The 8th

Chigasaki City Elderly Welfare Plan and Long-Term Care Insurance Business Plan FY2021 - FY2023

Chigasaki City

Opening Statement

In recent years, Japan has been facing the challenge of "the coming of a rapidly declining population" due to the progress of "aging" and "declining birthrate". In addition, the ratio of elderly people to the total population (aging rate) has reached 28.4% (White Paper on Aging Society, 2020).

As of October 1, 2020, our city had a population of 64,666 people aged 65 and over, and although the aging rate is lower than the national rate, it has reached 26.5%, meaning that more than one in four of our citizens is elderly. While the total population is expected to gradually decrease, the elderly population is expected to continue to



increase, and the challenge is to create an environment where the elderly can continue to live in good health and vigor in their familiar communities. It is also important that healthy and motivated elderly people, as members of the local community, make use of the experience and knowledge they have accumulated over the years to play an active role in the community.

With this in mind, this plan aims to further deepen and promote the "community comprehensive care system" that provides medical care, long-term care, prevention, housing, and lifestyle support in an integrated and comprehensive manner, with an eye to 2025, when all baby boomers turn 75 years old or older.

In order to implement the initiatives in this plan, it is important to have various partnerships and cooperation with local residents, residents' associations, consumer affairs committee members and child welfare committee members, medical, welfare and other organizations and institutions. We would like to ask for the cooperation of all concerned.

Last but not least, I would like to express my sincere gratitude to the members of the Chigasaki City Elderly Welfare Plan and Long-Term Care Insurance Business Plan Promotion Committee, the approximately 8,000 citizens who cooperated with the questionnaire survey, etc., and the many people who contributed their opinions to the public comments, for their cooperation in the formulation of this plan. I would like to express my deepest gratitude here.

March 2021

Hikaru SATO Mayor of Chigasaki City

The 8th Chigasaki City Elderly Welfare Plan and Long-Term Care Insurance Business Plan

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The percentages in the text and in each table and graph are rounded to the first decimal place. Therefore, there may be cases where the total, the total of the breakdown and the balance do not match (e.g., the total of the breakdown does not reach 100%). The same applies to the amounts shown in thousands of yen.

- The "n" (abbreviation for "number of case") in the survey results graph indicates the number of respondents to the question.
- Various statistical data as well as survey results is used in the text.
- The city's main efforts in "Chapter 3: Review of the Previous Plan" are the results of FY2019.

Chapter 1 Outline of This Plan

Purpose of Action Plan Formulation

(1) Increase of elderly population

According to the "Population Projections for Japan: 2016 to 2065" by National Institute of Population and Social Security Research (IPSS), the population of the elderly in Japan is expected to reach 30% in 2025 and 1.5 working-age people will support one elderly person in 2040. This has become a major issue in Japan as the 2025 problem and the 2040 problem, respectively.

As for the current situation of Chigasaki City, the total population is slowly increasing and the elderly population is also increasing year by year, but in the future, the total population is expected to decrease while the elderly population is expected to increase. As of October 1, 2020, the population aging rate according to the Basic Resident Register was 26.5% (64,666 residents), and the ratio of people aged 65-74 (so-called young-old) was 12.5% (30,576 residents). The ratio of people aged 75 and over (so-called old-old) was 14.0% (34,090 people) and is expected to continue to rise significantly in the future.

The number of persons certified as requiring long-term care and support (hereinafter referred to as "persons certified as requiring long-term care, etc.") is also increasing, and as of the end of September 2020, the number of persons certified as requiring long-term care, etc. (primary insured persons) is 10,625, and the certifying ratio (the ratio of persons certified as requiring long-term care, etc. to the total number of elderly persons aged 65 and over) is 16.4%.

(2) The direction of the country toward 2040

As Japan as a whole is facing an increasingly serious problem of aging, the "Act for Partial Revision of the Long-Term Care Insurance Act, etc. for Strengthening the Community Comprehensive Care System" was enacted in May 2017, with two major pillars: "deepening and promoting the community comprehensive care system" and "ensuring the sustainability of the long-term care insurance system.

Toward "deepening and promoting the community comprehensive care system," we will create a system to support independence and prevent the severity of illness, promote cooperation between medical care and long-term care, and take measures to realize a community symbiotic society. For "ensuring the sustainability of the long-term care insurance system," it is necessary to strengthen efforts to secure human resources for long-term care and improve the efficiency of long-term care operations in order to secure a human resource base to support the elderly in the community we will work to secure the human infrastructure to support the elderly in local communities, as the number of working-age people who will be responsible for the system declines significantly.

In addition, based on the "Plan for Extending Healthy Life Expectancy" (Ministry of Health, Labor and Welfare), which aims to increase healthy life expectancy to 75 years or more for both men and women by 2040 by strengthening approaches to those who are indifferent to health and eliminating disparities among regions and insurers, it is necessary to promote measures for preventing long-term care, frailty, and dementia,

as well as to improve the environment so that the elderly and other motivated people can play an active role in society.

(3) About the situation in Chigasaki City

Under these circumstances, in the 7th Chigasaki City Elderly Welfare Plan and Long-Term Care Insurance Business Plan (the plan period is from FY2018 to FY2020; hereinafter referred to as the "7th Plan"), we have been working to deepen and promote the "Community Comprehensive Care System," which provides medical care, long-term care, prevention, housing, and life support services in an integrated manner.

The 8th Chigasaki City Elderly Welfare Plan and Long-Term Care Insurance Business Plan (hereinafter referred to as the "8th Plan") has been established. In the 8th Plan, based on the contents of the 7th Plan and its issues, we will organize the items to be addressed in the elderly welfare measures and long-term care insurance business for the next three years, and also promote the plan by incorporating the concept of the Sustainable Development Goals (SDGs), which are international goals that aim to create a sustainable and better world by 2030, into each basic policy.

Since the six basic policies of the 8th Plan are linked to the five components of the community comprehensive care system (medical care, long-term care, prevention, housing, and life support), promoting the 8th Plan will lead to further deepening and promotion of the community comprehensive care system. In addition, as a new idea in the 8th Plan, we will replace the current three daily living area with new 13 areas, which are the same as the city's urban development units, to improve consistency with the city's policies in order to solve regional issues.

As a countermeasure against infectious diseases such as the COVID-19, which has been spreading worldwide, we will continue to review our projects. In order to ensure that the elderly can lead safe and secure lives, we will work together with the national and prefectural governments to implement countermeasures and build a system in the communities in cooperation with businesses and facilities, while reviewing projects and taking other measures to adapt to new lifestyles.

In the 8th Plan, we will build a system that can flexibly respond to external factors such as disasters, while steadily developing measures. Looking ahead to 2025 and beyond, when all baby boomers will be 75 years old or older, we will work to extend healthy life expectancy and further deepen and promote the community comprehensive care system, aiming to realize a community symbiotic society.



<Chart 1> The Conceptual Picture of Community Comprehensive Care System

(Source, Ministry of Health, Labour and Welfare)

2 Basic Principles and Basic Policies of the 8th Plan

Basic Principle

In this super-aging society, we will promote the creation of a system in which the power of mutual support in the community can function in a coordinated manner and be effective, so that the elderly can lead independent daily lives according to their abilities in their familiar communities as much as possible, and aim to realize fulfilling daily lives for each and every elderly person.



<Chart 2> Basic System Conceptual Diagram

3 Positioning of the 8th Plan

(1) Legal positioning

This plan is to be formulated as an integrated "Municipal Welfare Plan for the Elderly" based on the Elderly Welfare Law (Article 20-8) and "Municipal Long-term Care Insurance Business Plan" based on the Long-term Care Insurance Law (Article 117). The plan is to be formulated in conjunction with the "Kanagawa Elderly Health and Welfare Plan" formulated by Kanagawa Prefecture.

(2) Positioning in city government

This plan is positioned as a divisional plan for the welfare sector in the "Chigasaki City Comprehensive Plan", which is the top-level plan.

In addition, the "Chigasaki Community Welfare Plan 2 for Everyone to Connect (the 4th Chigasaki City Community Welfare Plan, the 6th Chigasaki City Community Welfare Activity Plan, and the 1st Chigasaki City Basic Plan for the Promotion of the Use of the Adult Guardianship System), which is a comprehensive plan for the health and welfare sector, will be used as the top-level plan, and will be carried out in line with the "Chigasaki City Health and Welfare Plan for Persons with Disabilities", the "Chigasaki City Child and Child-Raising Support Project Plan", and other plans for other sectors.





4 Period of the 8th Plan

The planning period for this plan is three years, from FY2021 to FY2023.

In the 8th Plan, we will work to further deepen and promote the "Community Comprehensive Care System," which we have been aiming to establish in stages since the 6th Plan, by taking into consideration the situation of elderly people and demand for long-term care in Chigasaki City in 2025, which is during the 9th Plan period.





5 Progress of the 8th Plan Formulation

(1) Survey implementation and collection status

We conducted the "Survey on the 8th Chigasaki City Elderly Welfare Plan and the Long-Term Care Insurance Business Plan" in order to understand the opinions and requests of the elderly and their families before formulating the 8th Plan.

The status of survey collection is as follows.

(Type of Survey) (Subject)	Number of Survey Targets	Number of Valid Responses	Rate of Valid Responses
<1> Individual Survey of the General Elderly (Persons aged 65 or over (excluding those certified as requiring long-term care, etc.))	2,250	1,567	69.6%
<2> Individual Survey for Persons Certified as Requiring Long-term Care or Support (at Home) (Those who are certified as requiring long-term care or support and are living at home)	2,875	1,512	52.6%
<3> Individual Survey for Persons Certified as Requiring Long-term Care or Support (at Facilities) (Those who are certified as requiring long-term care or support and are using facility services, etc.)	500	242	48.4%
<4> Long-term Care Prevention and Daily Living Area Needs Assessment (Persons aged 65 or over (including those certified as requiring support)	2,375	1,881	79.2%

(2) Progress of discussions at the Promotion Committee and Liaison and Coordination Meeting

The "Chigasaki City Elderly Welfare Plan and Long-Term Care Insurance Business Plan Promotion Committee" (hereinafter referred to as the "Promotion Committee") consists of 14 members, including citizens from the public, representatives of public organizations, etc. within the city area, representatives of organizations engaged in activities related to elderly welfare, representatives of long-term care service providers in the city area, and people with academic experience.

In order to formulate this plan, the council deliberated at the Promotion Committee, and at the "Chigasaki City Elderly Welfare Plan and Long-Term Care Insurance Business Plan Liaison and Coordination Meeting", which consists of 19 members from relevant departments and sections of Chigasaki City.

On March 27, 2019, we consulted the Promotion Committee on the formulation of the plan, and on October 30, 2020, the Promotion Committee reported on the "8th Chigasaki City Elderly Welfare Plan and Long-Term Care Insurance Business Plan (Draft)".

(3) Implementation of pubic comments

For about one month from November 25 to December 24, 2020, the 8th Plan (Draft) was distributed at the Elderly Welfare and Care Division counter, the City Government Information Corner, each branch office, each community center, and other public facilities. At the same time, we published the draft plan on the city website and solicited opinions on the plan.

Through this public comment, we have received 16 opinions from 3 different people.

6 Efforts to Promote SDGs

(1) What is the SDGs?

The Sustainable Development Goals (SDGs) are common goals for the international community as a whole, adopted by consensus of all 193 countries including Japan at the United Nations Summit in September 2015. It consists of 17 goals (targets) to be achieved between 2016 and 2030, and 169 targets that are linked to the goals and are presented in concrete terms.



♦ The 17 goals are listed on page 104 of the "Materials" section.

(2) Promoting the SDGs and this plan

In the Chigasaki City Comprehensive Plan, which will be launched in FY2021, citizens, businesses, and the government will share the policy goals of Chigasaki City by having a common language of SDGs, deepen their partnership, and aim to solve regional issues by utilizing each other's strengths. In this plan, too, diverse entities will collaborate and cooperate to promote the plan based on this idea.

Specifically, we will clarify (position) which SDGs our efforts to achieve each basic policy target will contribute to.

Bas	ic Policy 1	Support for	the Creation of Div	verse Motivation in Living for the Elderly
3 すべての人に 健康と福祉を	4 質の高い教育を みんなに	8 働きがいも 経済成長も	Social Participation	(1) Promotion of social participation of the elderly and support for community activities
_m/\$		~	Hobby and Purpose of Life	(2) Support for creating hobbies and a sense of purpose in life
V			Work	(3) Enhancement of employment support

<Chart 6> Examples of SDGs in Basic Policy 1 of this plan

7 Setting the Daily Living Area

(1) What is the daily living area?

In order to enable the elderly to continue their lives while receiving appropriate services in their familiar areas, the municipalities are divided into areas called "daily living areas" according to the characteristics of the area, taking into account such factors as geographical conditions, population, transportation, and other social conditions, as well as the status of facilities for providing services such as long-term care benefits.

(2) Review of the daily living area

In consideration of the fact that the number of elderly people per area was small at the time of the establishment of the daily living areas (2006), the number of daily living areas was set at three. However, considering the fact that the number of elderly people per area is increasing with the aging of the population, and there are many activities in each district, the daily life areas will be set to 13 areas, which are the same as the city's urban development units. This will make it possible to better align the city's urban development policies with those of the long-term care insurance business plan. In addition, a new "service infrastructure area" will be established to serve as a unit for the development of a system for the provision of community-based services, including the development of facilities for community-based services.





Chapter 2 Situation of the Elderly in Chigasaki City

Situation Surrounding the Elderly in Chigasaki City

(1) Changes in the population of Chigasaki City

1

Based on the Basic Resident Register, the total population as of January 1, 2020 is 243,884, an increase of more than 3,000 people from five years ago, with a five-year growth rate of 1.4%. The growth rate for the same period in Japan and Kanagawa Prefecture was less than $\pm 1.0\%$. Although the population of our city is increasing, the rate of population growth is on a downward trend.

<Chart 8> Chigasaki City's Total Population and Growth Rate Compared to Those of Japan and Kanagawa Prefecture

		FY2000	FY2005	FY2010	FY2015	FY2020
Chigogolri Citra	Total Population	220,897	228,811	235,643	240,428	243,884
Chigasaki City	Growth Rate (%)	3.7	3.6	3.0	2.0	1.4
Kanagawa	Total Population	8,370,292	8,644,031	8,885,458	9,116,666	9,209,442
Prefecture	Growth Rate (%)	2.8	3.3	28	2.6	1.0
Japan	Total Population	126,071,305	126,869,397	127,057,860	128,226,483	127,138,033
Japan	Growth Rate (%)	1.1	0.6	0.1	0.9	-0.8

(Source: Basic Resident Register, as of March 31 for 2010 and earlier, and as of January 1 for 2015 and later)



<Chart 9> Chigasaki City's Total Population and Its Growth Rate

(Source: Basic Resident Register, as of March 31 for 2010 and earlier, and as of January 1 for 2015 and later)

(2) Population structure of Chigasaki City

i) Population changes

By the three age groups, the young population has decreased by 1,659 since 2012, and the working-age population has decreased by 4,017 since 2012. The elderly population, on the other hand, has increased by more than 10,000 since 2012, especially the old-old population has surpassed the young-old population in 2018 and the young population in 2019.

									(ur	nit: person)
		FY2012	FY2013	FY2014	FY2015	FY2016	FY2017	FY2018	FY2019	FY2020
	oung opulation	33,265	33,293	33,237	33,056	32,784	32,520	32,358	31,916	31,606
Working-age Population		152,136	150,747	149,331	148,472	147,932	147,606	148,075	147,803	148,119
	lderly opulation	53,094	55,448	57,695	59,601	61,147	62,331	63,419	64,033	64,666
	Young-old (Aged 65-74)	29,209	30,516	31,725	32,283	32,296	31,921	31,565	30,775	30,576
	Old-old (Aged 75+)	23,885	24,932	25,970	27,318	28,851	30,410	31,854	33,258	34,090
	otal opulation	238,495	239,488	240,263	241,129	241,863	242,457	243,852	243,752	244,391

<Chart 10> Chigasaki City's Population by the Three Age Groups

(Source: Basic Resident Register, as of October 1 of each year)

ii) Changes in composition ratio

Looking at the composition of the population by the three age groups, the working-age population declined from 63.8% in 2012 to 60.6% in 2020, while the elderly population continued to rise from 22.3% in 2012 to 26.5% in 2020.





⁽Source: Basic Resident Register, as of October 1 of each year)

(3) Aging rate

i) Aging rate in Chigasaki City

The aging rate in our city has been rising year by year, and since 2016, more than one in four of our citizens are elderly. If we divide the elderly population into the young-old and the old-old, we can see that the young-old is on a downward trend while the old-old is on an upward trend.



(Source: Basic Resident Register, as of October 1 of each year)

ii) Comparison with Japan and Kanagawa Prefecture

In comparison with the aging rate in Japan and Kanagawa Prefecture, our city's rate continues to rise as in Japan and Kanagawa Prefecture, however, the rate is lower than the national rate and higher than Kanagawa Prefecture.

> (%) 27.9 27.6 28 ---27.2 • 26.8 27 26.3 26.3 • 26.1 25.8 A: 26 25.4 24.9 25 -25.0 24.8 24 24.6 24.2 23.7 23 22 FY2016 FY2017 FY2018 FY2019 FY2020

> > -Chigasaki City

<Chart 13> Aging Rate in Chigasaki City Compared to That of Japan and Kanagawa Prefecture

.... Japan

Kanagawa

Prefecture

⁽Source: Basic Resident Register, Demographic and Household Surveys, as of January 1 of each year)

(4) Population and aging status by the daily living area

By the daily living area, the aging rate has increased in all areas compared to 2017, with the highest rate of 37.6% in the Koide area and the lowest rate of 21.7% in the Kowada area.

<Chart 14> Population and Aging Status by the Daily Living Area

	FY2017		FY2020	
Area	Aging Rate (%)	Total Population	Elderly Population	Aging Rate (%)
Chigasaki	26.2	17,081	4,554	26.7
Chigasaki Minami	23.8	15,106	3,648	24 .1
Kaigan	24.6	20,542	5,123	24.9
Nango	26.9	9,982	2,721	27.3
Shonan	28.5	15,134	4,435	29.3
Tsurumine Higashi	22.6	33,038	7,841	23.7
Tsurumine Nishi	25.6	16,287	4,604	28.3
Shorin	25.7	27,030	7,035	26.0
Kowada	20.8	14,106	3,056	21.7
Matsunami	23.5	25,460	6,029	23.7
Hamasuka	24.7	14,291	3,629	25.4
Shohoku	30.2	26,224	8,190	31.2
Koide	36.6	10,110	3,801	37.6
Citywide	25.7	244,391	64,666	26.5

(unit: person, %)

(Source: Basic Resident Register, as of October 1 of each year)

(5) Household composition

Based on the results of the "Survey of the Elderly at Home" conducted in FY2018 for the elderly aged 75 and above, the status of elderly households shows that "single-person household", "elderly only household", "single-person household during the daytime", and "elderly only household during the daytime" account for about 65% of households. The percentage of households where the elderly person lives alone, including during the daytime, is high.



<Chart 15> Status of the Elderly Households

Household Type	Definition
Single-person household	Households of elderly people aged 75 and over living alone, whose livelihood and residence are independent
Elderly only household	Households of two or more people aged 75 and over who have independent livelihoods and residences
Single-person household during the daytime	Households in which a family member aged under 75 and one elderly person aged 75 and over live together, and in which the elderly person is usually left alone during the daytime
Elderly only household during the daytime	Households in which a family member aged under 75 and two or more elderly persons aged 75 and over live together, and in which the elderly persons are usually left alone during the daytime due to family members' work, etc.
Other co-resident household	Households in which a family member aged under 75 and elderly person(s) aged 75 and over live together, and in which the elderly person(s) is not usually left alone during the daytime

(Source: Elderly Welfare and Care Division, Survey of the elderly at home, FY2018)

(6) The number of persons certified as requiring long-term care and its certifying ratio

i) Changes in the number of insured persons

The number of primary insured persons exceeded 60,000 in 2016. If we compare these numbers in 2020 and in 2012, while the number in 2020 is 1.05 times that of 2012 for young-old, it is 1.42 times that of 2012 for old-old.

<Chart 16> Changes in the Numer of Persons Insured by Long-term Care Insurance in Chigasaki City

									(unit: pers
	FY2012	FY2013	FY2014	FY2015	FY2016	FY2017	FY2018	FY2019	FY2020
Primary Insured Person	53,182	55,549	57,771	59,666	61,185	62,366	63,370	63,979	64,620
Young-old (Aged 65-74)	29,211	30,511	31,726	32,276	32,289	31,923	31,554	30,763	30,568
Old-old (Aged 75 or over)	23,971	25,038	26,045	27,390	28,896	30,443	31,816	33,216	34,052
Aged 40-64	83,401	83,609	83,982	84,403	84,855	85,447	86,515	87,357	88,371

(Source: Ministry of Health, Labour and Welfare, Monthly Report on the Status of Long-Term Care Insurance Business, as of the end of September each year; Basic resident register for those aged 40-64)

ii) Changes in the number of persons certified as requiring long-term care and its certifying ratio

The number of primary insured persons certified as requiring long-term care, etc. has exceeded 10,000 in 2019 and 10,625 in 2020, and the certifying ratio for primary insured person continues to rise.





iii) Changes in the certifying ratio among young-old and among old-old

Looking at the certifying ratio among young-old and among old-old (the percentage of those certified as requiring long-term care among each group), it can be seen that the rates for both groups have remained generally unchanged or increased slightly.

Comparing our city's situation in 2020 with that of Japan and Kanagawa Prefecture, both the ratio among youngold and among old-old are lower than those of Japan and Kanagawa Prefecture. In particular, the ratio among oldold was 4.2% or more lower than the national rate and 2.5% or more lower than the rate in Kanagawa Prefecture.

<Chart 18> Changes in Chigasaki City's Certifying Ratio for Young-old and Old-old Respectively

⁽unit: %)

	FY2012	FY2013	FY2014	FY2015	FY2016	FY2017	FY2018	FY2019	FY2020
Certifying Ratio among Young-old	3.1	3.1	3.2	3.2	3.2	3.2	3.3	3.4	3.6
Certifying Ratio among Old-old	26.5	27.2	27.3	27.2	26.7	26.7	26.8	26.9	27.9

(Source: Ministry of Health, Labour and Welfare, Monthly Report on the Status of Long-Term Care Insurance Business, as of the end of September each year)

<Chart 19> Chigasaki City's Certifying Ratio as Requiring Long-term Care, etc. Compared to That of Japan and Kanagawa Prefecture

						(unit: %)		
	• •	as Requiring Long	-term Care, etc.		o as Requiring Long-term Care, etc.			
	(FY2017)	Young-old	Old-old	(FY2020)	Young-old	Old-old		
Chigasaki City	14.7	3.2	26.7	16.4	3.6	27.9		
Kanagawa Prefecture	16.8	4.2	30.4	17.7	4.3	30.4		
Japan	18.1	4.3	32.2	18.6	4.3	32.1		

iv) Changes in the number of persons certified by status category of care or support required

The number of certified primary insured person is generally on the rise in all status categories of care or support required.

		(unit: Person)								
		FY2012	FY2013	FY2014	FY2015	FY2016	FY2017	FY2018	FY2019	FY2020
Р	Support 1	1,624	1,805	1,938	2,009	1,911	1,955	2,002	1,944	1,954
Primary	Support 2	970	1,106	1,170	1,169	1,289	1,355	1,515	1,648	1,768
	Care 1	1,323	1,332	1,404	1,516	1,561	1,679	1,697	1,822	1,993
Insured Person	Care 2	997	1,085	1,075	1,132	1,242	1,231	1,295	1,388	1,542
ure	Care 3	709	756	843	866	922	1,008	1,109	1,195	1,262
d Pe	Care 4	909	956	995	1,050	1,075	1,163	1,212	1,237	1,323
rso	Care 5	738	726	711	737	759	753	764	796	783
n	Total	7,270	7,766	8,136	8,479	8,759	9,144	9,594	10,030	10,625
See	Support 1	20	28	30	30	27	31	33	24	29
Secondary	Support 2	44	45	41	44	42	55	39	56	50
lary	Care 1	18	15	18	23	20	26	26	18	28
	Care 2	42	49	38	43	34	35	43	42	46
Insured	Care 3	16	16	19	16	21	22	18	19	26
ed P	Care 4	16	15	18	26	22	18	16	29	22
Person	Care 5	22	22	20	17	19	19	18	23	24
on	Total	178	190	184	199	185	206	193	211	225
Gr	and Total	7,448	7,956	8,320	8,678	8,944	9,350	9,787	10,241	10,850

<Chart 20> Changes in the Number of Certified Persons by Status Category of Care or Support Required in Chigasaki City

(Source: Ministry of Health, Labour and Welfare, Monthly Report on the Status of Long-Term Care Insurance Business, as of the end of September each year)

<Chart 21> Changes in the Percentage of Certified Persons by Status Category of Care or Support Required in Chigasaki City (Primary Insured Person)



v) Percentage of certified persons by status category of care or support required

Looking at the percentage of certified primary insured persons by status category of care or support required in 2020, Chigasaki City has higher percentages of persons requiring "Support 1" and "Support 2" than those of Japan and Kanagawa Prefecture, while the percentage of persons requiring "Care 1" to "Care 5" tends to be lower than those of Japan and Kanagawa Prefecture.

						(unit: %)	
		FY2017		FY2020			
	Chigasaki	Kanagawa	Japan	Chigasaki	Kanagawa	Japan	
Support 1	21.4	12.6	14.0	18.3	12.9	14.1	
Support 2	14.8	14.2	13.7	16.8	14.8	14.0	
Care 1	18.4	19.0	20.1	18.6	19.1	20.4	
Care 2	13.5	19.2	17.4	14.6	19.0	17.1	
Care 3	11.0	13.5	13.2	11.9	13.5	13.2	
Care 4	12.7	12.2	12.2	12.4	12.2	12.4	
Care 5	8.2	9.4	9.4	7.4	8.6	8.8	
合計	100.0	100.0	100.0	100.0	100.0	100.0	

<Chart 22> Percentage of Certified Persons by Status Category of Care or Support Required in Chigasaki City Compared to That of Japan and Kanagawa Prefecture

2 Results of Main Survey

(1) Health condition

When asked how they feel about their own health condition, the total of "good" (26.2%) and "fairly good" (23.0%) was 49.2% of respondents answered, almost half of the total.

93.5% of the respondents are taking initiatives to maintain their health. In terms of what they do to stay healthy, 68.3% said "paying attention to diet and nutrition" and 59.2% said "trying to maintain a regular lifestyle."

The subjective sense of well-being is said to be greatly related to the quality of life (QOL), depending on the regularity of life, the status of social participation, and the existence of a sense of purpose in life. In order to improve the QOL of citizens, comprehensive measures such as long-term care prevention and support for living are necessary.



<Chart 23> Subjective Sense of Well-being

70^(%) n = (1,567) 0 10 20 30 40 50 60 Paying attention to diet and nutrition. 68.3 Trying to maintain a regular lifestyle. 59.2 54.4 Getting enough sleep and rest. Exercising consciously. 53.2 Having hobbies. 47.4 Interacting with people. 42.2 Doing the job. 25.1 Participating in community activities. 12.4 Others. 3.6 Doing nothing in particular. 5.0 No answer. 1.5

<Chart 24> What Respondents Practice to Stay Healthy

⁽Source: Elderly Welfare and Care Division, Individual Survey of the General Elderly, FY2019)

(2) Status of social participation

i) Current status of social participation

Looking at the status of social participation among the elderly, 61.6% of them participate in social activities. Specifically, "hobbies, sports, recreation" was selected the most at 41.9%, followed by "employment" (17.5%) and "social and community contribution activities" (15.5%).

<Chart 25> Status of Social Participation among the Elderly (Multiple Answers Allowed)



(Source: Elderly Welfare and Care Division, Individual Survey of the General Elderly, FY2019)

ii) Future intentions for social participation

As for the future, 67.9% of the respondents wish to participate in society. Specifically, "hobbies, sports, recreation" accounted for 51.4%, followed by "employment" (15.7%) and "study groups and courses" (15.6%).

<Chart 26> Future Intentions for Socail Participation among the Elderly (Multiple Answers Allowed)



(Source: Elderly Welfare and Care Division, Individual Survey of the General Elderly, FY2019)

iii) Willingness to participate in local volunteer activities

When asked about their willingness to participate in local volunteer activities, 45.5% of the respondents wanted to participate or had already participated in volunteer activities.



<Chart 27> Willingness to Participate in Local Volunteer Activities

(Source: Elderly Welfare and Care Division, Individual Survey of the General Elderly, FY2019)

(3) Status of employment

i) Current status of employment

When asked what activities they are currently engaged in, 17.5% of the respondents answered "employment."

<Chart 28> Status of Social Participation among the Elderly (Multiple Answers Allowed) [Reprint]



(Source: Elderly Welfare and Care Division, Individual Survey of the General Elderly, FY2019)

ii) Willingness to work

When asked what was important to them when working, 71.1% of the respondents said, "Working hours are suitable for my lifestyle." This was followed by "Work is not physically demending" (50.1%) and "Work that allows me to use my experience." (46.3%).



<Chart 29> What is Important to Respondents When Working (Multiple Answers Allowed)

(Source: Elderly Welfare and Care Division, Individual Survey of the General Elderly, FY2019)

(4) Status of caregivers

i) Status of primary caregiver

The highest percentage of respondents choose their spouse as their primary caregiver (29.5%), followed by their daughter (24.9%) and son (14.3%).



(Source: Elderly Welfare and Care Division, Individual Survey for Persons Certified as Requiring Long-term Care or Support (at Home), FY2019)

ii) Age of the primary caregiver

Most of the primary caregivers are in the 50s or over, with those in the 50s accounting for the highest percentage at 19.3%, followed by those in the 60s (17.0%) and 70s (15.6%).





(Source: Elderly Welfare and Care Division, Individual Survey for Persons Certified as Requiring Long-term Care or Support (at Home), FY2019)

iii) Circumstances surrounding the primary caregiver

As for the situation surrounding the caregivers, 56.4% of the respondents answered that they have problems. Specifically, the highest percentage (30.5%) answered that they are "too old or sickly," followed by "unable to care sufficiently due to work" (18.5%).

It is necessary to promote efforts to reduce the burden on caregivers, such as support for elderly care and balancing care and work.



<Chart 29> Circumstances Surrounding the Primary Caregiver (Multiple Answers Allowed)

(Source: Elderly Welfare and Care Division, Individual Survey for Persons Certified as Requiring Long-term Care or Support (at Home), FY2019)

Chapter 3

Review of the Previous Plan

Basic Policy 1

Support for the Creation of Diverse Motivation in Living for the Elderly

1 Status of achievement of indicators related to the basic policy

Indicator	Item	Target value at the time of formulation (FY2019)	Achievement value (FY2019)	Achievement status
Intentions for volunteer activities in the district	Participating in community volunteer activities	9.1% or over	8.7%	Almost achieved
Percentage of respondents who answered "hobbies, sports, recreation" and "employment" as their current activities among	Doing hobbies, sports, recreation	39.3% or over	41.9%	Achieved
their social participation status	Employed	14.8% or over	17.5%	Achieved

2 Summary and Review of the 7th Plan

> The indicators for Basic Policy 1 were generally achieved.

- It is necessary to continue to enhance opportunities for the elderly to participate in society, including support for employment, by promoting lifelong learning, hobbies, and local circle and group activities in response to the various needs of elderly people so that they can experience a sense of purpose and vitality and lead fulfilling lives.
- As there are many elderly people who are willing to go out to participate in social activities, hobbies, lifelong learning, etc., it is necessary to continue to provide opportunities for them to go out.
- The percentage of those who wish to work after the age of 65 is also high, indicating that the lifestyles of the elderly are changing, and therefore it is necessary to enhance employment support.

3 Status of policy direction

(1) Promotion of social participation of the elderly and support for community activities 12 projects City's main initiatives

- In the "Second Life Platform" project, we worked to raise awareness of the need for a smooth transition to Second Life and to provide opportunities for participation in employment and civic activities.
- ☆ In the "Learning Human Resources" project, the number of registered citizen instructors far exceeded the target.
- ☆ We have been supporting the creation of places where the community can take the initiative such as establishment of three new salons as part of the "Support for Efforts to Create Various Places to Live in the Community."

Survey results

Individual Survey of the General Elderly

- ♦ When asked about their social participation, 35.3% of the respondents said they did not do anything in particular. However, when asked about their intention to participate in society in the future, only 23.0% of the respondents answered that they do not want to (or cannot) do anything, and many of them wish to participate in various activities.
- Conditions that make it easier for people to participate in social activities (and continue to do so) include "encouragement from family, acquaintances, and friends" and "information on how people who are already active are doing and what they think about it."

(2) Support for hobbies, recreation, and creating a sense of purpose in life 7 projects City's main initiatives

- We provided opportunities for the elderly to get out of the house by supporting organizations and activity bases where they can engage in activities, such as "subsidies for senior citizens' clubs," "management and operation of senior citizens' rest houses," and "management and operation of senior citizens' welfare centers."
- ☆ In order to provide more opportunities for people to go out, we implemented the "Special Service for the Elderly" and the "Bus Service Full of Friendship."

Survey results

Individual Survey of the General Elderly

- ♦ 41.9% of all respondents are engaged in "hobbies, sports, and recreation" activities, and more than 50% of respondents would like to engage (or continue to engage) in "hobbies, sports, and recreation" activities in the future.
- More than 80% of those who are already engaged in "hobbies, sports, and recreation" activities want to continue doing so, and even among those who are not engaged in such activities, about 30% would like to do so in the future.

(3) Promotion of lifelong learning 6 projects

City's main initiatives

- In the "Operation and management of Computer Experience Corner," we have been promoting support for tablets and other communication tools of the times.
- ☆ In the "Holding of various classes" section, we held various classes to meet the learning needs of the elderly and provide them with opportunities for independent learning.

Survey results

Individual Survey of the General Elderly

- ☆ In terms of interests, those involving physical activities such as "sports, exercise, and gymnastics" were the most popular. In addition, interest in "reading," "gardening," "music," and "movies" was also high.
- ♦ While 7.3% of the respondents are currently active in "study groups and courses," when asked about their intention to participate in "study groups and lectures" in the future, the number of those who want to participate (or continue to participate) increased to 15.6%.

♦ About 80% of those who are already involved in "study groups and courses" would like to continue their activities in the future.

(4) Promotion of intergenerational exchange 3 projects

City's main initiatives

- ◇ In the "Family Support Center Project," out of the 45 newly registered members, 10 were aged 60 or over.
 We provided opportunities for the elderly to play an active role as support members who take care of children.
- We have expanded opportunities for intergenerational exchange and the activities of the elderly through projects such as the "Intergenerational Exchange Promotion Project" held at public nursery schools and "Community Center Festival."

Survey results

Individual Survey of the General Elderly

♦ 15.5% of the respondents are involved in social and community contribution activities, and the percentage of those who are involved in such activities tends to increase as the age of the respondents decreases.

(5) Enhancement of employment support <u>3 projects</u>

City's main initiatives

- In the "Employment Support Project for Middle-aged and Elderly People," of the 1,556 people consulted, 77 were aged 65 or over. Career consultants provided advice on how to look for a job, and on the suitability and availability of jobs, as well as referrals to other organizations, leading to more effective job hunting and job change activities.
- In the "Operation Cost Subsidy Project for Silver Human Resources Center," we provided subsidies for the efficient operation of the Silver Human Resources Center and contributed to increasing employment opportunities for the elderly.

Survey results

Individual Survey of the General Elderly

- ☆ The percentage of those who are "working" is 17.5% overall, but by age group, the percentage is higher among those aged 65 to 69 (33.1%), and those in this age group have a higher intention to work in the future.
- ☆ The most important factors for working were "working hours are suitable for my lifestyle," "work is not physically demanding," and "work allows me to use my experience," etc.
- ☆ In terms of the number of days they would like to work, 46.3% said they would like to work 4 or more days a week, and 41.6% said they would like to work 2 or 3 days a week, indicating that many of them would like to work on a regular basis.

Basic Policy 2

Enhancement of Health Promotion and Care Prevention for the Elderly

1 Status of achievement of indicators related to the basic policy

Indicator	Item	Target value at the time of formulation (FY2019)	Achievement value (FY2019)	Achievement status
Public awareness of the Chigasaki Gymnastics	One knows the Chigasaki Gymnastics	9.1% or over	13.3%	Almost achieved
Status of practices to maintain good health	There are things one practices to keep oneself healthy.	39.3% or over	93.5%	Achieved
Number of venues for singing and gymnastics classes	Number of venues for singing and gymnastics classes	20 venues	20 venues	Achieved
Number of participants in the long-term care prevention volunteer training course	Total number of participants in the training courses for "Elderly Support Leader," "Singing Exercise Volunteer," and "Frail Supporter" over three years	70 persons	161 persons	Achieved

2 Summary and Review of the 7th Plan

> The indicators for Basic Policy 2 were generally achieved.

- It is necessary to continue working on the city's long-term care prevention projects in order to extend healthy life expectancy and prevent the need for long-term care and other conditions from worsening.
- It is necessary to enhance services for the elderly so that they can choose the most appropriate support and services for themselves and continue to maintain and improve their physical functions.
- Many of the projects related to health promotion and health improvement have achieved a certain level of success, but in order to get more people to participate in the projects in the future, we need to be more creative in our publicity and awareness methods.

3 Status of policy direction

(1) Health promotion, health improvement 13 projects

City's main initiatives

- In support of health promotion and health improvement, we increased opportunities for physical exercise for the purpose of health promotion, and implemented initiatives for long-term care prevention, such as the "Dental Health Project" and the "Nutrition Improvement Project."
- ♦ Health checkups, influenza and pneumococcal vaccinations were conducted in order to prevent diseases.

Survey results

Individual Survey of the General Elderly

☆ The total percentage of respondents who answered that their health was "good," "fairly good," or "normal" was high at 86.6%.

- In order to maintain good health, many people practice such things as "paying attention to diet and nutrition," "trying to maintain a regular lifestyle," and "getting enough sleep and rest."
- ☆ About 74.0% of the respondents "have had a medical checkup," while about 30% of those who "have not had a medical checkup" gave the reason that they were "healthy" and about 20% gave the reason that they "hate going to the hospital.
- ♦ 61.1% of the respondents had exercise habits, and when those with exercise habits were asked about their specific exercise, 61.4% said "walking" and 31.9% said "physical exercise."

(2) Support for effective long-term care prevention efforts and raising awareness of long-term care prevention 15 projects

City's main initiatives

- In order to support effective efforts for long-term care prevention and to promote awareness of long-term care prevention, we held "Fall Prevention Class" and "Singing Exercise Class NEBOSHI (prevention of bedridden)," etc.
- In the "Training Program for Care Prevention Workers and Elderly Support Leaders," we held two training sessions for elderly support leaders, one training session for singing exercise volunteers, and exchange meetings and training sessions with other cities for frail supporters to train volunteers to support elderly care prevention.

Survey results

Individual Survey of the General Elderly

- ♦ 10.3% of the respondents said that they participate in some of the city's long-term care prevention programs, and 72.0% said that they do not participate in any of the programs.
- In terms of their intention to participate in long-term care prevention programs in the future, those who answered "there is no program that I want to participate in (or continue to participate in)" were in the mid-30% range. The most common reason given was "I am healthy enough not to need to use it," followed by "I am doing something else for the same purpose," which is over 30%, indicating that many people in our city are positive about long-term care prevention.

(3) Enhancement and strengthening of daily life support

City's main initiatives

- ☆ In addition to the "Long-term Care Products Supply Service" (supply of paper diapers, etc.), which has relatively high usage needs, we made efforts to publicize other services through the city's public relations paper and the city's website to ensure that services are provided to those who need them.
- ☆ As for the "Emergency Call Device Rental Program," we responded promptly to new applications, and for those who continue to use the device, we established a safety confirmation system for both receiving and sending alarms, thereby supporting elderly people living at home.

Survey results

Individual Survey of the General Elderly

Individual Survey for Persons Certified as Requiring Long-term Care or Support (at Home)

6 projects

Since about half of respondents want to live at home while receiving long-term care as shown by 50.8% of

respondents want to "continue living at home as long as possible" when they needed long-term care, it is necessary to enhance and strengthen daily life support services in order to maintain and continue independent daily life at home.

✤ For those who are certified as needing long-term care, about 80% of respondents want to live at home while receiving long-term care as shown by 77.4% of respondents want to "continue living at home as long as possible."

Indicator	Item	Target value at the time of formulation (FY2019)	Achievement value (FY2019)	Achievement status
Awareness of the "Support System for Those Who Need Assistance in Evacuation Activities" (former Support System for Those Who Need Assistance in Times of Disaster)	Awareness of the "Support System for Those Who Need Assistance in Evacuation Activities" (former Support System for Those Who Need Assistance in Times of Disaster)	14.2% or over	13.3%	Almost achieved
Whether or not there is someone close to me who can help me in times of disaster or emergency	There is someone close to me who can help me in times of disaster or emergency	79% or over	78.7%	Almost achieved

1 Status of achievement of indicators related to the basic policy

2 Summary and Review of the 7th Plan

> The indicators for Basic Policy 3 were generally achieved.

- In order to ensure that daily social life is safe, secure, and comfortable, we need to continue to promote community development so that many people can live with peace of mind, including the provision of easy-to-understand information and services to the elderly, in addition to the development of hardware aspects.
- Since there are many elderly people who have received phone calls from bank transfer scams, it is necessary to further promote and raise awareness of crime prevention measures.
- Since there are a certain number of people who do not have anyone close by to help them in times of disaster or emergency, or who have not made preparations for disasters, it is necessary to raise awareness of self-help and promote cooperation with related organizations and communities.

3 Status of policy direction

(1) Creating a living environment that responds to an aging society 12 projects City's main initiatives

- \diamond Our efforts to create a community where the elderly can easily go out were generally successful.
- ☆ To promote the development of good housing in familiar neighborhoods, we created a "Housing Search Flowchart for the Elderly" and worked to provide appropriate information to those who wish to move to housing for the elderly.
- ☆ In the "Promotion of Barrier-Free and Welfare Community Development," we provided guidance based on the Barrier-Free Act to 10 new highly-public facilities (10 private facilities and 0 public facilities) to promote barrier-free buildings, including toilets for everyone.
Survey results

Individual Survey of the General Elderly

The highest percentage of respondents (57.1%) thought that the following were necessary to create a safe and secure city: "Creating an environment that is easy to walk in, such as eliminating steps on sidewalks," followed by "Responding to disasters and promoting disaster prevention and fire prevention measures,"
 "Developing an emergency medical system," and "Installing anticrime lights, patrolling for crime prevention, and other measures to protect community safety."

(2) Creating a safe and secure community 11 projects City's main initiatives

- Our efforts to create a safe and secure community for the elderly, including the promotion of educational activities on traffic safety and consultation services for consumer affairs, have progressed smoothly.
- ☆ In the area of "crime prevention," we held a campaign to promote the double-locking of bicycles to eradicate theft, and conducted crime prevention activities that exceeded our targets, such as sending out emails and broadcasting on the disaster prevention radio.

Survey results

Individual Survey of the General Elderly

Individual Survey for Persons Certified as Requiring Long-term Care or Support (at Home)

- In terms of what they think is necessary to create a safe and secure city, 38.1% of respondents chose "improvement of emergency medical system" and 34.9% chose "installation of anticrime lights and crime prevention patrols.
- Those who are "taking effective measures" against bank transfer scams accounted for 65.2% of the respondents in the Individual Survey of the General Elderly and 58.6% of the respondents in the Individual Survey for Persons Certified as Requiring Long-term Care or Support (at Home).

(3) Building a disaster-resistant city <u>12 projects</u>

City's main initiatives

- As for "improvement of the system for communicating disaster information," we worked with the Social Welfare Council to raise awareness of disaster prevention radios and secure a means of communicating disaster information.
- In the area of "dissemination and education of disaster prevention knowledge to the elderly and their supporters," we promoted awareness of disaster risks and the use of hazard maps through the Citizen's Learning Class.

Survey results

Individual Survey of the General Elderly

Individual Survey for Persons Certified as Requiring Long-term Care or Support (at Home)

 \diamond When asked what they thought was necessary to create a safe and secure city, 53.7% of the respondents

chose "Response to disasters and promotion of disaster prevention and fire prevention measures.

- ☆ In terms of current concerns, 49.1% of respondents were concerned about "natural disasters such as earthquakes and typhoons," which is higher than concerns about crime and fraud.
- ☆ Those who "do not do anything in paticular" for preparation for disasters accounted for 15.3% of respondents in the Individual Survey of the General Elderly and 29.4% of respondents in the Individual Survey for Persons Certified as Requiring Long-term Care or Support (at Home).
- ☆ Those who "do not have anyone" close to them who can help them in times of disaster or emergency accounted for 15.4% of all respondents in the Individual Survey of the General Elderly and 14.5% of all respondents in the Individual Survey for Persons Certified as Requiring Long-term Care or Support (at Home).

(4) Securing housing for the elderly 6 projects

City's main initiatives

- In the "Dispatch of Life Support Assistants to Senior Citizens' Homes Project," we dispatched Life Support Assistants (LSA) from welfare facilities for the elderly to senior citizens' homes to provide services such as daily life guidance and consultation, safety confirmation, temporary housekeeping assistance, and emergency response.
- ☆ In the "Housing Support Project for the Elderly," we provided support for people to move into rental housing where they would not be refused because they are elderly. The number of visits was 17, exceeding the target of 12, and we were able to meet the various consultation needs of those who wanted to change their residence.

Survey results

Individual Survey of the General Elderly

Individual Survey for Persons Certified as Requiring Long-term Care or Support (at Home)

- ☆ In the Individual Survey of the General Elderly, the percentage of households that own their own house (single-family house) was over 70%, while in the Individual Survey for Persons Certified as Requiring Longterm Care or Support (at Home), the percentage was in the mid-60% range.
- ☆ As for the future plans of homeowners to use their homes, a high percentage of respondents "want to continue living as they do now," accounting for about 80% in the Individual Survey of the General Elderly and about 70% in the Individual Survey for Persons Certified as Requiring Long-term Care or Support (at Home).

Basic Policy 4 Creating a Support System for the Elderly in the Community

Indicator	Item	Item Target value at the time of formulation (FY2019) Achievement value (FY2019)		Achievement status
Degree of awareness of community comprehensive support center	Of those who knows about community comprehensive support center	55% or over	39.2%	Unachieved
Degree of coordination between home health care and long-term care	I think the promotion of cooperation between home health care and long-term care is progressing.	80% or over	80.5%	Achieved
Degree of awareness of adult guardianship system	I know what adult guardianship is.	39.5% or over	38.9%	Almost achieved

1 Status of achievement of indicators related to the basic policy

2 Summary and Review of the 7th Plan

- > Some indicators for Basic Policy 4 were achieved and some were not.
- It is necessary to use various opportunities to inform citizens about the Community Comprehensive Support Center, which is a consultation service close to citizens, and to increase its recognition in the community.
- Efforts must be made to reduce the burden on caregivers by providing support, such as counseling for family members who are working and caring for a family member, or for workers who have concerns or worries about balancing work and caring for a family member.
- It is necessary to continue to promote awareness of the system and support procedures for elderly persons who need adult guardianship.
- Since few people are prepared to meet their own end of life, it is necessary to make people aware of the significance of expressing their wishes in preparation for when they need medical care or long-term care.

3 Status of policy direction

(1) Raise awareness and strengthen the functionality of local consultation services 11 projects City's main initiatives 11

- The development of infrastructure for the community comprehensive care system, including cooperation between medical care and welfare services and cooperation with various entities has generally progressed as planned.
- ☆ In the "Dispatch of Long-term Care Service Consultants Project," regular visits by consultants enabled us to continue receiving reports on the status of facilities. In addition, through cooperation between the counselor and the person in charge of the facility, we also confirmed our response to users' difficult situations as needed.

☆ In the "Review of Areas of Responsibility of Community Comprehensive Support Centers," a partial review of the areas of responsibility was conducted to address the issue of equalization of the elderly population in each area, and the community comprehensive support center was established and began operation in the Chigasaki South District in October 2019 as scheduled.

Survey results

Individual Survey of the General Elderly

- ♦ 39.2% of respondents knew where the community comprehensive support center in charge of their area was located, while 55.5% did not.
- \diamond Among those who knew of the community comprehensive support center, 21.5% had used it.

(2) Promotion of creation of a community watch-over and support system 13 projects City's main initiatives

- ☆ In the "SOS Network for Elderly Wanderer Project," 47 people newly pre-registered for the network. The number of registered members of the SOS Network now stands at 212.
- ☆ In the "SOS Network for Elderly Wanderer Project," a total of 59 people used the SOS network. Of these, a total of 18 (about 30%) were pre-registered users.
- ☆ In the "Promotion of Community Care Conference Project," 31 community care conferences were held on themes such as returning driver's licenses for people with dementia and disaster prevention.

Survey results

Individual Survey of the General Elderly

Individual Survey for Persons Certified as Requiring Long-term Care or Support (at Home)

- ☆ As for whether or not there is someone they can talk to about their problems and concerns, a certain number (11.5%) of respondents in the individual survey of the general elderly answered "no." As for the reason for not having a person or place to consult, the most common response was "No need to consult" at 26.7%, but there were also more than 10% who answered "Want to consult but there is no one close by" or "Want to consult but feel uncomfortable discussing the details.
- ☆ The main source of consultation for caregivers was "community comprehensive support centers and care managers" at 48.2%.

(3) Support for those caring for the elderly 3 projects

City's main initiatives

- ☆ "Family Caregiver Classes" were held at nine community comprehensive support centers and four times by the city, with a total of 165 participants.
- ☆ The "Early-onset Dementia Family Association" has become a place where family members of patients with juvenile dementia can share their thoughts and advice with each other.

Survey results

Individual Survey for Persons Certified as Requiring Long-term Care or Support (at Home)

- ☆ The ages of the primary caregivers are 17.0% in their 60s, 15.6% in their 70s, and 12.9% in their 80s or older, namely nearly half of the primary caregivers are aged 60 or over.
- ♦ 17.6% of the primary caregivers "work full time" and 14.9% "work part time."

- ♦ 11.5% of respondents answered that they had a family member or relative who quit their job to care for a loved one.
- ♦ As for the future prospects for continuing to care for a family member while working, 22.5% of respondents answered that they could continue to do so without any problems, while 57.3% answered that they could manage to keep going though they had problems, the highest percentage.
- Support, etc. that are considered effective for balancing work and long-term care included "financial support for long-term caregivers," "enhancement of systems such as long-term care leave," "development of long-term care insurance facilities," and "a work environment that allows flexible selection of working hours and work patterns."

(4) Protection of the rights of the elderly <u>5 projects</u> City's main initiatives

- In the "Adult Guardianship System Utilization Support Program," we filed a mayoral petition to protect the rights of the elderly with dementia who have no relatives. In addition, for those wards who have difficulty bearing the fees for adult guardianship, etc., subsidies were provided in accordance with the grant guideline for supporting the use of the adult guardianship system.
- In the "Citizen Guardian Training Program," four first-term students were registered with the bank, and two have completed the adjustment of their appointments, preparing for their activities as citizen guardians. In addition, the training of three candidates for citizen guardianship in the second-term of the program was completed.
- ☆ In the "Elderly Abuse Prevention Project," we have been responding to consultations and reports related elderly abuse from community comprehensive support centers, in-home care support offices, police, etc.

Survey results Individual Survey of the General Elderly

- ♦ 38.9% of respondents were "aware of the details of the adult guardianship system."
- 21.4% of respondents "know" that there is a contact desk for use and consultation of the adult guardianship system, showing a discrepancy between the level of awareness of the system and the level of awareness of the contact point for use of the system.
- ♦ 15.3% of respondents answered that they were "already preparing" something for their own unique end of life.

(5) Coordination Coordination of home health care, medical care and long-term care care 3 projects

City's main initiatives

- In the "Coordination Promotion Project Between Home Medical Care and Home Long-term Care," a total of 102 consultations were received, and adjustments were made to resolve issues.
- In the "Coordination Promotion Project Between Home Medical Care and Home Long-term Care," three multidisciplinary cooperation workshops were held under the annual theme of "dementia," with a total of 640 participants, including physicians, dentists, pharmacists, care support specialists, and staff of the community comprehensive support center.
- ☆ The "Community Medical Welfare Coordination Roundtable" held one training session for care support specialists, helpers, visiting nurses, and others.
- ☆ In the "Promotion of the Family Doctor System," the city conducted educational activities through public relations papers and digital signage in order to promote the establishment of the system.

Survey results Individual Survey for Persons Certified as Requiring Long-term Care or Support (at Home)

Regarding the status of coordination between long-term care insurance services and medical institutions,
 61.7% of respondents answered "I think it is done."

Basic Policy 5

Early Detection of Dementia and Creation of a System to Support Elderly People with Dementia

Indicator	Item	Target value at the time of formulation (FY2019)	Achievement value (FY2019)	Achievement status
Number of dementia supporters trained	Number of participants in Dementia Supporter Training Course	1,000 persons	1,328 persons	Achieved
Number of businesses cooperating in the SOS network	Number of businesses cooperating in the SOS network	100 businesses	108 businesses	Achieved
Maintenance of Communal Living Facilities for Dementia Care	Maintenance of Communal Living Facilities for Dementia Care	1 facility	1 facility	Achieved

1 Status of achievement of indicators related to the basic policy

2 Summary and Review of the 7th Plan

- > We were able to achieve the indicators in Basic Policy 5.
- Through the efforts of Basic Policies 1 and 2, to strengthen the elderly's motivation for living and their health promotion in order to prevent dementia is expected.
- It is necessary to strengthen efforts to improve long-term care services and the skills of workers so that people with dementia can live in their own neighborhoods.
- In order to reduce the burden on people with dementia and their families, it is necessary to improve places where family members and others can freely consult and learn how to treat people with dementia.

2 projects

3 Status of policy direction

(1) Efforts for early detection and early response to dementia

City's main initiatives

- ☆ In the "Dementia Consultation/Visit Program," 123 consultations were handled, and consultations and visits were made to persons with concerns about dementia, their families, and supporters.
- In the "Intensive Initial Dementia Support Project," support methods and other matters were discussed at monthly team member meetings, and the team members were able to link to medical and long-term care services.

Survey results Long-term Care Prevention and Daily Living Area Needs Assessment

- \diamond 9.5% of respondents answered that they or a family member had cognitive symptoms.
- ♦ According to the Hatsuratsu Questionnaire (a survey conducted in FY2019 of people aged 75-84 who were

not certified for long-term care), from the basic checklist, 29.9% of the elderly were at risk of memory loss. In all age groups, a higher percentage of men than women tended to be at risk for memory loss.

(2) Spreading awareness of correct knowledge and understanding of dementia 3 projects City's main initiatives

- ☆ The "Dementia Supporter Training Course" was held 39 times in cooperation with community comprehensive support centers and in-home care facilities, with a total of 1,328 people attending.
- ♦ The "Dementia Supporter Step-up Course" was a three-day course with a total of 87 participants.
- With the cooperation of six related organizations, dementia supporters, and volunteers for care prevention,
 "Chigasaki Orange Day" was held in September, which is World Alzheimer's Month.

Survey results

♦ A survey of the general public that visited the Chigasaki Orange Day event in FY2020 showed that approximately 90% of visitors were "satisfied" or "fairly satisfied" with the event.

(3) Enhancement and strengthening of consultation services related to dementia 2 projects City's main initiatives

- ☆ In "Operation of the Adult Guardianship Support Center," the staff of the Adult Guardianship Support Center appropriately responded to consultations on the increasingly complex adult guardianship system.
- ♦ In the "Dementia Consultation/Home Visit Program," 123 consultations were handled.

Survey results

- Long-term Care Prevention and Daily Living Area Needs Assessment
- \diamond 28.5% of respondents answered that they knew of a consultation desk regarding dementia.
- As a result of a survey on medical institutions, etc. that are members of the Chigasaki Medical Association, Chigasaki Dental Association, and Chigasaki Samukawa Pharmaceutical Association regarding medical treatment, etc. for dementia, 52 medical institutions, 6 dental institutions, and 57 pharmacies are providing medical treatment, etc. for people with dementia.

(4) Creating a support system for the elderly with dementia <u>10 projects</u>

City's main initiatives

- ☆ In the area of "Development of Communal Living Facilities for Dementia Care," we conducted a public call for applications for communal living facilities for dementia care, and were able to select an operator.
- ☆ Chigasaki City Dementia Safety Guide was revised and distributed to citizens and related parties. It was also used as a teaching material for various dementia-related training sessions.
- ☆ In the "Dementia Community Support Promotion Staff Assignment Project," we assigned dementia community support promotion staff to help people with dementia and their families. They acted as a promoter of various dementia measures, including consultation and support for people with dementia.
- ☆ In the "SOS Network Project for Missing Elderly People with Dementia, etc.," we have been working with convenience stores, supermarkets, and other organizations which are cooperating businesses to strengthen our efforts to watch over the elderly with dementia.

Basic Policy 6

Enhancement of Long-Term Care Insurance Services and Long-Term Care Prevention and Lifestyle Support Service Projects

1 Status of achievement of indicators related to the basic policy

Indicator	Item	Target value at the time of formulation (FY2019)	Achievement value (FY2019)	Achievement status
Of those who feel that it gave them a sense of purpose in their life or	It gave them a sense of purpose in their life.	32.0% or over	30.0%	Almost Achieved
that their physical and mental condition has improved through the use of long-term care insurance services	Their physical and mental condition has improved.	37.1% or over	37.2%	Achieved

2 Summary and Review of the 7th Plan

> We were able to almost achieve the indicators in Basic Policy 6.

- It is necessary to continue to improve long-term care insurance services and the provision system and to promote the community comprehensive care system, so that citizens can lead their daily lives comfortably.
- "Ensuring sustainability of the long-term care insurance system" is required, and it is necessary to ensure the quality of long-term care insurance services. Therefore, it is necessary to provide support for securing, training, and promoting the retention of human resources at businesses that provide long-term care insurance services.

3 Status of policy direction

(1) Setting of projected insurance benefits

City's main initiatives

♦ Overall, both preventive benefits and long-term care benefits were generally able to proceed as planned.

Survey results Individual Survey for Persons Certified as Requiring Long-term Care or Support (at Home)

- ♦ 74.1% of respondents use long-term care insurance services, and the most frequently used services are "welfare equipment rental," "day-care/day-care services," "home renovation," "purchase of welfare equipment," and "daytime rehabilitation."
- The long-term care insurance service that respondents would like to use in the future is "a service that combines day services and lodging at a single facility to receive long-term care and other services" at 32.6%, the highest percentage.
- ☆ In terms of where they would like to receive care in the future, the highest response was "to continue living at home as long as possible" at 77.4%, up about 5% from the previous survey.

(2) Maintenance of long-term care insurance facilities, etc. 4 projects

City's main initiatives

- ☆ In the area of "Development of Community-based Services," operators were selected for small-scale, multifunctional in-home long-term care facilities and communal living facilities for dementia care.
- ☆ In the "Care Center Management Business," we provided day care, home-visit long-term care, in-home long-term care support, and maintenance and management of facilities, and worked to identify long-term care needs and provide appropriate services so that the elderly in the community can live out their retirement with peace of mind in a familiar home environment.

Survey results Individual Survey for Persons Certified as Requiring Long-term Care or Support (at Home) Individual Survey for Persons Certified as Requiring Long-term Care or Support (at Facility)

- ☆ In terms of their consideration of admission or moving into a facility, 3.1% have already applied and 7.5% have not applied but would like to apply within the next year. 52.8% of these respondents intend to apply for a "special nursing home for the elderly."
- ☆ The highest percentage of respondents were in "in a special nursing home for the elderly" at 35.9%, followed by "in a long-term care health facility for the elderly" at 27.0% and "in a fee-based nursing home for the elderly" at 19.8%.
- ☆ Regarding satisfaction with the services provided by the facilities in which they reside, 83.5% of respondents were satisfied with the services provided.

(3) Benefit optimization and human resource development 6 projects

City's main initiatives

- ♦ We have been successful in our efforts to surveys for certification of long-term care needs, optimization of benefits and providing support to various businesses.
- ☆ In the area of "human resource development for long-term care insurance providers," three training sessions were held on revisions to the long-term care insurance system and on home medical care and medical-care coordination.

Survey results Individual Survey for Persons Certified as Requiring Long-term Care or Support (at Home)

- Regarding satisfaction with long-term care insurance service providers, 62.0% of respondents were "generally satisfied with all providers involved."
- ♦ When asked about changes resulting from the use of long-term care insurance services, "My physical and mental condition has improved" was 37.2% and 30.0% said "It gave me a sense of purpose in my life."

(4) Support for long-term care insurance providers 2 projects

City's main initiatives

- ☆ In "Provision of Information to Support Service Providers," information was provided in a timely manner on the city website and at the Chigasaki City Long-term Care Service Providers Liaison Council.
- ☆ In "Thorough Reporting of Accidents and Guidance to Prevent Recurrence," through training sessions for workplaces, etc., we instructed businesses to promptly report any accidents that occurred while using long-

term care insurance, in an effort to prevent recurrence.

(5) Efforts to make the system known to the public 2 City's main initiatives

- ☆ In the "Creation of Brochures to Inform the Public about the Long-term Care Insurance System," we created brochures reflecting system revisions and made efforts to inform the public about the system.
- ♦ In the "Affairs Concerning Complaint Consultation (Complaint Consultation Desk)," we heard the circumstances from users, their families, and related businesses, and made efforts to resolve the issues.

Survey results

Individual Survey of the General Elderly

Individual Survey for Persons Certified as Requiring Long-term Care or Support (at Home)

- The survey participants of the Individual Survey of the General Elderly obtained information on long-term care insurance and welfare for the elderly mainly from "city public relations papers (Koho Chigasaki)," "information from city hall (including notices and flyers)," and "circulars."
- The survey participants of the Individual Survey for Persons Certified as Requiring Long-term Care or Support (at Home) obtained information mainly from "care managers," "city public relations papers (Koho Chigasaki)," "information from city hall (including notices and flyers)," and "community comprehensive support centers."

2 projects

Chapter 4 Basic System of the 8th Plan

1 Our City's Response to the National Basic Guidelines, etc.

Multilayered Support System Development Project

Act for Partial Revision of the Social Welfare Act, etc. for the Realization of a Community Symbiotic Society (hereinafter referred to as the "Revised Social Welfare Act") was enacted on June 5, 2020 and promulgated on June 12, 2020.

Based on the Revised Social Welfare Act, in order to build a comprehensive support system to meet the increasingly complex and compounded support needs of local residents, the "Multilayered Support System Development Project," which integrates consultation support, participation support, and support for community building, will go into effect in April 2021.

In our city, we will work toward the establishment of a multilayered support system based on the purpose of the Revised Social Welfare Act.

Promotion of Dementia-related Policies and Measures in Light of the National Guideline for the Promotin of Dementia Policies, etc.

In June 2019, the Japanese government has formulated the National Guideline for the Promotion of Dementia Policies that allows people with dementia to continue to live as they are in a good community environment as long as possible. This guideline will develop measures in accordance with the following five pillars;

- 1. Support for dissemination and personal statement
- 2. Prevention
- 3. Support for medical care, care services, long-term care services and caregivers
- 4. Promotion of barrier-free access to dementia, support for people with juvenile dementia, and support for social participation
- 5. Research and development, industry promotion, international expansion

In our city, we are focusing on the above 1 through 4. In addition, we will continue to implement the projects related to dementia that have been implemented up to now, and we will also monitor the situation of citizens and develop appropriate projects according to the situation.

Strengthening the Functions of Community Comprehensive Support Centers

In June 2019, the Japanese government has formulated the National Guideline for the Promotion of Dementia Policies that allows people with dementia to continue to live as they are in a good community environment as long as possible. This guideline will develop measures in accordance with the following five pillars

Although the community comprehensive care system is designed to provide care in old age, it is expected that the number of cases with diverse issues such as "in-between systems" and "complex issues" will increase in the future due to changes in social conditions, such as the declining birthrate, aging population, and weakening neighborhood relations. This will strengthen the community comprehensive care system by enabling it to handle cases that are difficult for the community comprehensive care system for the elderly alone to provide appropriate solutions.

In conjunction with the establishment of the General Consultation Section in April 2022 in the City Hall, the initial consultation function of the Welfare Consultation Office will be integrated into the Community Comprehensive Support Center, thereby strengthening the personnel structure of the Community Comprehensive Support Center. This will improve the counseling function for the elderly, which is already well established in the community, and maintain the function as a general consultation service in the community, not only for the elderly.

Integrated Facility for Medical and Long-term Care

An "Integrated Facility for Medical and Long-term Care" was established in April 2018 as a facility that combines medical functions such as "routine medical management" and "end-of-life care and terminal care" with functions as a "living facility," targeting the elderly who have both long-term medical and long-term care needs.

Our city's goal is to develop the system during the 8th Plan.

Integrated Implementation of Health Services and Long-term Care Prevention for the Elderly

In order to extend healthy life expectancy, we will work to maintain and promote the health of the elderly more efficiently and effectively by integrating health care services for the elderly, long-term care prevention services, and national health insurance health care services.

Strengthening Efforts to Secure Caregivers and Improve Operational Efficiency

In order to secure and develop long-term care personnel, our city will take necessary actions in cooperation with the national government, the prefecture, and businesses.

In addition, we will provide support to improve operational efficiency, such as reducing the administrative burden by reducing and simplifying the submission of documents, and introducing long-term care robots and ICT equipment.

System Development Related to Disaster and Infectious Disease Countermeasures

In light of recent disasters and the outbreak of COVID-19 infection, we will conduct awareness-raising, training, and drills on disaster prevention and infectious disease countermeasures in cooperation with long-term care facilities and others.

In addition, our city and long-term care facilities will work together to strengthen support and assistance systems in the event of a disaster.

2 Structure of the 8th Plan

In order to work to further deepen and promote the "community comprehensive care system," which has been aimed to be established in stages since the 6th Plan, the 8th Plan will follow the six basic policies of the 7th Plan.

In addition, regarding the "policy direction" to be established to realize the basic policy, the 8th Plan will systematize into each basic policy so that services can be provided in response to needs, following the 7th Plan.

3 Changes from the Previous Plan

Basic Policy	Contents	7th Plan –	→ 8th Plan
1	Integration	(4) Promotion of intergenerational exchange	(1) Promotion of social participation of the elderly and support for community activities
	Integration & Name change	(3) Promotion of lifelong learning	(2) Support for hobbies and creating a sense of purpose in life
	Move & Integration	(3) Support for those caring for the elderly	(3) Enhancement and strengthening of daily life support
4	Name change	(2) Support for creation of a community watch-over and support system	(2) Support for creation of a watch- over and support system utilizing community capabilities
	Newly established	_	(6) Providing easy-to-understand information to the elderly
5	Newly established	_	(1) Enhancement and strengthening of efforts to prevent dementia
			(3) Promotion of benefit optimization
6	Move	(3) Benefit optimization and human resource development	(5) Recruitment and retention of long-term care personnel, Efforts to improve operational efficiency

(1) Major changes in the direction of measures

- We have merged those policy directions that are close in meaning. They were also moved to systematize them into closer basic policies.
- The phrase "support for creation of a community watch-over and support system" in the 7th Plan has been changed to "utilizing community capabilities" in the 8th Plan due to the need to promote the system more in cooperation with the community.
- In response to many comments in the survey, such as "The system is complicated and difficult to understand" and "I
 want it to be easier to understand," a new section, "Providing easy-to-understand information to the elderly," has been
 newly established.
- In view of the high need for efforts to prevent dementia, a new section "Enhancement and strengthening of efforts to prevent dementia" has been newly established.
- Regarding "Benefit optimization and human resource development" in the 7th Plan, we have decided to strengthen efforts by dividing this project into two areas: benefit optimization and human resource development.

(2) Listing of projects

We had planned to formulate an implementation plan for the first phase of the Comprehensive Plan, which is

a high-level plan of this plan, during FY 2020, but in consideration of the impact of the COVID-19 infection, the formulation of the plan has been postponed for two years, and the plan period will now be from FY 2023 to FY 2025.

Until now, this plan has managed the progress of the plan by tying projects to the direction of measures. However, because there will be a period during the 8th planning period when there is no implementation plan for the City, which is the high-level plan, we will not list individual projects, but will check the status of implementation by conducting a survey of projects in each relevant section related to this plan.



Basic Policy 5	Basic Policy 5 Early Detection of Dementia and Creation of a System to Support Elderly People with Dementia				
	Prevention	(1) Enhance and strengthen efforts to prevent dementia			
	Early Detection and Response	(2) Efforts for early detection and early response to dementia			
3 #4704K ##25828	Knowledge and Understanding	(3) Spreading awareness of correct knowledge and understanding of dementia			
	Consultation (Dementia)	(4) Enhancement and strengthening of consultation services related to dementia			
	Support	(5) Creating a support system for the elderly with dementia			
Basic Policy 6		f Long-Term Care Insurance Services and Long-Term Care and Lifestyle Support Service Projects			
	Estimated Amount of Benefits, etc.	(1) Future prospects of insurance benefits, etc.			
	Facility Maintenance	(2) Maintenance of long-term care insurance facilities, etc.			
	Appropriateness of Benefits	(3) Promotion of Benefit Optimization			
	Support for Businesses	(4) Support for businesses			
	Securing Human Resources	(5) Securing human resources and improving operational efficiency			



Measures for Each Basic Policy

Basic Policy 1

Support for the Creation of Diverse Motivation in Living for the Elderly



To enable the elderly to live a vibrant life in the community, we encourage hobbies, lifelong learning, social articipation, and other activities. In addition to providing opportunities for activities and information, we also maintain and manage the facilities that serve as the hub of our activities. Through the efforts of Basic Policy 1, we will work to ensure that active seniors have a place to engage in various activities in the community.

[Current Situation and Issues of Basic Policy 1]

	• There is a tendency to see many elderly people who willingly participate in various
Currentactivities and go out.Situation• A high percentage of respondents wish to work after the age of 65.	
Issues	 Enhancement of opportunities for social participation for the elderly. Creating further systems for the elderly to play an active role in the community. Creating opportunities for further outings. Provide employment support that can respond to the increased willingness to work.



	Policy Direction			
(1)	Promotion of social participation of the elderly and support for community activities			
(2)	Support for hobbies, recreation, and creating a sense of purpose in life (Hobby	P45 P45		
(3)	and Purpose of Life)	P46		
	Promotion of lifelong learning (Employment)			

Social participation (1) Promotion of social participation of the elderly and support for community activities

We create opportunities for seniors who are ready to start something to make their daily lives more vibrant. We help to encourage the elderly to use their abilities and to participate willingly in a variety of activities. For those seniors and organizations that are already active, we support them in expanding the scope of their activities and in other ways to encourage them to use their own abilities and to be willing to participate in a variety of activities.

[Main Initiative]

- We provide opportunities for the elderly to engage in activities that make use of their abilities.
- We provide support for the creation of a place where the community can take the initiative in creating a place to live.
- We conduct Intergenerational exchanges to help the elderly find motivation and vitality in their lives.
- We support efforts to promote participation in community activities to make use of the knowledge, experience, and skills they have cultivated as active community leaders.

Hobby and Purpose of Life

(2) Support for hobbies, recreation, and creating a sense of purpose in life

We provide a variety of opportunities for the elderly to enjoy hobbies and recreation. We maintain and manage facilities that serve as hubs for activities and support to groups that are the main actors in these activities.

In order to enrich the lives of the elderly, we provide them with a variety of learning opportunities. In addition to providing support to encourage the elderly, we will also promote initiatives to encourage the elderly to go out.

[Main Initiatives]

- We support senior citizen clubs and contribute to the promotion of active sports and cultural activities among the elderly.
- We manage the Senior Citizens Welfare Center, the Senior Citizens Rest Home, and other facilities under a designated manager system as places for senior citizens to engage in circle activities and to create a sense of fulfillment in their lives.
- We support the creation of opportunities for the elderly to utilize their rich experience, knowledge, and skills at home and in the community, and to engage in healthy and rewarding social activities.
- We provide a variety of learning opportunities that encourage the elderly to learn, including providing assistance in the use of ICT.





Employment (3) Promotion of lifelong learning

As the birthrate declines and the population ages, there is a need to further promote employment for the elderly in order to maintain the vitality of the economy and society. We enhance employment support for the elderly who are willing to work, so that they can continue to work in the community regardless of their age.

[Main Initiatives]

- We support Silver Human Resource Centers and contribute to increased employment opportunities and job security for the elderly.
- We provide job counseling and job placement services to help job seekers, including middle-aged and older persons, find employment.



by I

Lifetime Support Desk

The Chigasaki City Silver Human Resource Center operates it with the cooperation of the city government. Concierges provide consultation on specific activity opportunities such as employment, volunteer work, civic activities, and hobby clubs to those who have retired or have settled down to raise children and come to consult with us.

Basic Policy 2

Enhancement of Health Promotion and Care Prevention for the Elderly



In order for the elderly to remain healthy and active throughout their lives, it is important to raise their awareness of health promotion and extend their healthy life expectancy through initiatives for various health issues and disease prevention. Our City will place emphasis on health promotion in daily life and enhancement of efforts related to disease and nursing care prevention, and will strive to extend the healthy life expectancy of the elderly through the efforts of Basic Policy 2.

[Current Situation and Issues of Basic Policy 2]

Current Situation	 Many of our city's elderly residents are voluntarily engaged in health promotion efforts. Efforts in care prevention projects are important to prevent the deterioration of conditions such as those requiring nursing care.
Issues	 Preventing the severity of illnesses that cause conditions such as those requiring nursing care. Enhancement of services to maintain and improve physical functions. Informing as many people as possible about projects and other activities related to health promotion and health promotion. Participation of more people in care prevention projects.



	Policy Direction		
(1) (2)	Health promotion, health improvement (Health) Support for effective long-term care prevention efforts and raising awareness of long-term care prevention (Long-term care Prevention)	P48 P48	

Health (1) Health promotion, health improvement

It is important for each citizen to be concerned about their own health and to make efforts to improve health. Therefore, we will worke to raise awareness of the importance of exercise and health promotion, and to enable the elderly to monitor their own health status.

[Main Initiatives]

- We implement disease prevention initiatives.
- We support the elderly to understand their own health condition by using health checkups and check sheets to measure frailty.
- We provide opportunities for the elderly to enjoy and become familiar with sports.
- We implement initiatives to improve nutrition for the elderly.
- We motivate the elderly to increase their interest in health and care prevention.

Long-term care	(2) Support for effective long-term care prevention efforts and raising awareness of long-
Prevention	term care prevention

Aiming to realize a society in which the elderly can live healthy, independent lives, we will develop measures aimed at preventing the elderly from becoming a person requiring long-term care, etc. and reducing or preventing the deterioration of conditions requiring long-term care, etc. We support elderly people in the community in cooperation with healthy elderly people, etc., so that they can proactively engage in health promotion and care prevention.

In order to provide health support counseling based on the characteristics of the elderly, we will work in an integrated manner on health services and nursing care prevention services.

[Main Initiatives]

- We offer classes on health and exercise and support effective efforts to maintain and promote good health.
- We provide training for volunteers who support the prevention of caregiving for the elderly, and support health promotion and caregiving prevention services that are resident-centered.
- We promote "Chigasaki Exercise" and provide information on care prevention.
- Health and medical professionals visit salons where the elderly gather to promote prevention of nursing care for the elderly.



Let's Chigasaki Exercise together!

Chigasaki Exercise is a unique exercise program that includes foot stomping between nine different exercises, such as back stretching and squats, to provide a total and efficient stretch, strength training, balance training, and aerobic exercise. The poses are very friendly and incorporate the movements of fishing and sumo wrestling, which are unique to Chigasaki.

Young and old alike can enjoy exercising. We hope that many people will become familiar we the video streaming on the city website.

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Basic Policy 3



In recent years, we have seen many disasters such as typhoons and outbreaks of new coronavirus infections. Preparedness and countermeasures are becoming increasingly important. Special frauds targeting the elderly, such as bank transfer scam, are also frequent. In addition to crime prevention and emergency preparedness for disasters and other emergencies, traffic safety measures should be taken so that the elderly can live with peace of mind and we will promote measures for safety, improvement of the living environment, and efforts to secure a home, and through the efforts of Basic Policy 3, we aim to create a safe and secure community where people can live with peace of mind in the community.

[Current Situation and Issues of Basic Policy3]

Current Situation	 The number of cases of bank transfer scam in our city is among the highest in the prefecture. In recent years, the situation has been marked by many disasters such as typhoons. Among the elderly who have no one close by to help them in the event of a disaster or emergency, those who live alone a high percentage of the elderly live in the city.
Issues	 Creating a community where the elderly can live safely, securely, and comfortably. Alerts the public to bank transfer scams, etc. Raising awareness of self-help against disasters. Promotion of cooperation with related institutions and communities.



	Policy Direction			
(1) (2) (3) (4)	Creating a living environment that responds to an aging society (Living Environment) Creating a safe and secure community (Safety and Security) Building a disaster-resistant city (Disaster) Securing housing for the elderly (Housing)	P50 P50 P51 P51		

Living	Creating a living environment that responds to an aging society	
Environment		

We will promote the maintenance of roads and parks so that the elderly can go out safely and securely, and strive to improve convenience. We will improve the living environment within our neighborhoods by improving the transportation environment and promoting barrier-free access in both hardware and software aspects.

[Main Initiatives]

- We promote barrier-free and welfare-oriented community development to facilitate activities for the elderly.
- We will create an environment that makes it easier for the elderly to secure transportation.
- We will consider measures to enable the elderly to continue to reside in their residences.
- We will provide consultation and guidance on public facilities, etc., in accordance with the "Kanagawa Barrier-Free Ordinance for Everyone".
- We will promote systematic maintenance of roads and sidewalks so that everyone, including the elderly, can go out safely.

Safety and	(2) Creating a safe and secure community
Security	

With the increase in the number of bank transfer scams, purse-snatching, and malicious business practices targeting the elderly, we will promote efforts to prevent criminal damage by raising awareness of the importance of crime prevention. In recent years, traffic accidents involving the elderly are becoming more and more frequent, and we will promote traffic safety measures for the elderly.

[Main Initiatives]

- In order to relieve various anxieties, etc. that the elderly may have a consultation system will be established at various consultation counters.
- In order to prevent crimes from occurring, we will disseminate information on the occurrence of crimes through various public relations media.
- In cooperation with the Kayagasaki Police Department, the town of Samukawa, the local government, and related organizations, we are working on a variety of crime prevention measures to prevent crimes.
- Traffic safety measures are taken to prevent the elderly from being a party to accidents.

Disaster (3) Building a disaster-resistant city

The increasing importance of disaster preparedness and countermeasures, and the spread of new coronavirus infections In light of this, efforts will be made to strengthen mechanisms to support the elderly. In addition to efforts related to mutual aid and public assistance In addition, we will strive to raise awareness of self-help by spreading disaster prevention knowledge to the elderly and educating them from normal times.

[Main Initiatives]

- We establish a community-based support system through the efforts of the support system for persons requiring assistance for evacuation action.
- In order to raise awareness of self-help among the elderly, disaster prevention knowledge should be disseminated through the use of hazard maps and other materials.
- We will widely promote the use of various public relations media by the elderly so that they can utilize them in the event of a disaster.
- We support for the preparation of evacuation plans, etc. at facilities for people with special needs.
- We will make efforts to prepare for new coronavirus infections.
- We will work with long-term care facilities and others to develop a system for disaster and infectious disease countermeasures.

Housing (4) Securing housing for the elderly

We will work to secure housing so that people can receive the services they need to enable the elderly to choose a place of residence that meets their diverse needs. We will provide support related to residence so that the elderly can continue to live in their familiar neighborhoods.

[Main Initiatives]

- We will strive to ensure the stability of the residence of the elderly.
- Aiming to improve housing support to ensure that people who need to secure housing can live in a safe and secure home, we will consider support councils.

Basic Policy 4

Creating a Support System for the Elderly in the Community



In order for the elderly to continue to live peacefully in their own neighborhoods, they need to build relationships within the community and it is necessary to create a comprehensive support system for elderly. Cooperation with various entities in the community and the establishment of infrastructure, we will work to further deepen and promote the community-based comprehensive care system through the efforts outlined in Basic Policy 4.

[Basic Policy 4 Current Status and Challenges]

Regional comprehensive support centers were established in 13 districts t	
	consultation and support system.
Current	• The development of the infrastructure for the community comprehensive care system
Status	has generally progressed.
The main sources of consultation for caregivers are often community comprehension support centers and care managers.	
	• Reduction of caregiver burden.
Challenge	• Publicize and promote awareness about the adult guardianship system.
	• Publicize the need to prepare for a personalized end of life.
	Cooperation between medical and nursing care.



Policy Direction

(1)	Raise awareness and strengthen the functionaliy of local consultation services (Consultation	P53
	(regional))	
(2)	Promotion of watching over and creating a support system utilizing local power (watching over)	P56
(3)	Enhancement and strengthening of livelihood support services (livelihood support)	P56
(4)	Promotion of protection of the rights of the elderly (rights protection)	P57
(5)	Promote home medical care and coordination of medical and nursing care (medical and nursing	P57
	care)	
(6)	Provide easy-to-understand information to the elderly (information provision)	P58

Consultation(Regional) (1) Raise awareness and strengthen the functionality of local consultation services

We will strive to strengthen the functions of local consultation services, including the Community Comprehensive Support Center, in order to resolve various concerns that the elderly may have and to support the lives of the elderly in the community. In addition, we will make efforts to publicize the program widely so that many senior citizens, etc. can use it.

[Main Initiatives]

- Operate the Community Comprehensive Support Center and effectively promote the work of the Comprehensive Support Project.
- Make efforts to inform regional consultation services, including the Community Comprehensive Support Center.
- The Center will provide consultation to users in order to improve the quality of nursing care services.
- Operate The Adult Guardianship Support Center to provide consultation on adult guardianship.





Chigasaki City Regional Comprehensive Support Center (13 centers)

Chigasaki City Regional Comprehensive Support Center District Name

District	Name	Name of Neighborhood Association in charge
Chigasaki	Yuzu	Honmachi Daiichi, Honmachi Daini, Honmachi Daishi, Chigasaki Green Heights, Park Town Chigasaki, Park Town Chigasaki Daini Housing, Motomachi Daiichi, Motomachi 2, Shineicho 1, Shineicho 2, Tomazaka, Yahataminami, New Life, Chigasaki Grand Heights, Fujiwa Chigasaki High Town, Fujiwa Hightown Shonan Chigasaki, Park Square Shonan Chigasaki, Lexel Condominium Chigasaki, The Park House Chigasaki
Chigasaki Minami	Tsumugi	Wakamatsucho Yuki, Kyoe Chuo, Kyoe Higashi, Sachimachi, Kyoe Kaigan Dori, Nakakaigan
Nanko	Renge	Chayacho, Toriido, Kamimachi, Nakamachi, Shimomachi, Shinnanko
Kaigan	Ai	East Coast Kita 1-chome, East Coast Kita 2-chome, East Coast Kita 3-chome, East Coast Kita 4-chome, East Coast Kita 5-chome, East Coast South 1-chome, East Coast South 2-chome, East Coast South 3-chome, East Coast South 4-chome, East Coast South 5-chome, 6, Higashikaiganminami, Pacific Garden Chigasaki
Tsuruminami	Sakura	Enzo, Yahata, Nishikubo, Hamanogo, Shitamachiya, TBS, Sunny Town Chigasaki, Home Town Chigasaki, Lions Chigasaki the Irans
Tsurunishi	Midori	Hagien, Nitta, Imajuku, Imajuku Greenheim, Cosmo Chigasaki Precio, Hagizono Sanheim, Famille Chigasaki, Daiichi Heights Chigasaki, Lions Mansion Chigasaki No.3,
Shonan	Sumire	Nakajima, Yanagishima, Matsuo, Hamamidaira housing complex, Matsukaze, Excid Chigasaki, Bell Park Shonan Chigasaki, Granvag Chigasaki
Matsubayashi	Kurumi	Hishinuma, Murota, upper Akabane, middle Akabane, lower Akabane, Takada, New Town Chigasaki, Choksanbira, Oktos Shonan Chigasaki
Shohoku	Akane	Amanuma, Kagawa, Shofudai, Tsurugadai Danchi, Tsurugadai Block, Light Town Chigasaki, Mizuki
Owada	Aozora	Shinjuku, Honjuku, Akamatsucho, Akamatsu, Hishinumaowada, Plan Veil Shonan
Matsunami	Sazanami	Hamatake 1-chome, Hamatake 2-chome, Hamatake 3-chome, Hamatake 4-chome, Matsunami 1-chome, Matsunami 2-chome, Fujimi-cho, LG Fujimi-cho, Tokiwa- cho, Midorigahama, Shiomidai, Deguchicho, Hibarigaoka, Misumicho
Hamasuka	Asahi	Sangaoka, southern Hishinuma, Hishinuma Coast Green, Heiwacho, Matsuhama, Hamasuka, Hamasuka House, Midorimatsukai, Hishinuma Beach, Shotokai, Matsugaoka Heights, Obell Chigasaki Latien Dori
Koide	Wakaba	Tsutumiue, Tsusumishita, Shimoterao, Gyotani, Serizawa Seibu, Serizawa Hisagumi, Serizawa Chubu, Eastern Serizawa, Nihonmatsu, Hachiojihara, Serizawa Hikarigaoka, Serizawa Shimizudai, Shonan Lifetown B district Chigasaki, Shonan Lifetown F district Chigasaki, Shonan Lifetown Hanezawa Daiichi Housing, Yayokai, Serizawa Hosoya Konyamura

Supervision (2) Promote the creation of a system to monitor and support the community by taking advantage of the community's strengths

In addition to creating an environment in which people can be contacted in the event of a sudden illness or other emergency, we will promote the strengthening of a system to look after the elderly in the community to ensure the safety of the elderly with dementia and others who are at risk of going missing. In addition, efforts will be made to develop services to support people's lives at home, such as home visits.

[Main Initiatives]

- We will promote the creation of an environment where elderly people can be contacted in the event of an emergency such as a sudden illness, and strengthen the system to watch over the elderly in the community so that they can live safely and securely.
- Hold community care meetings to identify and organize issues in the district and develop necessary resources in the community to solve problems.
- Strengthen cooperation with commissioned welfare and child welfare volunteers to watch over and support the elderly.
- To promote collaboration among all parties involved in order to provide effective support to the elderly with complex and multi-problematic issues.

Life Support (3) Enhancement and strengthening of lifestyle support services

Through cooperation between various entities and the city, provide a variety of lifestyle support services to enable the elderly to lead independent daily lives in their homes for a longer period. The program also provides assistance to those who are caring for the elderly to reduce the burden on them.

[Main Initiatives]

- In order to support the maintenance and continuation of independent daily living of elderly persons and their families who have life challenges at home, we aim to create a community where appropriate services are available in cooperation with various entities.
- Promote appropriate dissemination and utilization of welfare equipment and home renovation.
- We help reduce the physical and emotional burden on family members and caregivers.



Rights Protection (4) Promotion of protection of the rights of the elderly

Elderly people with poor judgment due to various reasons such as dementia are vulnerable to human rights, rights being violated, such as being abused, and suffering from malicious business law. We will strive to promote the protection of the rights of the elderly so that they can maintain their dignity and continue to live as they wish.

[Main Initiatives]

- Based on the provisions of the "Elder Abuse Prevention Law," we provide consultation, advice, and guidance to the elderly and their caregivers.
- Based on the provisions of the Elderly Welfare Law, elderly persons who have difficulty receiving nursing care at home due to environmental or economic reasons are admitted to nursing homes for the elderly to support their daily lives.
- Provide support to the Shonan-area Social Welfare Association established by Chigasaki City, Fujisawa City, and Samukawa Town, and consider redevelopment of Shonkazeen Nursing Home for the Elderly.
- We will spread the ending note "My Memorandum" and make it known so that you can choose your own way of life.

Medical and Nursing Care (5) Promote home medical care and coordination of medical and nursing care

Many people want to continue to live in their own homes, receiving medical and nursing care, for as long as possible. To enable people to live at home while receiving high quality medical care and nursing care, we will create a system to promote home medical care and cooperation between medical care and nursing care, and develop human resources related to medical welfare and nursing care.

[Main Initiative]

- We promote effective medical, welfare, and nursing care in the community.
- [We will promote the creation of a system to advance "home medical care" and "cooperation between medical care and nursing care.
- Promote the establishment of a family doctor system.

Home Care Consultation Service

The Home Care Consultation Service was opened on June 1, 2009, as a consultation service for home medical care and nursing care by the collaboration of Chigasaki City and Samukawa Town. We receive consultations from residents and medical and nursing care professionals regarding home medical care and nursing care, and provide information, coordination, and other support to facilitate smooth cooperation between medical and nursing care at home. Please feel free to contact us if you have any problems related to home medical care or nursing care.

Information Provision

(6) Provide easy-to-understand information to the elderly

The systems and services for the elderly are becoming increasingly diverse and complex, and there is a need to provide information in an easy-to-understand manner. In addition to using various media to disseminate information, we will strive to provide careful explanations to the elderly by making the content and methods of publicity easier to understand.

[Main Initiative]

- We will make efforts to widely inform the elderly through various media, such as the city website and the public relations newspaper.
- We will strive to make the system known in an easy-to-understand manner and provide clear explanations at the counter.
- Provides information on the long-term care insurance system and the use of long-term care services in order to prevent nursing care and improve the quality of life of the elderly.
- When creating flyers, etc., for the elderly, consider the easiness of reading, for example, by adjusting the size of the text, etc.



on the city website allows you to check on a map whether there is a nursing care service office or store near your home where you can use a preferential card, and where you can consult if you have any problems.

Community Comprehensive Care Support System





Basic Policy 5



Aiming to realize "prevention" and a "cohesive society," we will strive to prevent dementia, and at the same time, through the efforts of Basic Policy 5, we will be close to the wishes of people with dementia and their families, promote correct understanding of dementia among people around them, and create a system to support elderly people with dementia and their families, so that they can live in the community even after symptoms of dementia appear.

[Basic Policy 5 Current Status and Challenges]

Current Status	The number of elderly people with dementia is increasing.The number of consultations regarding dementia is increasing.
Challenges	 Strengthening efforts to prevent dementia Reinforcement of support services to enable people with dementia to live in their own neighborhoods. Publicize the availability of consultation services related to dementia. Improvement of places where family members and others with dementia can consult with each other and learn how to cope with the disease.



	Policy Direction	
(1)	Enhance and strengthen efforts to prevent dementia (prevention)	P60
(2)	Measures for Early Detection and Response to Dementia (Early Detection and Response)	P60
(3)	Dissemination and promotion of correct knowledge and understanding of dementia	P60
	(knowledge and recognition)	
(4)	Enhancement and strengthening of consultation services related to dementia (Consultation	P61
	(Dementia))	
(5)	Creating a support system for the elderly with dementia (support)	P61

Prevention (1) Enhance and strengthen efforts to prevent dementia

Regarding the prevention of dementia, it is important not only to "prevent dementia" but also to "delay the onset of dementia" and "slow the progression of dementia even if it does occur.

[Main Initiative]

- Support for prevention and treatment of lifestyle-related diseases.
- We will promote initiatives that lead to brain activation.

Early detection and action (2) Measures for Early Detection and Response to Dementia

Early detection, diagnosis, and treatment of dementia are believed to slow the progression of symptoms. Therefore, since it is important to detect people suspected of having dementia at an early stage and to take early action in various areas, we will work on establishing a support system for early detection and appropriate support for the elderly with dementia.

[Main Initiatives]

- Provides consultation services for people with concerns about dementia and their families.
- Establish a system for early diagnosis and early response to dementia and provide support.

Knowledge ·	(3) Dissemination and awareness of correct knowledge
understanding	and understanding of dementia

It is imperative to correctly understand the disease of dementia, which can affect anyone, and to handle it without misunderstanding or prejudice. In addition, knowing the symptoms and causes of dementia can lead to prevention and early detection. To build a system to support the elderly with dementia in the community, we will strive to promote efforts to disseminate correct knowledge in order to deepen the understanding of dementia among local residents.

[Major iniviatives]

- We will train dementia supporters and create a system to support the elderly with dementia in the community.
- Provide and exchange information with supporters of people with juvenile dementia.

What is a Dementia Supporter?

The role of a dementia supporter is to learn the correct knowledge of dementia and treatment methods, and to support people with dementia and their families in the community and at work.

Consultation(4) Enhancement and strengthening of consultation(Dementia)services related to dementia

A system is needed for elderly people who are concerned that they may be suffering from dementia to feel free to consult with us. In addition, since many people are anxious about caregiving, it is necessary to develop initiatives to reduce the burden on caregivers. We will provide support for elderly people with dementia and their families so that they can live in their own neighborhoods as long as possible by enhancing our consultation services, such as responding to concerns when family members show signs of dementia or when they are tired of caring for their loved ones with dementia.

[Main Initiatives]

- Provide consultation services for those who are concerned about dementia and their families.
- Provide consultation services related to the adult guardianship system.
- We will disseminate information on consultation services for dementia to a wide range of people.

	(5) Establish a support system for elderly persons with
Support	dementia

We will establish a support system in the community for elderly people with dementia and their families so that they and their families can live safely in their hometowns. In addition, will publicize the system to ensure smooth access to medical and nursing care services in accordance with the progression of dementia symptoms and other conditions.

[Major initiatives]

- We will strive to strengthen and expand the network of related organizations and cooperating businesses.
- We will disseminate the dementia care pass (Chigasaki-shi Dementia Relief Guide)
- Strengthen community monitoring so that those who are missing due to dementia, etc. can be found quickly.
- Promote the protection of the rights of the elderly who have difficulty in making self-decisions due to dementia, etc.
- We will increase opportunities to understand the feelings of people with dementia and their families.


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Chigasaki-shi Dementia Relief Guide

The "Chigasaki City Dementia Anshin Guide" is based on the keywords "prevention" and "symbiotic society," and covers points for dementia prevention, symptoms of dementia and the basics of dealing with dementia, projects being undertaken, a list of services available according to the condition, a dementia checklist, medical institutions available for consultation, and other information.



Basic Policy 6



We will work to enhance services so that persons with care needs & support needs certification can lead independent daily lives through the use of long-term care insurance and preventive long-term care/livelihood support service projects.

[Current Situation and Issues of Basic Policy 6]

	• The elderly population is increasing year by year, especially the late-stage elderly, is
	expected to continue to increase in the future.
Current	• The number of persons certified as requiring long-term care, etc. has been increasing
Situation	every year and is expected to continue to increase in the future.
	• The number of users of long-term care insurance services has been increasing every year
	and is expected to continue to increase in the future.
	• To develop an appropriate service infrastructure based on medium- and long-term demand
	for long-term care
Issues	• To optimize long-term care benefits to establish a sustainable long-term care insurance
	system
	• To Improve human resource infrastructure providing long-term care services



Direction of Policies	
(1) Future outlook for insurance benefits, etc. (estimated amount of benefits,	P63
etc.) (2) Establishment of goals for the development of long-term care insurance	P63
facilities, etc. (facility development)	100
(3) Promotion of benefit optimization (benefit optimization)	P63
(4) Support for long-term care providers (provider support)	P64
(5) Efforts to secure and retain nursing care personnel and improve operational	P64
efficiency (securing human resources)	

Estimated	
amount of	
benefits, etc.	(1) Future Prospects of Insurance Benefits, etc.

For the operation of the long-term care insurance business from fiscal year 2007 to fiscal year 2023, we will appropriately estimate the number of persons certified as requiring long-term care during the planning period, and estimate the estimated amount of insurance benefits to be used based on that premise.

See Chapter 6

Facility	(2) Establishment of goals for the development of
development	long-term care insurance facilities, etc.

We set goals of the long-term care insurance facilities including the total number of facilities and capacity (number of beds), etc., with reference to medium- to long-term demand for services, the willingness of service providers to develop facilities, the number of people waiting for admission, and other factors to estimate the amount of development.

See Chapter6

Benefit optimization (3) Promotion of benefit optimization

Long-term care insurance involves the procedures of obtaining certification as requiring long-term care, and creating an in-home service plan, in order to use services. Proper implementation of these procedures is a prerequisite for service use. In order to ensure that long-term care insurance benefits are properly provided, we inspect the certification of persons requiring long-term care and in-home service plans, and devlop human resources of long-term care providers. In addition, to ensure that the certification of persons requiring long-term care is carried out properly, we will work to improve the qualifications of certification investigators and other personnel.

[Main Initiatives]

- As part of efforts to improve the qualifications of certification investigators, we will inspect the results of certification investigation by outsourcing, in order to promote the appropriateness of certification of persons requiring long-term care.
- We will conduct inspections of care plans and home modifications of in-home care support providers, as well as cross-checks with medical information based on benefit information.
- We will provide on-site guidance to ensure that in-home care support providers are operating at a high quality level. In addition, audits will be conducted as necessary.
- In order to improve the quality of nursing care support specialists and other care providers, we will hold training sessions on approaches to preventing long-terum care and sevirity.

Provider support (4) Support for long-term care providers

The long-term care insurance system is subject to frequent revisions, and it is important to communicate the details of these revisions to service providers in a timely manner. We will provide the latest information on long-term care insurance as needed, as well as provide guidance and audits to long-term care providers, and work to improve the quality of those engaged in long-term care and to ensure and improve the quality of long-term care services.

[Main initiatives]

- We will post the latest information on long-term care insurance on the city website as needed, and provide information through regular meetings of the Chigasaki Liaison Council of Long-Term Care Service Providers.
- We will have them report any accidents that occur as a result of the provision of nursing care services as needed, check the status of efforts to prevent recurrence, and provide guidance if inappropriate.
- In order to ensure appropriate services and improve the quality of in-home care support providers, community-based care service providers, and preventive long-term care and lifestyle support service providers, we will ensure that they are thoroughly informed of the system through group guidance regarding standards for personnel, equipment, and operation.

Securing human (5) Efforts to secure and retain nursing care personnel and improve operational efficiency

With demand for long-term care expected to increase, securing and retaining care personnel to provide longterm care services has become an urgent issue. We will work to secure and prevent long-term care workers from leaving their jobs, while improving the work environment so that long-time care workers can concentrate on their duties.

[Main initiatives]

- To improve the productivity of service providers, we will support the introduction of nursing care robots and ICT in cooperation with the initiatives implemented by the national and prefectural governments.
- To reduce the administrative burden on service providers, we will make efforts to simplify and standardize documents and go paperless.
- We will provide training necessary to those engaged in the comprehensive project service A for long-term care prevention and daily life support in order to encourage entry into the nursing care profession and secure nursing care personnel.

Chapter 6

Future Prospects for Long-Term Care Benefits and Long-Term Care Insurance Premiums

1 Future Estimate

(1) Estimation of primary insured persons

The number of primary insured persons is increasing and is expected to reach 80,714 by 2040. By age group, the number of the early-stage older people (65-74 years old) has been on a decreasing trend until 2025, while the number of the late-stage older people (75 years and older) has been increasing, exceeding that of the early-stage older people.



(As of Sep. 31 each year)

(2) Estimation of the number of people with care needs & support nees certification

The number of people with care needs & support needs certification is increasing, and is expected to reach 15,510 by 2040. Looking at the number by status category of care needs & support needs, the number of persons requiring level 2 support to level 4 care is on the increase, with a particularly large increase in the number of persons requiring level 3 care.



<Chart 3> Estimated number of persons certified for each status category of long-term care, etc.

X: The number of certified persons includes those insured under Category 2.

(As of Sep. 31 each year)

2 Future Prospects for Insurance Benefits, etc.

The tables below are estimates of the projected amount of insurance benefits for each type of service from FY2021 to FY2023, FY2025, and FY 2040.

* The amounts of FY2018 and FY2019 are actual amounts, and the amounts of FY2020 are estimated amounts.

(1) Estimated amount of long-term care benefits

We estimate the projected amount of long-term care benefits (planned amount) based on the actual number of benefits provided to those with care needs certification and the estimated number of people with care needs certification.

A) Home-visit service

Home-visit service This refers to services provided by care workers, etc., who visit the homes of provided as requiring long-term care, such as care for bathing, toileting, eating and other services necessary for their daily lives.							^	
Fiscal Year	2018	2019	2019 2020 2021 2022 2023 2025					2040
Planned	405,049	434,989	471,673	490,391	522,647	552,869	555,505	696,326
Actual	429,675	442,534	463,469					

Unit: times/year

Unit: times/waar

Home-vis Bathing	it				provided by person cert			
Fiscal Year	2018	2019	2020	2021	2022	2023	2025	2040
Planned	10,355	11,531	13,031	9,293	9,850	10,463	10,246	13,049
Actual	8,593	8,462	8,593					

							Un	it: times/year
Home-visit nursing This refers to care related to medical treatment or assistance with necessary medical treatment provided by a nurse, etc. visiting the home of a person certified as requiring nursing care, based on the doctor's order.								
Fiscal Year	2018	2019	2020	2021	2022	2023	2025	2040
Planned	68,024	73,026	79,274	92,786	98,381	103,573	105,362	130,784
Actual	66,844	72,562	81,764					

In-hom rehabilita		therapist person ce maintain	, etc., bas ertified as ing and	ed on a pł s requirin restoring	nysician's g long-ten physical	apy provid order, visi rm care, f and men lent in dai	led by a ting the h for the pu tal functi	ome of a arpose of
Fiscal Year	2018	2019	2020	2021	2022	2023	2025	2040
Planned	18,487	21,860	25,109	13,957	14,831	15,768	17,268	22,794
Actual	11,788	12,280	12,842					

							Uni	t: people/year
In-home manageme guidance		dentists, p	harmacist	s, etc. from	agement an hospitals, s requiring	clinics, or p	harmacies	•
Fiscal Year	2018	2019	2020	2021	2022	2023	2025	2040
Planned	15,144	16,500	18,120	19,980	21,240	22,404	22,680	28,308
Actual	15,690	16,627	18,504					

Unit: times/year

Outpatient nursing This refers to care for bathing, toileting, meals, and other services necessal living and functional training provided to persons certified as requiring lon at day service centers for the elderly, etc. (However, only day service centers are eligible for this service, excluding those the day care for dementia).							requiring lon y service cer	g-term care nters with a
Fiscal Year	2018	2019	2020	2021	2022	2023	2025	2040
Planned	160,642	176,285	193,628	177,449	187,853	196,774	203,176	250,331
Actual	164,667	170,767	171,086					

Unit: times/year

Outpatient RehabilitationRehabilitation refers to rehabilitation provided to p term care at long-term care health care facilities for under the direction of a physician, with the aim of h their physical and mental functions and achieve ind						for the elder f helping use	ly, hospitals, ers maintain a	and clinics and recover
Fiscal Year	2018	2019	2020	2021	2022	2023	2025	2040
Planned	55,418	60,619	66,959	51,193	54,192	56,926	58,604	72,529
Actual	50,632	51,383	46,102					

Unit: day/year

Short-term residential care This term refers to care for people certified as red who live for a short period in facilities such as spe the elderly, and to care for bathing, toileting, eating, functional training necessary for their daily lives th facilities.					ch as specia g, eating, ar	al nursing ind other set	homes for rvices and	
Fiscal Year	2018	2019	2020	2021	2022	2023	2025	2040
Planned	62,573	71,312	82,098	51,120	54,437	57,316	58,208	72,728
Actual	50,482	52,413	45,931					

Unit: day/year

Short-term inpatient Short-term inpatient This refers to nursing care, nursing care and functional training requiring medical care, and daily living services provide facilities such as long-term care health facilities for the elderly, where people certifies as requiring nursing care live for a short period.								provided at	
Fiscal Year	2018	2019	2020	2021	2022	2023	2025	2040	
Planned	2,778	2,843	2,843 2,908 2,644 2,732 2,885 2,974 3,99						
Actual	3,197	2,943	2,183						

Unit: people/year

Specific fa	cilities for	Services provided to residents of private-pay homes for the elderly, etc. who are certified as requiring nursing care, including nursing care for bathing, toileting, meals, etc., housework such as laundry and cleaning, consultation and advice on daily living, and other services necessary for daily living.								
Fiscal Year	2018	2019	2020	2021	2022	2023	2025	2040		
Planned	4,956	5,028	5,052	5,712	5,964	6,108	6,600	8,220		
Actual	5,039	5,199	5,199 5,412							

							Uni	: people/year
Rental of welfareAssistance in selecting appropriate welfare equipment, installation and adjustment of such equipment, and lending of such equipment based on the physical and mental condition, wishes, and environment of the person certified as requiring nursing care.								
Fiscal Year	2018	2019	2020	2021	2022	2023	2025	2040
Planned	27,420	29,112	31,200	34,728	36,816	38,724	39,564	49,212
Actual	27,480	29,661	32,772					

Sales of spo welfare equ				f welfare equation for the formation of	uipment that xcretion.	does not fit		t: people/year al category,
Fiscal Year	2018	2019	2020	2021	2022	2023	2025	2040
Planned	612	732	876	576	600	624	660	720
Actual	489	505	540					

B) Community-based services

							Unit	t: people/year
Periodic pa needed Ho nursing		requiring nu support cor provided by	ursing care, i valescent ca	nursing care are, and othe e homes of p	for bathing, the services near the services near the services of the services of the services of the services and the services are services and the services are	toileting, eath ecessary for	of persons ing, etc., nurs daily living, ring nursing	sing care to , which are
Fiscal Year	2018	2019	2020	2021	2022	2023	2025	2040
Planned 240 360 480 408 408						408	408	408
Actual	127	239	372					

Unit: people/year

Nighttime Home-visit careThis refers to services such as regular nighttime ro meals, etc., and other services necessary for daily it person's home in response to a call from a person ce						y living, etc.	, provided b	y visiting a	
Fiscal Year	2018	2019	2019 2020 2021 2022 2023 2025 20						
Planned	0	0	0	0	0	0	0	0	
Actual	6	1	0						

Unit: times/year

Communit elderly day		This refers to care for bathing, toileting, meals, and other services necessary for daily living and functional training provided to persons certified as requiring long-term care at day service centers for the elderly, etc. (However, only day service centers with a capacity of less than 19 users are eligible for this category, excluding those that fall under day care for persons with dementia.)							
Fiscal Year	2018	2019	2020	2021	2022	2023	2025	2040	
Planned	90,185	99,143	99,143 109,092 90,570 95,362 99,760 103,961 126,98						
Actual	76,629	82,101	81,022						

Unit: times/year

Dementia S Type day-c		This refers to nursing care for bathing, toileting, eating, and other services and functional training necessary for daily living for people with dementia who visit day service centers for the elderly and other facilities.							
Fiscal Year	2018	2019	2019 2020 2021 2022 2023 2						
Planned	1,273	1,547	2,002	1,046	1,046	1,046	1,046	1,046	
Actual	961	985	834						

Unit: people/year

Small-scale multifunctional In-home careThis refers to care such as bathing, toileting, and eating, and other services functional training necessary for daily living provided at the homes of persons cert as requiring long-term care, or when persons certified as requiring long-term commute to or stay at service centers for a short period.								ons certified	
Fiscal Year	2018	2019	2020	2021	2022	2023	2025	2040	
Planned	2,016	2,016	2,016 2,016 1,992 2,124 2,232 2,280 2,820						
Actual	2,167	2,085	1,860						

Unit: people/year

Dementia Support Type Community careThis refers to nursing care for bathing, toileting, meals, and other for daily living and functional training provided at residences dementia certified as requiring nursing care live together.							•		
Fiscal Year	2018	2019	2020	2021	2022	2023	2025	2040	
Planned	2,136	2,352	2,352	2,400	2,472	2,472	2,472	2,472	
Actual	2,304	2,286	2,286 2,304						

Unit: people/year

Communit Special fac residents Living Sup	ilities for	This refers to nursing care for bathing, excretion, meals, etc., housework such as laundry and cleaning, consultation and advice on daily living, and daily living care provided to those certified as requiring nursing care who reside in private-pay homes for the elderly, etc. with a maximum resident capacity of 29 or less.							
Fiscal Year	2018	2019	2020	2021	2022	2023	2025	2040	
Planned	360	360	360	348	348	348	348	348	
Actual	339	321	336						

Chapter 6 Future Prospects for Long-Term Care Benefits and Long-Term Care Insurance Premiums

							Uni	t: people/year		
Communit	ty-based	This refers t	to nursing ca	re services su	ich as bathin	g, toileting, r	neals, and otl	ner services		
Welfare fa	cilities for	necessary f	or daily livi	ng, function	al training, a	and medical	care provide	ed to those		
the elderly		certified as	requiring nu	ursing care v	who are admi	itted to com	munity-based	l long-term		
Care for th	ne living of	care welfare	care welfare facilities for the elderly with a capacity of 29 or fewer residents or other							
the residen	its	services neo	services necessary for daily living.							
Fiscal Year	2018	<u>3</u> 2019 2020 2021 2022 2023 2025 2040						2040		
Planned 360 360 360				348	348	348	348	348		
Actual	356	348	336							

Small-scale Multi-func residential	ctional	It refers to nursing care for bathing, toileting, eating, etc., nursing care to support convalescent care, other services necessary for daily living, and functional training provided at the homes of persons certified as requiring long-term care, or when users commute to service centers or stay overnight for a short period of time.						
Fiscal Year	2018	2019	2020	2021	2022	2023	2025	2040
Planned	564	840	912	1,128	1,128	1,128	1,116	1,428
Actual	285	477	1,140					

Unit: people/year

C) Residential Renovation Cost

371

369

Unit: people/year Residential This refers to the partial payment of necessary home modification expenses to assist persons certified as requiring long-term care to lead independent lives at home. Renovation Fiscal Year 2018 2019 2020 2021 2022 2023 2025 2040 444 516 576 456 468 468 480 528 Planned

384

D) Home care support

Actual

Unit: people/year To enable a person certified as requiring long-term care to appropriately use in-home services, etc., a plan is drafted that specifies the type and content of services to be used, the person in charge of these services, etc., taking into consideration the physical and Home care support mental condition, the environment, and the wishes of the person and his/her family. Liaise and coordinate with service providers to ensure that services are provided in accordance with the plan. Fiscal Year 2018 2019 2020 2021 2022 2023 2025 2040 41,088 43,356 46,056 49,584 54,972 52.428 56,772 69,816 Planned 43,494 46,404 41,050 Actual

E) Facility Services

Unit: people/year

Nursing ca services for elderly		This refers to the provision of daily living care such as bathing, toileting, and meals, functional training, health management, and medical care to those certified as requiring nursing care who are admitted to a special nursing home for the elderly.						
Fiscal Year	2018	2019	2020	2021	2022	2023	2025	2040
Planned	8,364	8,400	8,436	8,352	8,496	8,640	8,640	8,640
Actual	8,644	8,312	8,244					

Unit: people/year

	Health Care Facility for the Elderly Services		This refers to the provision of nursing care, functional training, other necessary medical care, and daily living care to persons certified as requiring nursing care who are admitted to a long-term care health facility for the elderly.							
Fiscal Year	2018	2019	2020	2021	2022	2023	2025	2040		
Planned	6,240	6,240	6,240	6,516	6,516	6,516	6,516	6,516		
Actual	5,674	6,267	6,480							

							Unit	: people/year
Long-term convalesce Medical Fa Services	nt care	medical sup	ervision, fur	U	ing, and othe	re, nursing ca er necessary		
Fiscal Year	2018	2019	2020	2021	2022	2023	2025	2040
Planned	372	372	216	252	0	0	0	0
Actual	342	250	216					

							Uni	: people/year
Integrated for Medica Long-term	l and		0	-			aily living ca uiring nursin	, U
Fiscal Year	2018	2019	2020	2021	2022	2023	2025	2040
Planned	0	0	156	144	396	396	600	600
Actual	0	69	96					

(2) Estimated Amount of Preventive Benefits

In order to promote care prevention for those certified as requiring support, the projected amount of preventive benefits (planned amount) is estimated based on the actual results of benefits and the estimated number of persons certified as requiring support.

							Un	it: times/year
Care preve Home-visit Care		brought by	a service pro		for a limited p home of a pe g care.	•	·	
Fiscal Year	2018	2019	2020	2021	2022	2023	2025	2040
Planned	386	580	745	240	240	240	240	240
Actual	217	260	204					

A) Nursing Care Prevention Services

Unit: times/year

Preventive Care Hom		This refers to care related to medical treatment or assistance with necessary medical treatment provided by nurses, etc., who visit the homes of persons certified as requiring assistance for a certain period of time under the direction of a physician, for the purpose of preventing the need for nursing care.						
Fiscal Year	2018	2019	2020	2021	2022	2023	2025	2040
Planned	21,670	24,943	28,932	21,659	22,565	23,274	24,574	28,346
Actual	19,216	20,859	20,099					

Unit: times/year

Care preve On-site Rehabilita		Rehabilitation refers to rehabilitation services provided by physical therapists, etc., who visit the homes of persons certified as requiring assistance for a certain period of time based on the instructions of physicians and for the purpose of preventing nursing care.						
Fiscal Year	2018	2019	2020	2021	2022	2023	2025	2040
Planned	3,978	4,576	5,350	2,762	2,762	2,893	3,024	3,547
Actual	2,852	3,346	1,883					

Unit: people/year

Interventional Care and Prevention The term refers to medical care management and guidance provided by doctors, **Home Health Care** dentists, pharmacists, etc. from hospitals, clinics, or pharmacies who visit the homes Management of persons certified as requiring assistance for the purpose of preventing nursing care. Guidance Fiscal Year 2018 2019 2020 2021 2022 2023 2025 2040 2,172 1,968 2,076 2,100 2.196 2,268 2.388 2,748 Planned 2,034 1,933 2,016 Actual

Unit: people/year Refers to physical therapy, occupational therapy, and other necessary rehabilitation **Care prevention** provided to persons certified as requiring assistance at geriatric health care facilities, Outpatient hospitals, clinics, etc. for a certain period of time based on the instructions of Rehabilitation physicians and for the purpose of preventing nursing care. Fiscal Year 2018 2019 2020 2021 2022 2023 2025 2040 4.848 4,968 5,124 4.308 4,308 4.308 4.308 4.596 Planned 4.307 3.969 2,916 Actual

Unit: days/year The term "nursing home care" refers to care for bathing, toileting, eating, etc., and **Intervention and** other support and functional training necessary for daily living provided at facilities Prevention such as special nursing homes for the elderly where people certified as requiring Short-term care assistance live for a short period of time for the purpose of preventing nursing care. Fiscal Year 2018 2021 2022 2023 2025 2019 2020 2040 Planned 3,173 3,671 4,212 2.101 2.101 2.101 2,101 2,101 1.908 1,599 1,016 Actual

Unit: days/year The term refers to nursing care, nursing care and functional training requiring medical supervision, other necessary medical care, and daily life support provided at facilities Nursing care such as long-term care health facilities for the elderly where people certified as prevention Short-term care requiring assistance live for a short period of time for the purpose of preventing the need for nursing care. 2019 Fiscal Year 2018 2020 2021 2022 2023 2025 2040 74 74 Planned 74 264 264 264 264 340 222 64 0 Actual

	Chapter 6 Future Prospects f	for Long-Term Care Benef	fits and Long-Term Care Insurance Premium	ms
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							Uni	t: people/year
Specific Fa Intervention Prevention Resident L	on and	training, and	l medical ca	re provided for	cretion, mea or the purpos reside in spe	e of preventing	ng nursing ca	
Fiscal Year	2018	2019	2020	2021	2022	2023	2025	2040
Planned	1,464	1,428	1,440	1,320	1,320	1,320	1,320	1,512
Actual	1,316	1,230	1,104					

Unit: people/year

Care preve Welfare eq rental		This refers to the lending of welfare equipment, which is designated by the Minister of Health, Labour and Welfare as effective in preventing the need for nursing care, to persons certified as requiring assistance.							
Fiscal Year	2018	2019	2020	2021	2022	2023	2025	2040	
Planned	13,548	14,892	16,356	14,280	14,868	15,372	16,200	18,612	
Actual	12,966	13,452	13,944						

Specific ca prevention Sales of we equipment	ı elfare			· ·	ent that is effe due to reason		venting nursi	Ų
Fiscal Year	2018	2019	2020	2021	2022	2023	2025	2040
Planned	348	396	456	288	300	312	324	336
Actual	296	267	252					

B) Community-based care prevention services

Unit: times/year

Care prevention Dementia Support Day-care services The term refers to services and functional training provided to peop who have been certified as requiring assistance for the purpose of p care, such as nursing care for bathing, toileting, eating, etc., an necessary for daily living, which are provided at day service center etc., for a certain period of time.					se of prevent etc., and oth	ing nursing er services			
Fiscal Year	2018	2019	2020	2021	2022	2023	2025	2040	
Planned	48	48	48 48 50 50 50 50 76						
Actual	19	50	12						

Unit: times/year

Care prevention Small-scale multifunctional In-home careThis refers to care such as bathing, toileting, and eating, and other serv functional training necessary for daily living provided at the home of a person as requiring support, or when a person certified as requiring support commu- stays at a service center for a short period of time.						on certified			
Fiscal Year	2018	2019	2019 2020 2021 2022 2023 2025 2040						
Planned	24	24	24 24 12 12 12 12						
Actual	0	18	12						

Unit: people/year

Care preve Care for sh living facil dementia	nared	daily living	and function	al training p	ovided to pe	rsons certifie	er services ne d as requiring eventing nurs	gassistance
Fiscal Year	2018	2019	2020	2021	2022	2023	2025	2040
Planned	0	0	0	12	12	12	12	12
Actual	0	0	0					

C) Preventive home modification

							Uni	t: people/year	
Preventive modification			1 2	ent of a portion of the cost of necessary home modifications to a srequiring assistance to lead independent lives at home.					
Fiscal Year	2018	2019	2019 2020 2021 2022 2023 2025 2						
Planned	372	444	504	360	372	372	384	384	
Actual	354	339	300						

D) Nursing Care Prevention Support

	C						Unit	: people/year
Nursing C Prevention		care preven center form the person i mental cond family, etc.	tion services ulates a plan n charge of s lition of the The center					upport e used, and ll and er and
Fiscal Year	2018	2019	2020	2021	2022	2023	2025	2040
Planned	26,316	27,000						
Actual	17,456	17,846	17,928					

(3) Estimated Amount of Nursing Care Prevention and Lifestyle Support Service Projects

In order to promote the prevention of nursing care for those who are certified as requiring support and those who are eligible for the project, the projected project amount (planned amount) is estimated based on the actual project results and the estimated number of those who require support and those who are eligible for the project.

							Uni	t: people/year
National Standard Home-Visit Type ServiceHome helpers (home care workers) visit the homes of persons requiring assistance and provide care for bathing, toileting, eating, services for daily living.								
Fiscal Year	2018	2019	2020	2021	2022	2023	2025	2040
Planned	11,456	11,754	12,107	8,677	8,716	8,765	8,890	10,754
Actual	8,672	8,625	8,408					

							Uni	t: people/year
Home Visiting Service AThis refers to services such as cooking, laundry, cleaning, etc. (daily living assistance provided by daily living assistance workers (who have completed the city's training etc., who visit the homes of persons who are certified as requiring assistance.							's training),	
Fiscal Year	2018	2019	2020	2021	2022	2023	2025	2040
Planned	1,414	1,451	1,451 1,494 1,728 1,736 1,746 1,771 2,					
Actual	1,974	1,723	1,481					

Unit: people/year

National standard day-care service The services provided at day service centers for the elderly and other facilities toileting, eating, etc., and other services and functional training necessary for d living.							for bathing,	
Fiscal Year	2018	2019	2020	2021	2022	2023	2025	2040
Planned	13,662	14,018	14,438	13,535	13,596	13,673	13,867	16,775
Actual	12,530	13,193	11,624					

Unit: people/year

Outpatient A	t Services	-		to those who	unctional tra are certified			
Fiscal Year	2018	2019	2020	2021	2022	2023	2025	2040
Planned	110	112	116	48	49	49	50	60
Actual	82	52	14					

Unit: times/year

Nursing ca prevention manageme	care	In order to ensure that persons who are certified as requiring support and persons eligible for the project can use care prevention and lifestyle support services appropriately, the staff of the community comprehensive support center formulates a plan that specifies the type and content of services to be used and the person in charge of these services, taking into consideration the mental and physical conditions of the user, the environment in which the user is living, and the wishes of the user and his/her family, etc. The center then contacts and coordinates with service providers to ensure that the services are provided according to this plan.						
Fiscal Year	2018	2019	2020	2021	2022	2023	2025	2040

Fiscal Year	2018	2019	2020	2021	2022	2023	2025	2040
Planned	11,751	11,981	12,442	12,001	12,054	12,123	12,295	14,873
Actual	11,535	11,916	11,196					

3 Establishment of Development Targets for Long-Term Care Insurance Facilities, etc.

Set targets for the development of long-term care insurance facilities, etc., for fiscal years 2021 through 2021.

(1) Development goals for institutional and residential services

The target for the development of necessary services is set so that those certified as requiring long-term care, etc. can receive daily living support and nursing care in long-term care insurance facilities, etc.

区分	Items	Seventh Plan Actual Result	Eighth	Plan Developmen	it Goals
Classification		2020	2021	2022	2023
介護老人福祉施設	No. of location	11	11	11	11
Welfare Facilities for the Elderly	No. of beds	790	790	790	790
介護老人保健施設	No. of location	6	6	5	5
Health care facilities for the elderly	No. of beds	626	626	536	536
介護療養型医療施設	No. of location	1	1	0	0
Long-term care medical facilities	No. of beds	56	56	0	0
介護医療院	No. of location	0	0	1	1
long-term care medical center	No. of beds	0	0	56	56
介護専用型特定施設	No. of location	1	1	1	1
Special nursing-care facility	No. of beds	7 0	70	7 0	70
介護専用型以外の	No. of location	11	11	11	11
特定施設 Special facilities other than dedicated nursing care facilities	No. of beds	549	599	599	599

**Number of offices and capacity at the end of the fiscal year for FY2021 to FY2023. The figures for fiscal 2020 are forecasts for the end of the fiscal year.

%The number of specified facilities other than dedicated nursing care facilities may change as a result of the results of the application process.

(2) Development goals for community-based services

In order to enable persons certified as requiring long-term care to continue living in their familiar homes or communities as long as possible, we will promote the development of necessary services in each of the three service infrastructure areas.

Classification	Service area	Seventh Plan Actual Result	Eighth I	Eighth Plan Development Goals		
		2020	2021	2022	2023	
Regular patrol and occasional home-visit nursing care	_	1 location	1	1	1	
Night-time home-visit care	_	0	0	0	0	
Community have descentioned	1st Area	9 location	—		—	
Community-based outpatient	2nd Area	2 0 location	—	—	—	
care	3rd Area	1 2 location	—	—	—	
Domantia adantina	1st Area	1 location	—	—	—	
Dementia-adaptive	2nd Area	0	—	—	—	
outpatient care	3rd Area	0	—	—	—	
Q	1st Area	1 location	1	1	1	
Small-scale multifunctional	2nd Area	4 location	4	4	4	
home care	3rd Area	2 location	3	3	3	
	1st Area	3 location	3	3	3	
		5 4 people	5 4	54	54	
	2nd Area	5 location	5	5	5	
Dementia-adaptive		9 0 people	90	90	90	
communal living care	3rd Area	4 location	4	4	4	
	Siù Alea	6 3 people	63	63	63	
	Total Capacity	2 0 7 people	207	207	207	
Community-based specific	1st Area	1 location	1	1	1	
facility resident life care		2 9 people	29	29	29	
Community-based long- term care welfare facility	3rd Area	1 location	1	1	1	
		2 9 people	29	29	29	
Small-scale multifunctional	1st Area	1 location	1	1	1	
nursing home care	2nd Area	1 location	1	1	1	
	3rd Area	1 location	1	1	1	

*The 8th Plan development target is not set for community-based day care and day care for dementia because the number of designated facilities is not restricted.

* The figures for FY2021 to FY2023 are the number of facility and capacity at the end of the fiscal year. The figures for fiscal 2020 are forecasts for the end of the fiscal year.

Service Area	Daily Life Area	Main town		
	Chigasaki	Chigasaki · Motomachi · Shineicho · Motomura ·		
1 st Area	Tsuruhigashi	Jukkensaka · Hagisono · Heidayushinden · Imajuku		
	Tsurunishi	Nishikubo · Enzo · Yabata · Hamanogo · Shimomachiya		
	Chigasaki Minami	Nakajima · Matsuo · Yanagishima · Yanagishima		
	Kaigan	Kaigan · Hamamidaira · Nango · Tomoe · Naka Kaigan ·		
	Nanko	Saiwaicho · Wakamatsucho · Higashikaigan Kita ·		
2 nd Area	Shonan	Higashikaigan Minami · Asahigaoka · Heiwacho ·		
^{2nd} Area	Matsunami	HIshinuma Kaigan · Shirahamacho · Hamasuka ·		
	Hamasuka	Matsugaoka · Deguchicho · Hibarigaoka · Misumicho ·		
		Tokiwacho · Fujimicho · Midorigahama · Shiomidai ·		
		Hamatake · Matsunami		
	Matsubayashi	Namegaya · Serizawa · Tsustumi · Shimoterao · Kagawa ·		
	Shohoku	Mizuki · Amanuma · Matsukazedai · Tsurugadai ·		
3 rd Area	Owada	Akabane · Takada · Murota · Matsubayashi · Hishinuma ·		
	Koide	Kowada · Akamatsucho · Honjukucho · Daikancho ·		
		Kozakuracho		

$\langle\!\!\langle$	Service	Area	>

4 Calculation of Insurance Benefit Costs, etc. and Long-Term Care Insurance Premiums

(1) Composition of financial resources for long-term care (prevention) benefit expenses (FY2021 - FY2023)

The estimated amount of long-term care insurance benefits is shown in this chapter, but is estimated based on the number of persons certified as requiring long-term care, etc., and the actual use of long-term care insurance. Insurance benefits are paid for long-term care services as benefit expenses based on claims from long-term care insurance providers for the use of long-term care insurance services. Insurance benefit expenses are financed 50% by insurance premiums (insurance premiums paid to the city by Category 1 insured persons aged 65 and over and those aged 40 The basic ratio is 50% for the national government, Kanagawa Prefecture, and Chigasaki City. This ratio is determined by law, and is shown in the following figure.



The long-term care insurance system is based on the principle that the elderly who need long-term care should be supported by society as a whole, and the city allocates the premiums paid to pay the long-term care insurance benefits. The long-term care insurance premiums for Category 1 insured persons aged 65 and over are paid according to the income level classification set according to the municipal inhabitant taxation status of the Category 1 insured person and the household to which he/she belongs.

(2) Calculation Flow

The actual changes to date and future projections during the planning period are estimated by multiplying the estimated number of users by the average number of times (days) of use per person by service type, benefit costs, and the rate of compensation revision.



(3) Calculation method of premiums for Category 1 insured persons

The estimated standard benefit cost (N) and community support project cost (Q) during the plan period are calculated respectively, and the required amount of premium collection (W) is calculated by taking into consideration the financial resource composition ratio of the insurance premiums for Category 1 insured persons, the estimated amount of grant for adjustment (T) and the amount of reversal of the long-term care insurance operating fund (U).

Furthermore, the amount obtained by dividing the amount of premiums required to be collected (W) by the scheduled premium collection rate (a) and the number of insured persons after adjusting the ratio of subscribers by income level (b), and then dividing the result by 12 to arrive at the total amount required to collect premiums (W). The amount adjusted for fractions less than ¥0 is the base amount of premiums (monthly) (c).

Unit : mil. yen

					Unit · Init
		R 3	R 4	R 5	Total
	In-home service benefit expenses A	6,398	6,780	7,110	20,288
	Community-based service benefit expenses B	2,363	2,456	2,517	7,336
Estimated standard benefit amount Community support Category 1 insured person	Residential Renovation Benefit Fee C	36	37	37	110
Esti	Residential care support fee D	766	811	852	2,429
ima	Facility service benefit expenses E	4,319	4,369	4,408	13,096
ted	Benefit expenses for preventive care services F	490	500	508	1,498
stanc	Community-based long-term care prevention service benefit expenses G	3	3	3	9
larc	Interventional housing renovation benefit fee H	32	33	33	98
l be	Intervention and prevention support benefit fee I	90	93	97	280
nef	Total Benefit Fee $J = A+B+C+D+E+F+G+H+I$	14,498	15,082	15,564	45,144
it am	Specified resident long-term care service cost benefit amount K	283	267	276	826
IDUI	High-value long-term care service cost benefit amount L1	407	420	440	1,268
nt	High-cost medical care combined long-term care service cost benefit amount L2	62	65	68	195
	Examination payment fee M	11	12	12	35
	Expected standard benefit cost N=J+K+L1+L2+M	15,262	15,846	16,359	47,467
Comi proj	Comprehensive support project cost (for regional comprehensive support center) + voluntary project cost O1	270	334	334	938
nunity ect exp	Comprehensive support project cost (other portion) O2	19	19	19	57
' support penses	Nursing care prevention / daily life support comprehensive project cost P	702	756	816	2,274
	Community support project cost Q=O1+O2+P	991	1,109	1,169	3,269
	Amount equivalent to the amount borne by the first insured person $R = (N+Q) \times 23\%$	3,738	3,900	4,032	11,669
Cat	Amount equivalent to adjustment grantS= (N+P) \times 5%	798	830	859	2,487
ego	Expected delivery amount of adjustment grant T	427	440	455	1,321
pry 1	Long-term care insurance management fund withdrawal amount U				1,000
nsu	Municipal special benefits, etc. V	3	3	3	10
red p	Required amount of insurance premiums $W=R+S-T-U+V$				11,845
erson	Scheduled insurance premium storage rate a		98.8%		
	Number of insured persons after correction of subscriber ratio by income stage (Unit : person) b	66,457	66,838	67,315	200,610
					Unit : Yer

Unit : Yen

Base amount of premium (Monthly)	$c = W \div a \div b \div 12$	4,980
Base amount of premium (Yearly) d	=c×12	59,760

%Due to rounding, the total and breakdown may not match.

Chapter 7 Progress Management

Promotion System of This Plan

In order to promote this plan, it is necessary for the government, citizens, civic groups, and businesses to share appropriate roles and work in mutual cooperation. By fulfilling their respective responsibilities in accordance with their respective positions, we can realize the creation of a community where the elderly can be as healthy as possible, exercise their abilities to the fullest, and enhance their motivation for life while having a sense of fulfillment in life.

While communities and various organizations surrounding the elderly support the elderly, the elderly are expected to play an active role in enriching "community development" with their wealth of knowledge and skills.

The government supports their respective activities and strengthens cooperation with them to support the lives of the elderly.

In addition, in order to obtain a wide range of opinions on welfare for the elderly and long-term care insurance projects, the city has established the "Chigasaki City Elderly Welfare Plan and Long-Term Care Insurance Project Plan" consisting of publicly recruited citizens, representatives of public organizations in the city area, representatives of organizations engaged in activities related to elderly welfare, care service providers in the city area, and people with academic experience. The committee will deliberate on the progress of the plan, initiatives, and issues related to the promotion of the plan.

In addition, a "Chigasaki City Liaison and Coordination Meeting for the Elderly Welfare Plan and Long-Term Care Insurance Business Plan" consisting of section chief-level staff from related divisions will be established within the city government to discuss the progress of the plan, issues and policies to be implemented so that the plan is promoted on a government-wide basis.





2 Progress Management of This Plan

The progress of this plan will be managed on a yearly basis, and the results will be discussed at the Chigasaki City Liaison and Coordination Meeting for the Elderly Welfare Plan and Long-Term Care Insurance Business Plan, and reported to the Chigasaki City Promotion Committee for the Elderly Welfare Plan and Long-Term Care Insurance Business Plan, where opinions will be heard, and the plan will be promoted based on the basic policy and the realization of the plan. Confirmation of efforts

In the process of progress management, we will conduct verification based on the PDCA cycle to ensure effective progress management.

The progress of each fiscal year's projects will be announced on the city website.



<Chart36> Processes for managing the progress of the plan

■Evaluation Indicators for Municipalities on Efforts to Support the Independence of the Elderly and Prevent the Development of Severe Illness, etc.

The "Act for Partial Revision of the Long-Term Care Insurance Act, etc. for the Reinforcement of Communitybased Comprehensive Care System" promulgated in June, 2017 has resulted in the establishment of the Long-Term Care Insurance Act 11 Article 7, Paragraph 2, "Matters concerning measures to be taken by municipalities to support the independent daily lives of insured persons in the community, to prevent them from becoming a person requiring long-term care, etc., or to prevent the alleviation or worsening of their conditions requiring longterm care, etc., and to optimize the costs required for long-term care benefits, etc.". The new provision was established.

In addition, Article 122-3 of the Long-Term Care Insurance Act stipulates that the national government shall, within the limits of its budget, provide municipalities with support for and further promote efforts by municipalities to support self-reliance and prevent the progression of serious illnesses, etc., and shall provide municipalities with the necessary funds to strengthen the functions of insurers. The government is to provide grants for the promotion of

In order to provide the grants, the Japanese government will issue a "Grant for the Promotion of Long-Term Care Insurance" (the "Grant") in accordance with the "Office Communication of the Long-Term Care Insurance Planning Division, Bureau of Aging and Health, Ministry of Health, Labor and Welfare, dated February 28, 2008. In the "Grant for Promotion of Strengthening Insurer Functions in Fiscal 2008 (for Municipalities)," the following 61 evaluation indicators in three areas were presented to insurers.

- I Establishment of systems, etc. to strengthen insurer functions through the use of the PDCA cycle
- II Promotion of measures that contribute to support for independence and prevention of the progression of serious illnesses, etc.
- III Promotion of measures that contribute to stabilization of long-term care insurance operations

The City will appropriately manage the progress of the project based on the purpose of the evaluation indicators presented by the government.