aging years】



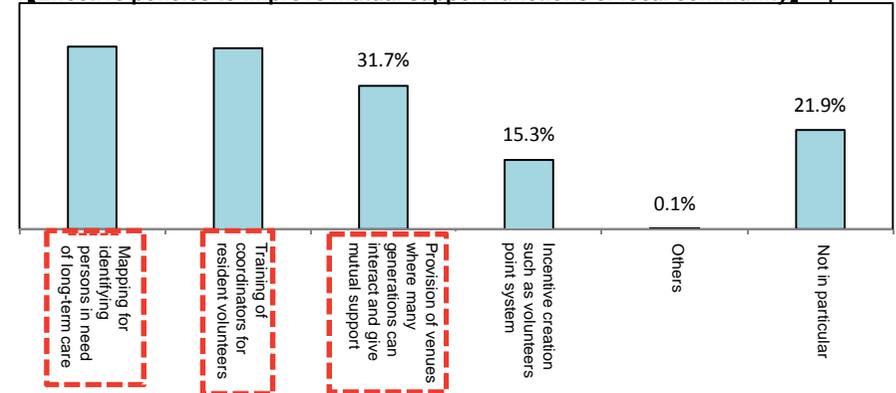
Source: "Awareness survey on aging society" (2016), commissioned by Office of the Director-General for General Policy and Evaluation, Office for Policy Evaluation, Ministry of Health, Labour and Welfare

【Services the elderly expect to use when living alone in an elderly years】 (Up to 3 services)



Source: "Awareness survey on aging society" (2016), commissioned by Office of the Director-General for General Policy and Evaluation, Office for Policy Evaluation, Ministry of Health, Labour and Welfare

【Effective policies to improve mutual support functions of local community】 Up to 2 responses



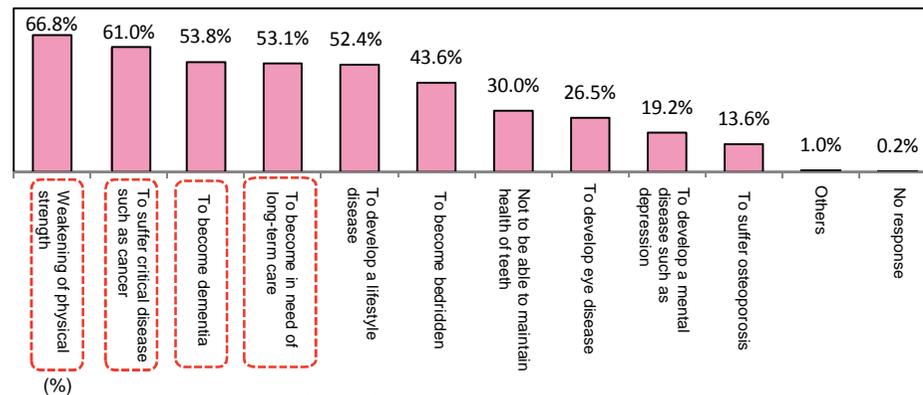
Source: "Awareness survey on aging society" (2016), commissioned by Office of the Director-General for General Policy and Evaluation, Office for Policy Evaluation, Ministry of Health, Labour and Welfare

Chapter 2 Awareness on livelihood in the elderly years, mutual support in the local community, health promotion/
long-term care prevention and employment

Section 4 – Section 5 Awareness on health promotion/long-term care prevention and employment

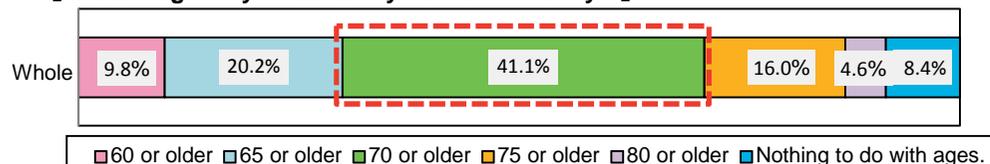
- Frequent concerns regarding health involve worries about physical decline, cancer or lifestyle diseases, dementia or the need to receive long-term care.
- Ages at which people consider themselves to be elderly are generally over 70, close to the healthy life expectancy.¹
*¹ A healthy life expectancy as of 2013 is 71.19 years for males and 74.21 years for females.
- The majority of people wish to work for as long as they can. Reference: Among total of people aged 65 or older: about 66%.
- Many responses demand that the government promote the elderly's employment via incentive formation for corporate elderly employment, full enforcement of a system that ensures employment up to 65 for all those who wish to work, and measures taken at Hello Work and Silver Human Resources.

【What makes you anxious about your health?】



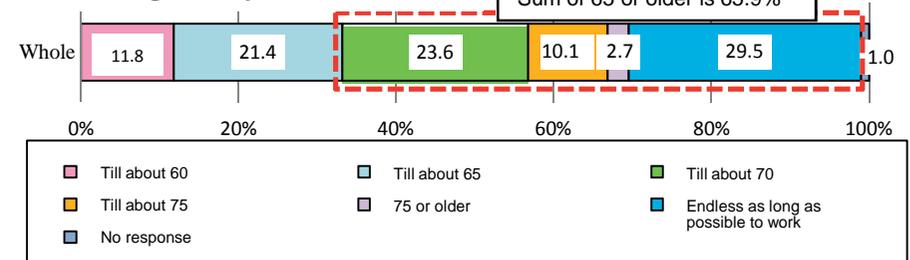
Source: "Awareness survey on "preparations" for the elderly year", Cabinet Office.
(Note) 1. Subjects: Nationwide males/females of 35 – 64 (No. of effective responses 2,707)
2. Question was "What sort of matters are you worrying about in regard to your own health in elderly ages? Please answer as many as you like" targeting those who answered "I feel always" or "I feel once in a while" (1,975 people) regarding health in the old age

【At what age do you think of yourself as elderly?】



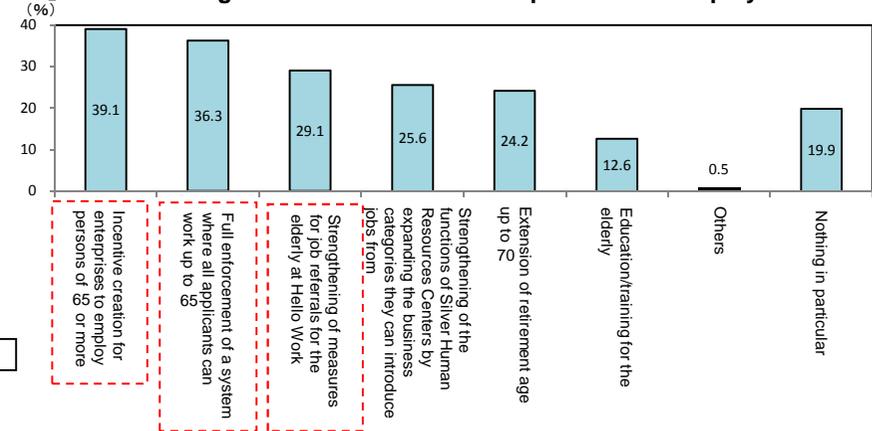
Source: "Awareness survey on aging society"(2016), commissioned by Office of the Director-General for General Policy and Evaluation, Office for Policy Evaluation, Ministry of Health, Labour and Welfare

【How long would you like to work?】



Source: "Awareness survey on the elderly's participation in local societies (2013), Cabinet Office

【Measures the government should take to promote the employment of the elderly】

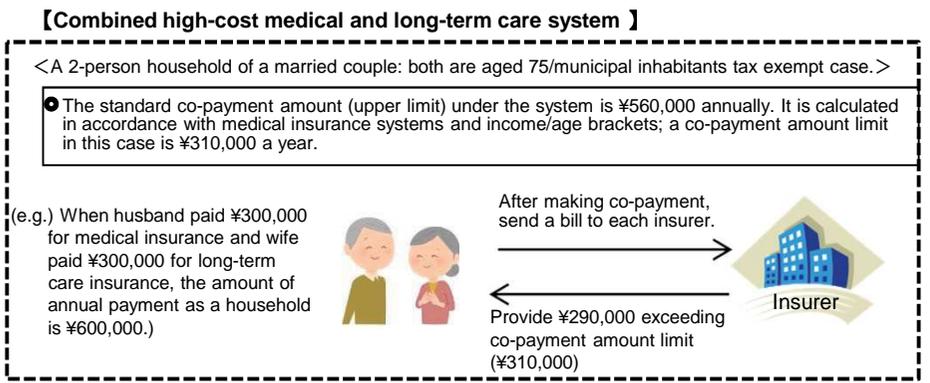
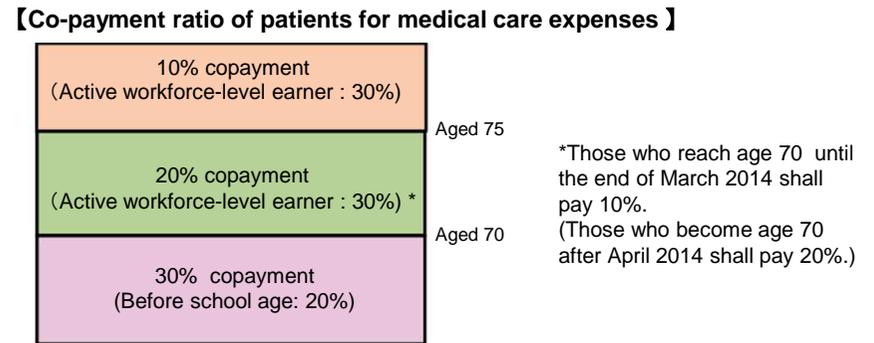
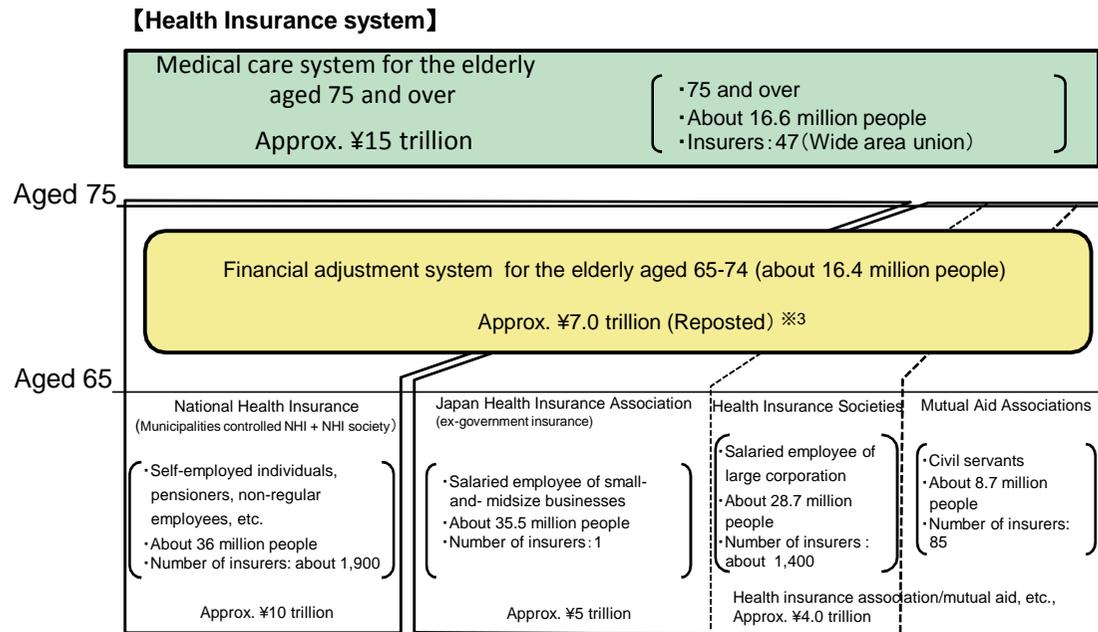


Data: "Awareness survey on aging society"(2016), commissioned by Office of the Director-General for General Policy and Evaluation, Office for Policy Evaluation, Ministry of Health, Labour and Welfare

Chapter 3 Medical care/Long-term care system that supports the elderly years

Section 1 Health Insurance system

- In Japan all the citizens are covered compulsorily by public health insurance systems (National Health Insurance, Employees' Health Insurance, or Medical insurance system for the elderly aged 75 and over). All citizens who pay premiums can receive necessary medical services when they get ill by showing their insurance cards and paying a specified amount of expenses (30% in principle). Through such a system, our country has realized the world's highest level of life expectancy and health care standards.
- For those who are 75 and over, they can receive medical care by bearing only 10% of the cost (50% are covered by public expenses, about 40% are supported by the working generation, and about 10% are paid from the elderly people's premiums), under the Medical care system for the elderly aged 75 and over, in principle.
- In order to prevent co-payments of medical insurance and long-term care insurance from becoming excessively high, the combined high-cost medical and long-term care benefits system has been established.

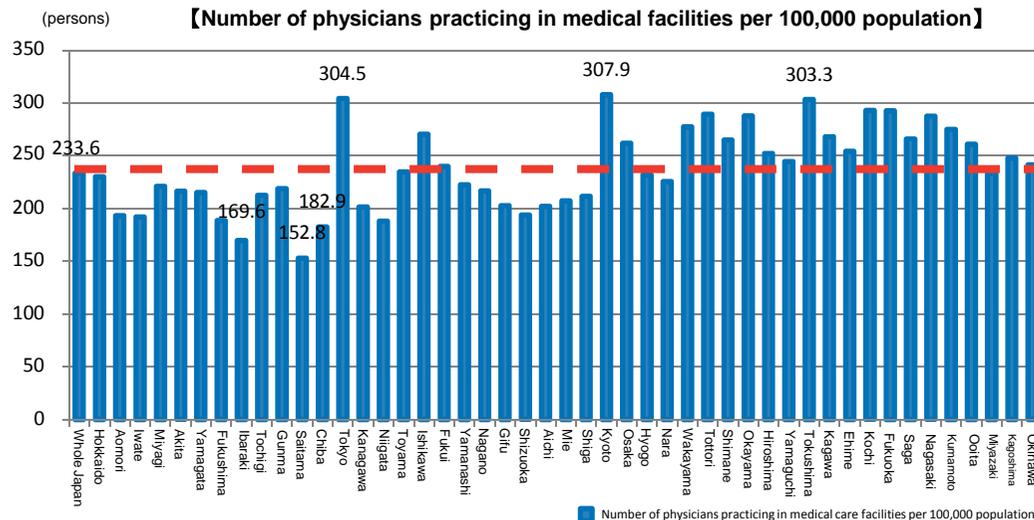


※ 1 Numbers of subscribers/insurers and the amount of money are numerical values of fiscal 2016 base.
 ※ 2 In addition to the above, as an interim measure, there is retirees' medical care (subjects: about 900,000 people).
 ※ 3 The breakdown of number of the elderly aged 65 – 74 (About 16.40 million) is about 13.1 million people of National Health insurance, about 2.2 million people of Japan Health Insurance Association about 0.9 million people of Health Insurance Society and about 10 thousand people of Mutual aid association.

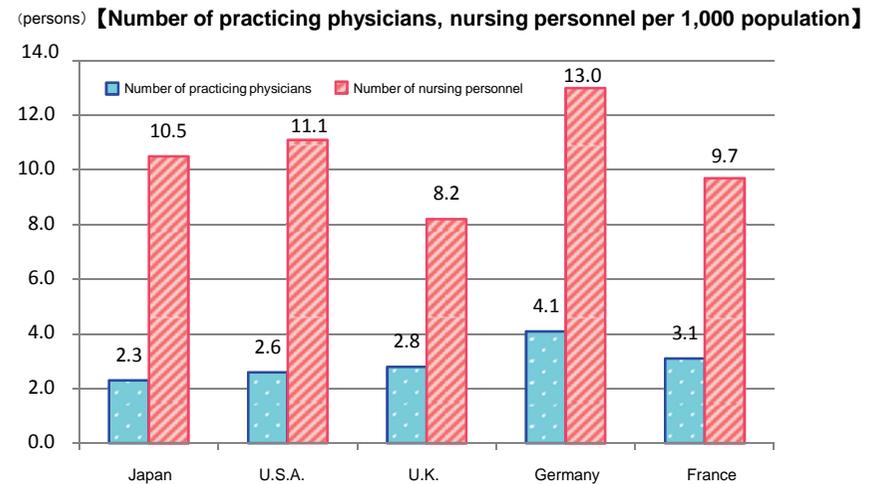
Chapter 3 Medical care/Long-term care system that supports the elderly years

Section 2 Medical care provision system

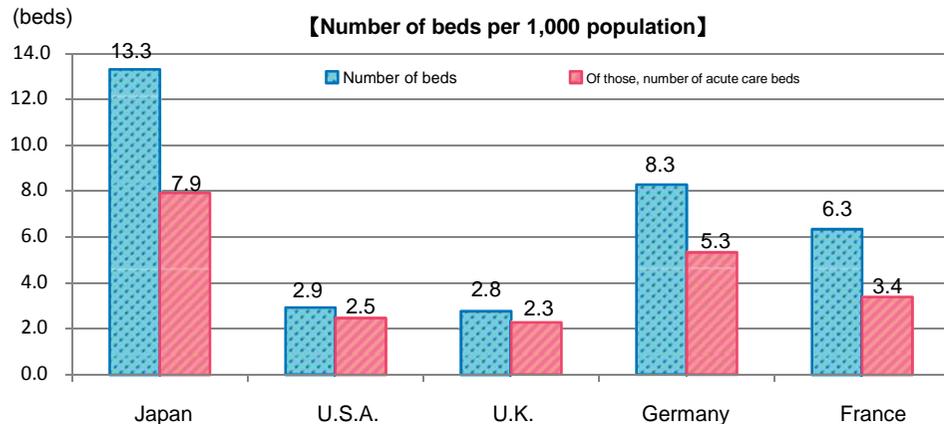
- There is a geographic maldistribution of physicians as shown by the number of physicians engaged in medical facilities per population. Kyoto Prefecture: 307.9 Saitama Prefecture: 152.8
- While the numbers of both total beds and acute care beds in medical facilities per population are high in Japan compared to other countries, the numbers of practicing physicians per population and practicing physicians per bed are relatively low.



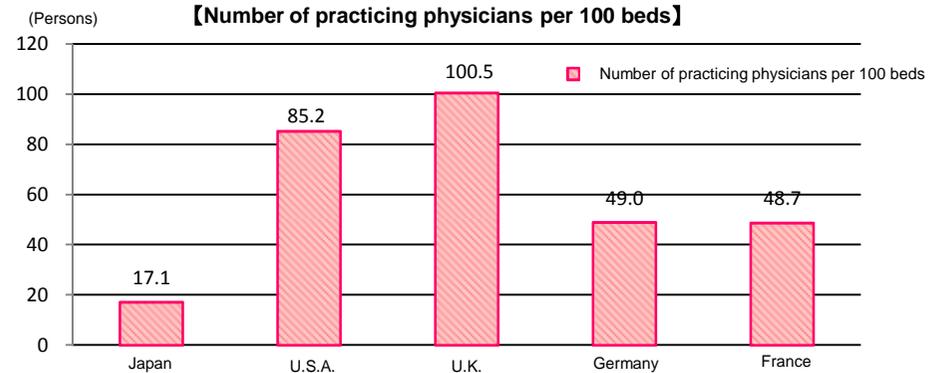
Source: "Survey of Physicians, Dentists and Pharmacists"(2014), Statistics and Information Department, Minister's Secretariat, MHLW



Source: OECD Health Statistics 2015
(Note) Japan's data is from 2012, U.S.A. from 2013, U.K. from 2013, Germany from 2013 and France from 2014



Source: OECD Health Statistics 2015
(Note) Japan's data is from 2013, U.S.A. from 2012, U.K. from 2013, Germany from 2013 and France from 2012.

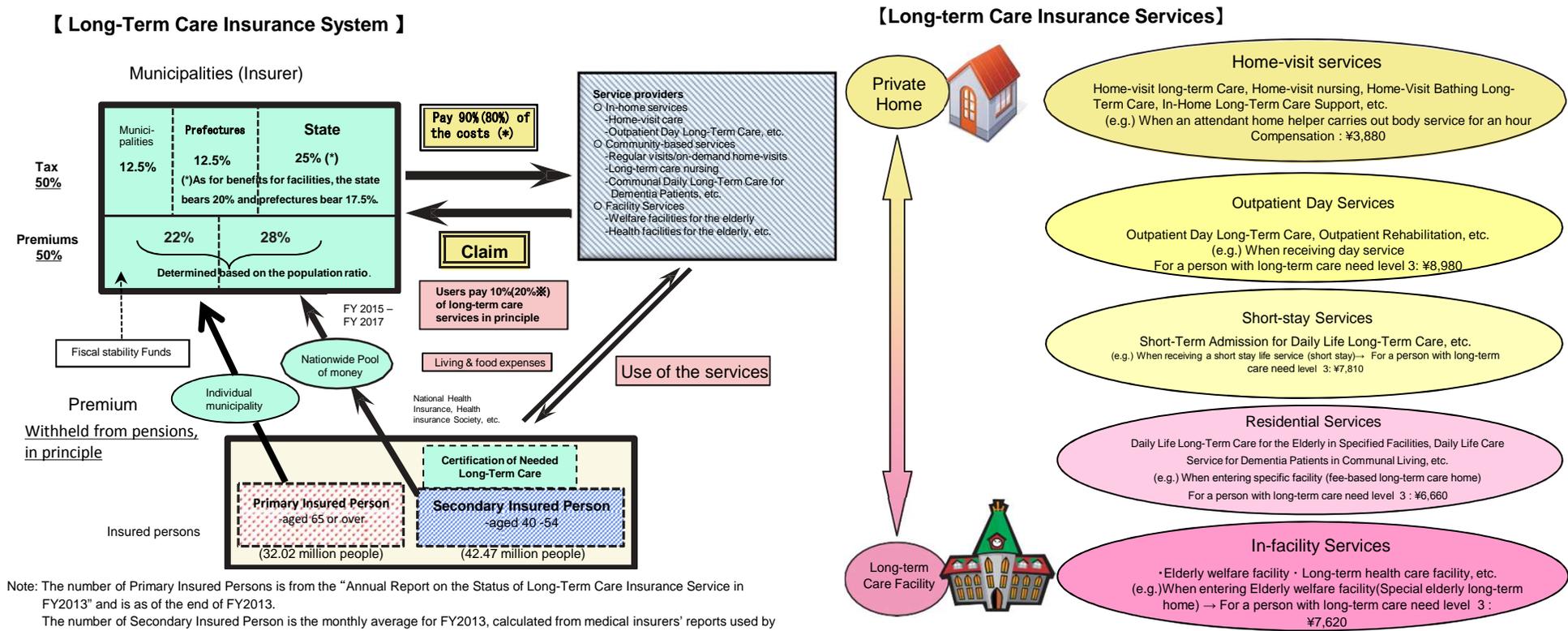


Source: OECD Health Statistics 2015, prepared by commissioned by Office of the Director-General for General Policy and Evaluation, Office for Policy Evaluation, Ministry of Health, Labour and Welfare
(Note) 1. Japan's data is from 2012, U.S.A. from 2013, U.K. from 2013, Germany from 2013 and France from 2012.
2. Number of physicians per 100 beds is a value obtained by simply dividing the number of physicians by the number of beds and multiply it by 100.

Chapter 3 Medical care/long-term care system that supports the elderly years

Section 3 long-term care insurance system

- The long-term care insurance service is for those aged 65 and those aged 40 – 64 who come to require support/long-term care. The service is provided to the former regardless of the causes of their illnesses and to the latter as long as they have terminal cancer or diseases such as arthrorheumatism caused by aging, with 10% or 20% co-payment.
- For the use of services, municipalities as insurers certify the need of long-term care based on users' applications. Following the certification, a care manager (long-term care support specialist) prepares a plan for the use of long-term services (care plan) and a care plan for preventive long-term care, so that persons in need of long-term care and assistance can use appropriate services in accordance with their mental and physical conditions.



Note: The number of Primary Insured Persons is from the "Annual Report on the Status of Long-Term Care Insurance Service in FY2013" and is as of the end of FY2013.
 The number of Secondary Insured Person is the monthly average for FY2013, calculated from medical insurers' reports used by the Social Insurance Medical Fee Payment Fund in order to determine the amount of long-term care expenses.
 ※Burden ratio for persons with income above certain level is 20:80, after Aug 2015.

Chapter 4 Perspectives to overcome population aging

Section 1 Lifelong active society: Motivated and skilled elderly people taking active roles

- The importance of realizing a “lifelong active society” where the elderly with motivation to work can make use of their knowledge and experience cultivated over the years and continue to be active regardless of age is increasing more and more as it can also lead to healthier and more fulfilling lives.
- With the amendment of the law in 2016, unemployment insurance has become applicable for those who employed after 65 years old, and working hours at the silver human resources center have been reduced, etc.
- For the future, in order to ensure employment opportunities for the elderly after 65, in particular, we will carry out assistance for improvement of employment environments, reemployment, and others for the elderly.

Lifelong active support counter

This project used to comprehensively carry out support for redesigning vocational life and provide employment support in teams for jobseekers aged 55 or over at “Comprehensive consultation counter for the elderly” set up in main Hello Work offices (Reference: FY2015: 77 sites). From FY 2016, it shall be revised to “Life-long active support consultation counter” and substantially assist re-employment of jobseekers 65 or older, which so far has not been placed a special emphasis.

Hello Work

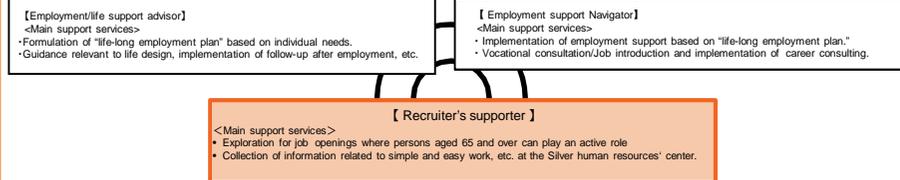
Comprehensive consultation counter (FY2013 ~ 2015)

- <Persons eligible for support>
- > Job seekers aged 55 or over
- <Main content for support>
- > Introduce the government’s support measures which can be used by elderly job seekers
- > Consultation/assistance concerning redesigning of vocational life based on livelihood in the old age
- > Hospitable support by a team in accordance with situations of persons concerned

Life-long active support consultation counter (FY2016 ~)

- <Persons eligible for support>
- > Jobseekers aged 55 or over (strengthening of support for jobseekers aged 65 or over)
- <Main contents for support>
- > Introduce the government’s support measures which can be used by elderly job seekers
- > Consultation/assistance concerning redesigning of vocational life based on livelihood in the old age and vocational life of job seekers who are pension receivers
- > Hospitable support by a team in accordance with situations of persons concerned
- > Exploration/provision of job information for elderly jobseekers (securing of job openings where jobseekers aged 65 or over are able to play an active role.)
- > Provision of information on simple works, etc., in cooperation with the silver human resources center.

<Support system at “Life-long active support consultation counter”>



Relaxation of “Temporary/Short-term/Light” requirements of Silver Human Resources Center (related to Employment Stabilization Law for the Elderly)

Concerning operations in the silver human resources center, in the industrial categories specified by prefectural governors for each municipality, an amended act, extending the working hours to 40 hours a week from existing 20 hours for staffs hired through temporary/job placement agencies, was enacted on March 29, 2016 (enforced in April 2016).”

The elderly employment stability subsidy

Aiming for establishing a society to be able to work actively regardless of age as long as the elderly have willingness and abilities, through the improvement of employment environments for the elderly and subsidization of employers who convert the fixed-term contracts of the elderly into stable employment status even after retirement, we shall make efforts to stabilize the employment for the elderly.

1 Support for the improvement of employment environments for the elderly

Courses on promotion of the utilization of the elderly

Toward employers who carried out the expansion of occupational field for the elderly, improvement of working environment, the establishment of the employment management system, etc., we subsidize half of the expenditure required for the initiatives concerned (2/3 for small and mid-size businesses)

2 The promotion of conversion of fixed-term contracts into stable employment forms for the elderly

Courses on conversion into permanent employment for the elderly (Newly established)

For employers who converted workers aged 50 or over and below the retirement age with fixed-term contracts into indefinite term contracts, we subsidize ¥400,000 per object person (¥500,000 for small-and-midsize businesses)

Chapter 4 Perspectives to overcome population aging society

Section 2 Measures for health promotion/prevention of diseases, etc.

- Japanese citizens have a healthy life expectancy (the period that can be spent in healthy condition) that is the longest in the world. To extend this even further, it is important to implement measures for disease and long-term care prevention and improve health condition.
- Currently, we have been promoting Data Health measures that effectively utilize data on health and medical information held electronically by insurers toward disease prevention and health promotion for insured persons and dependents.
- Building on this measure, in the future, mechanisms will be implemented such as healthcare points which give incentives to individuals and insurers to stay healthy and take measures against frailty (weakness), which is a condition between being healthy and in need of long-term care.

Strengthening of incentive for individuals and insurers toward disease prevention and health promotion

(Individual)

In accordance with actions taken by insured persons for disease prevention and health promotion, insurers shall provide healthcare points and assist in the payment of premiums, etc.

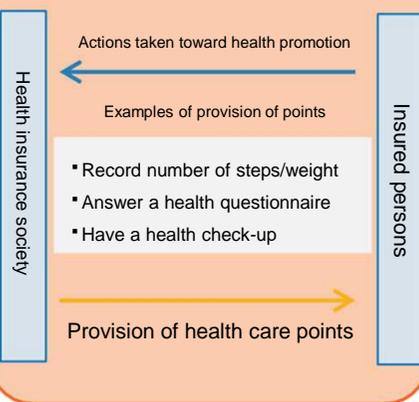
*Implemented under health guidance projects in line with guideline formulated by the state.

(Insurer)

Addition/deduction system of support grant for the elderly aged 75 and over shall be reviewed from FY 2018 to put more focus on incentive for insurers working on disease prevention and health promotion, etc.

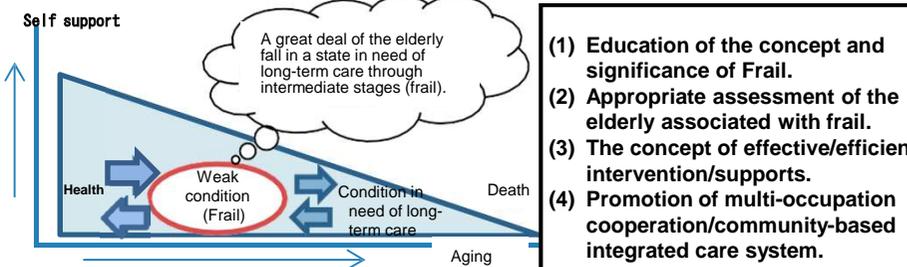
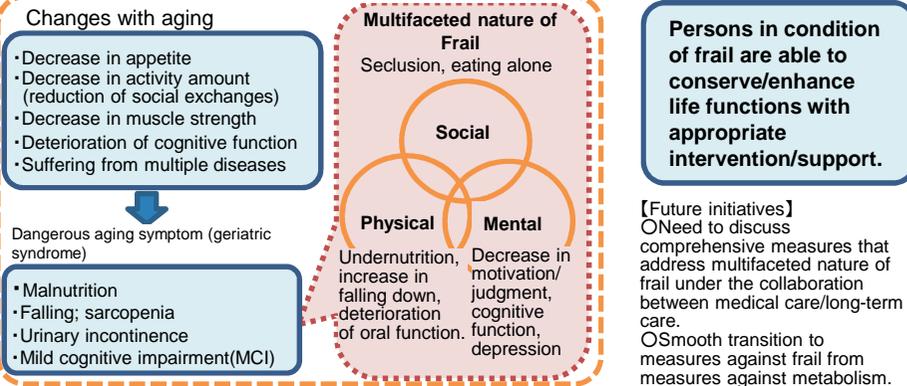
- The assessment based on the implementation rate of Specific Health Checkups/Specific Health Guidance shall be reviewed and indicators such as the use rate of generic drugs shall be added to make a mechanism where the assessment will be comprehensive and based on multiple indicators.
- In addition to the configuration of items common to insurers' classes, specific criteria of each item and items which shall be added based on characteristics of insurers' classes shall be configured according to each insurer's class.

Provision of healthcare points



Respecting frail of the elderly

Frail(Frailty):Condition of mental and physical activity (e.g. muscle strength and cognition function, etc.) declining with aging to present high risks in daily life function disorder, condition in need of long-term care, and death.



Chapter 4 Perspectives to overcome population aging society

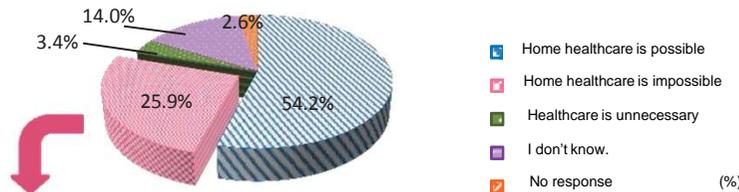
Section 3 Creation of society where the elderly can age in their own way in the local community (1)

- Due to changes in disease structure and aging, it is necessary to transform our medical treatment from one that “cures” to that “heals and gives mutual support” and a policy that enables the elderly to continue to live their lives in their own ways in accustomed environment even when they get ill or get older.
- While ensuring that residences satisfying the elderly’s needs are provided, it is to aim at establishing the Community-based Integrated Care System where a variety of services, including health care/long-term care and welfare, are adequately provided in daily living areas.

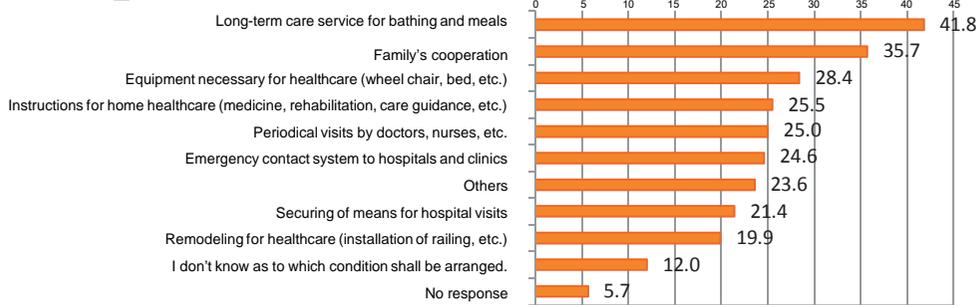
Background

- Along with a change in disease structure and aging, the number of persons living with multiple chronic diseases has increased.
- Meanwhile, due to social transformation such as an increase in households of only single elderly/couple, dilution of shared territorial bond/blood relationship, it is difficult to continue to “live at home” with family only.
- 25% responded that home healthcare is impossible even if discharge is permitted.

■ Patients’ prospect on home healthcare when discharge is permitted (questions to patients, n=53,298)

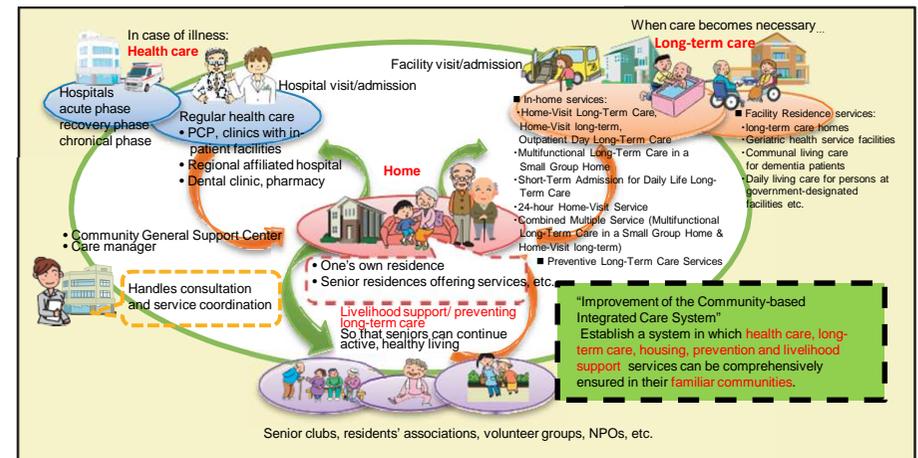


■ Conditions to make home healthcare possible (Multiple answers allowed)



Source: "Patient's Behavior Survey"(2014) . Statistics and Information Department, Minister's Secretariat, MHLW

【The Community-based Integrated Care System Model】



【How to understand the community-based integrated care system】



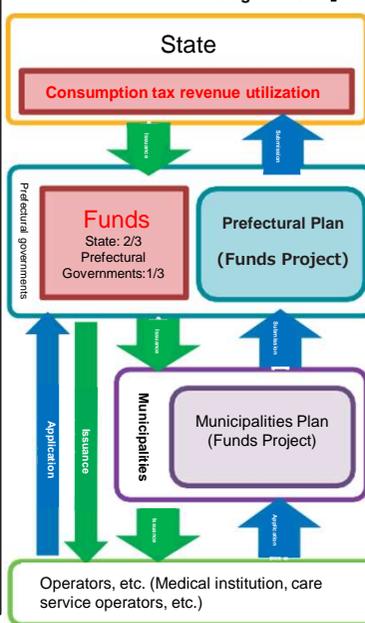
Establish a system where health care, long-term care, long-term care prevention, housing and independent livelihood support are comprehensively secured, in order for the elderly to keep independent livelihood in accordance with their abilities in accustomed areas to the extent possible, in line with the regional actual situations.

Source: Mitsubishi UFJ Research & Consulting “<Community-based Integrated Care Research Group> The Community-based Integrated Care System and Regional Management” (Study Project on the Concept of System and Service toward the Establishment of Community-based Integrated Care System), FY2015 Project of the Ministry of Health, Labour and Welfare Geriatric Healthcare and Health Improvement, etc., 2016

(1) Medical care

- Differentiation/Coordination of sickbeds functions under regional medical care initiatives
- Promotion of in-home medical care
 - ◆ Utilization of “Integrated Securing of Funds for Regional Medical and Preventive Long-term Care”
 - ◆ FY2016 Revision of medical treatment fee (incentives for (1) ~ (3))
 - (1) Dissemination of family physicians
 - (2) Qualitative/quantitative enhancement of in-home medical care
 - (3) Enhancement of support for transition from hospital care to in-home medical care
- Utilization of ICT
 - ◆ Enhancement of quality and efficient provision of services including medical care by sharing / coordinating patients’ information, promotion of remote medical care

[Integrated Securing of Funds for Regional Medical and Preventive Long-term Care]



Prefectural governments plan and municipalities plan (Funds projects)

- **Basic matters pertinent to funds**
 - Securement of fair and transparent process (improvement of framework where views of people concerned are reflected)
 - Securement of fairness/transparency such as fairness between operating bodies
 - Role differentiation between medical fee and long-term-care fee
- **Basic described matters of prefectural and municipal plans**
 - Areas for Integrated Securing of Funds for Regional Medical and Preventive Long-term Care/ target and scheduled period (one year in principle) / contents of project, amount of expenditure / evaluation method of project
- Prefectural governments shall compile municipal plans to prepare prefectural plan

Relevant projects of the Integrated Funds for Regional Medical Care and Preventive Long-term Care.

- 1 Project of facilities aiming for attainment of regional medical institutions or respecting the improvement of equipment
- 2 Project of medical care provision in residence
- 3 Project pertinent to the improvement for long-term care facilities, etc.
- 4 Project concerning securement of personnel engaged in medical care
- 5 Project in regard to securement of personnel engaged in long-term care

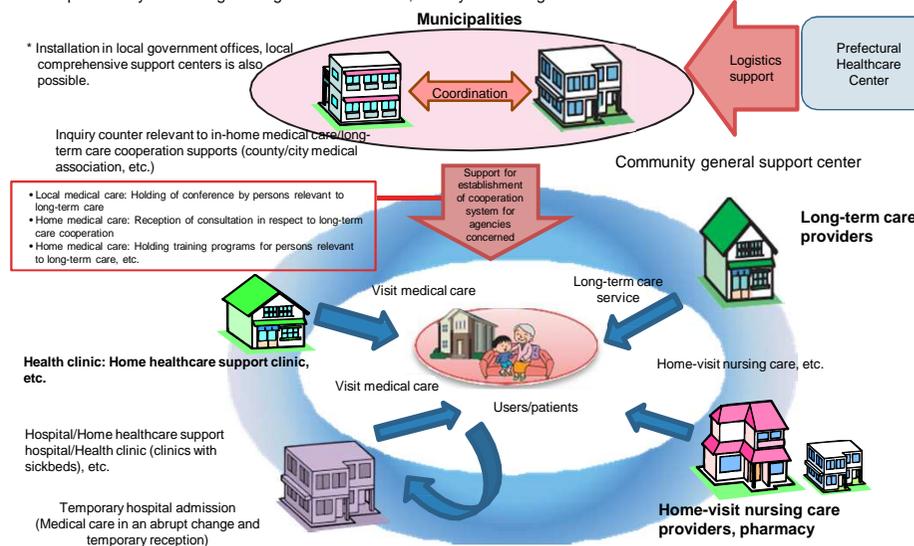
Budget for FY2016: ¥162.8 billion for public expenditure (Medical care portion: ¥90.4 billion, long-term care portion: ¥72.4 billion)

(2) Long-term care

- Promotion of dementia measures based on the New Orange Plan
- Promotion of coordination between in-home medical care/long-term care
- Establishment of long-term care service provision system
 - ◆ Use of the “Integrated Securing of Funds for Regional Medical and Preventive Long-term Care” toward improvement of long-term care facilities etc. and securing long-term care professionals
 - ◆ Additional improvement of in-home/facility services for about 120,000 people by early 2020s toward the goal of “No one forced to leave their jobs due to long-term care.”
 - ◆ Securing long-term care personnel necessary for the additional improvement of in-home/facility services (250,000 personnel by early 2020s), and enhancement of productivity with the introduction of the next generation type long-term care technology)

[Promotion of cooperation between in-home medical care and long-term care]

Under support by prefectural health care centers, municipal governments plays central role, promoting the establishment of cooperation system of regional agencies concerned, closely interacting with local doctors’ associations.



Chapter 4 Perspectives to overcome population aging society

Section 3 Establishment of society where the elderly can age in their own way in the local community (3)

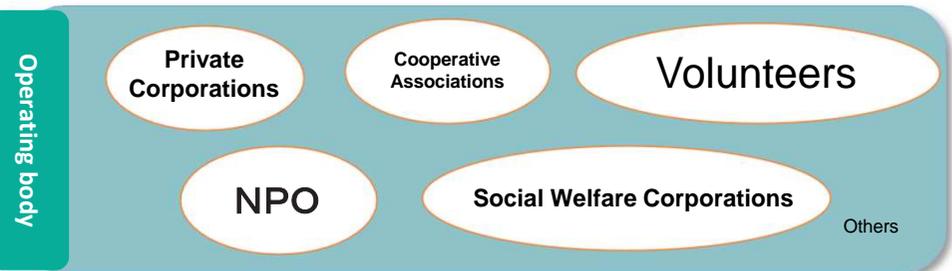
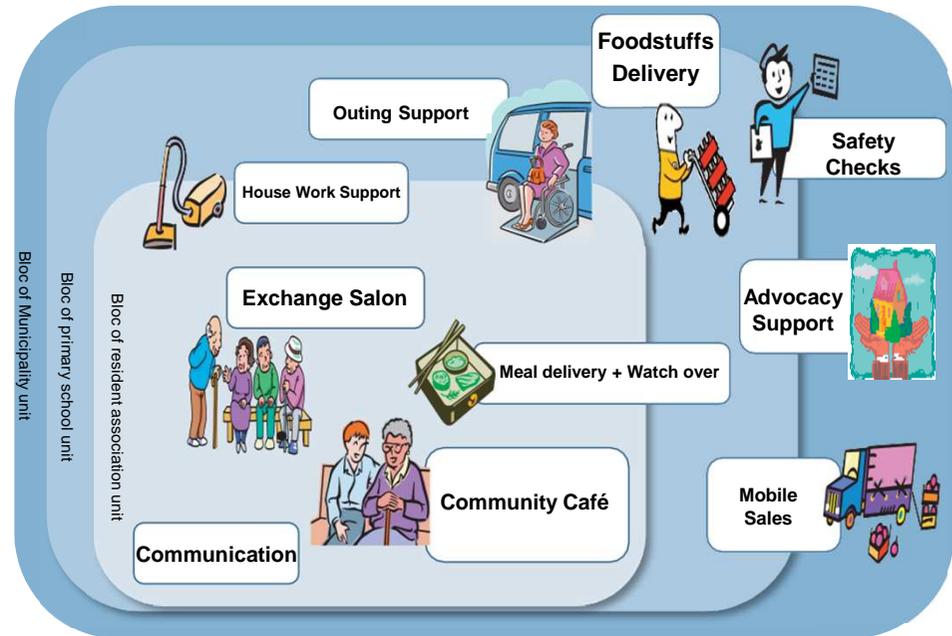
Long-term care

- Improvement of livelihood support services
 - ◆ Provision with long-term care prevention in an integrated manner.
 - ◆ Through placement of livelihood support coordinators (local mutual support promotion staff) and the establishment of a consultative body, encourage participation of a variety of agents, and build a network of service providers.
- Promotion of new long-term care prevention
 - ◆ Approach on mental and physical function, activities and participation.
 - ◆ Collecting information about persons requiring support in the community, multi-occupational approach assessment, extraction of livelihood tasks and setting of goals.
 - ◆ Long-term care prevention in community settings. (Prevention of long-term care centered on residents and at places within commuting distances.)
 - ◆ Development of advanced cases to promote measures for effective long-term care prevention.
- Supports for families providing long-term care, etc.
 - ◆ Provision of information for families, etc., improvement of consultation system.
 - ◆ Revision of system to enable balancing work and long-term care.

Residence

- Improvement of a variety of homes including special nursing homes for the elderly.

Provision image for livelihood support/long-term care prevention services



Backup

Enhancement/strengthening of support systems with municipalities at the core (matching of residents' needs and service resources through allocation of livelihood support coordinators and the installation of consultation body, and information aggregation, etc.)

Establish support system in cooperation with the private sector.

Chapter 4 Perspectives to overcome population aging society

Section 3 Creation of society where the elderly can age in their own way in the local community (4)

- Aging and conditions of social resources vary by region. Therefore, in order to realize the Community-based Integrated Care System, it is important for each region to consider how it should be as a region in the future and establish networks (community development) which enables collaboration among diverse agents, such as, between residents, residents and professionals, and professionals.
- Municipalities, the most immediate administrative agents for residents, are expected to play a leading role in community development, by exercising their functions as insurers of the long-term care insurance system. Prefectures are expected to lead municipalities, by such as, supporting promotion of multi-occupational collaboration in the municipalities.
- The state will consider drastically strengthening insurers' functions, while disseminating good practices across the country, and accelerate municipal measures and promote the nationwide Community-based Integrated Care System.

Background

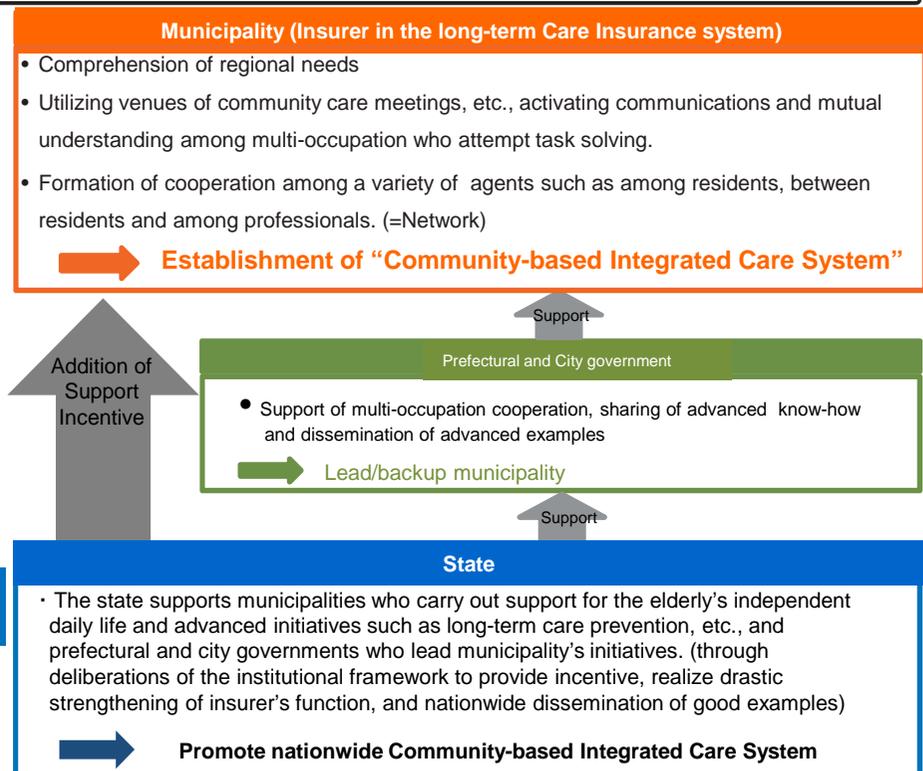
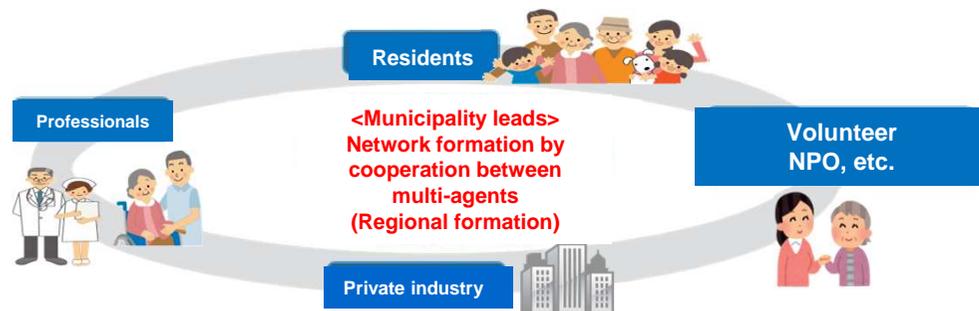
(1) Situation of aging

- In urban area, while young adult segment is decreasing, the number of the elderly is increasing or leveling off.
- In isolated area, both young adult segment and the elderly are decreasing.

(2) Situation of social resources

- In urban area, territorial/blood relationships are diluted so that mutual support function is decreased.
- In small scale local cities, etc., there are still some areas where network is alive.

Based on regional characteristics/resources' situation, municipalities who have insurer's function, shall take into account the concept of region in the future by each region and strengthen coordination/cooperation among a variety of multi-occupation categories of service agents.



Chapter 4 Perspectives to overcome population aging society

Section 4 Paradigm shift to a “regional cohesive society” that builds both livelihood and meaningful lives

- It is necessary to further develop the Community-based Integrated Care so that it can support the livelihood of all people in need of support in the local community in fulfilling their own lives in their accustomed communities while encountering various problems in their daily lives.
- We will move from a society divided between providers and beneficiaries of support to a community-based society where all people build and enhance livelihood and meaningful lives together, based on the characteristics of each locality by incorporating the perspective of regional revitalization, advancing a new concept of welfare that meets the demands of the changing times.

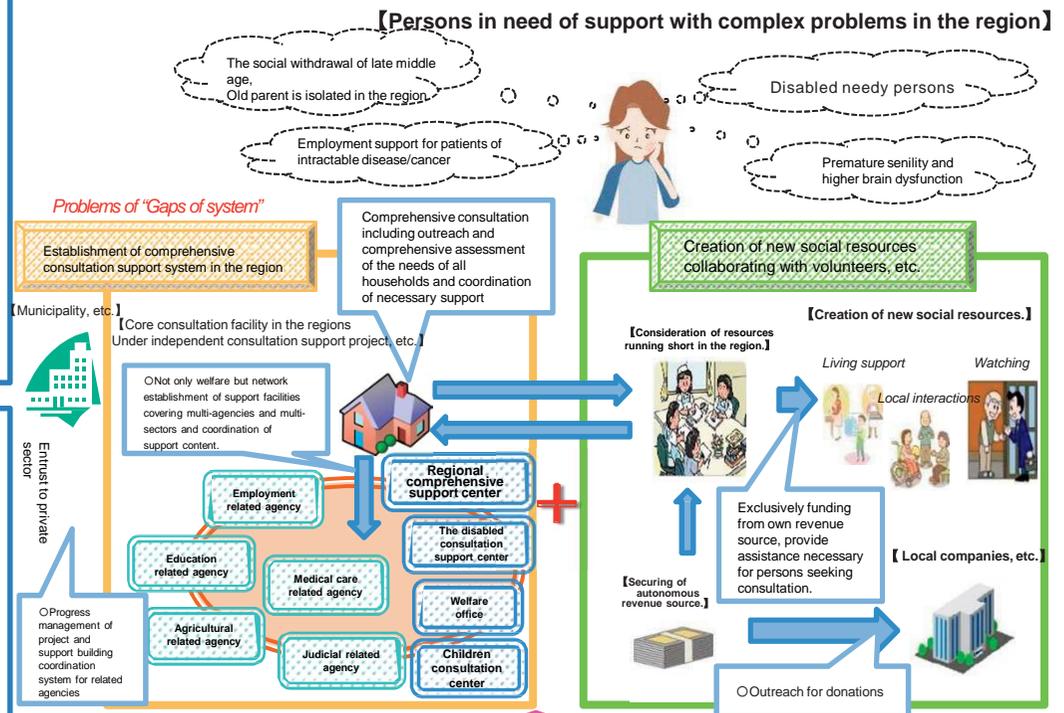
Background

- Due to trends toward the nuclear family, the rise in people’s mobility/fluidity, etc., territorial bonds/blood ties have been diluted, weakening bonds in regional societies.
- Despite efforts to improve public services in terms of quality and quantity in each field, in recent years, needs have been diversifying and becoming increasingly complex, as seen in the concept of “double care.”
- In order to meet changing welfare needs while our population declines, the promotion of cross sectional measures is necessary in terms of community development, services/consultations, and human resources development.

Future Directions

- Improve cross sectional and comprehensive consultation/support system for targeted persons and their households under the collaboration between consultation agencies in respective fields.
- ➡ The project to establish comprehensive support system under the collaboration between multi-agencies
- Establishment of mechanism capable of integrally providing welfare services for the elderly, the disabled, children and so forth, taking account of actual situation in the regions
- ➡ Promotion of provision of comprehensive welfare services
- Development/securing of welfare personnel in a comprehensive manner

【Comprehensive support structuring project by collaboration of multi-agencies】



(Reference)

Introduction of Case Example in this White Paper (Colum)

■ Part 1 “Consider a social model to overcome super demographic society”

Chapter 2 Awareness respecting livelihood in the elderly years, mutual support in the local community, health improvement/care prevention and employment seeking

Section 2 Awareness of livelihood

- “Whole life flourishing town” system (Japanese version CCRC)
- Tokyo Shinjuku ward, Nursery room for life (Regional consultation office for everything (Mainly for medical care))

Section 3 Awareness of mutual supports in the local community

- Tokyo Ota ward, Ota elderly watching network (Network of “Awareness” and “Support”)
- Hyogo prefecture Itami City, Watching by using IT – (Security/Safety watching network operation)

Section 5 Awareness of employment seeking

- Seven-Eleven-Japan (Aging society and convenience store)
- Japan Work Life Balance Support Association (supporting how-to-work after retirement – assisting long-term and raising children by training ground sitter)

Chapter 3 Medical care/long-term care system to support the elderly generation

Section 3 long-term care insurance system

- Home care system in the Netherlands (“Buurtzorg”)

Chapter 4 Perspective to overcome super population aging society

Section 1 Lifelong active society: motivated and skilled elderly people taking active roles

- Ginza Second Life Co., Ltd. (Senior as an alternative “Founding a business”)

Section 2 long-term prevention/Tackling Health improvement

- GlaxoSmithKline plc. Health Insurance Association (Healthcare point)
- Kanagawa prefecture Yamato city, (Measures against frail by visit of managerial dietitian)

Section 3 Formation of society where the elderly can age in their own way in the local community

- Miyagi prefecture Ishinomaki city, (Medical care and long-term care collaboration utilizing ICT)
- Hokkaido Sunagawa city, Hyogo Kawanishi city, Kumamoto Yamaga city (To live in the region irrespective becoming dementia – case examples of countermeasures supporting by region)
- Shiga prefecture, higashiomi block, Sanpoyoshi Study Association (established aiming for regional care in whole by multi-occupations collaboration)
- Osaka prefecture Sakai city, (Ossekai-ya-Sakai (Meddlesome) (Sakai project))
- Miyazaki prefecture Miyazaki-City, Kaasan-no-ie (Mama's home) (Home grown from region!?)

Section 4 Create both livelihoods and meaningful lives (Paradigm shift to a “a regional cohesive society”)

- Double care support Yokohama (Double care – Simultaneous support for childcare and long-term care emerging from coincidental development of aging and declining birthrate --)
- Ishikawa prefecture, Social Welfare Corporation Bussi-en (“Gochamaze(Farrago)”!? – Initiative of Bussi-en aiming for symbiosis of multi-generations --)
- Kagoshima prefecture Kagoshima-City, NAGAYA TOWER (Row house of these days!?)