

Identifying Hotspots and Gaps in Accommodation-Based Care Provision in Kent

September 2025

Dr Victoria Brunsdon, Research and
Analysis Manager
Dr Francesca Baylis, Analytics Manager

1 Identifying Hotspots and Gaps in Accommodation-Based Care Provision in Kent

1.1 Summary

This report provides a spatial analysis of accommodation-based care services across Kent, focusing on four key service types: **residential care homes, nursing care homes, supported living accommodation, and extra care facilities**. The aim is to identify areas with strong provision and highlight potential “care deserts” where coverage is limited.

To do this, we considered two key factors:

- The area each provider can serve within a 15-minute drive
- How much care is available compared to the local population

We created a service coverage score for every local area (LSOA) that reflects both distance and capacity. We then used a geospatial analysis technique to identify **hotspots** (areas with strong coverage) and **cold spots** (areas with limited coverage, sometimes called “care deserts”).

Analysis of service provision across Kent has identified several **cold spots**:

- **Residential care homes (older people)**: Cold spots in Ashford, Tonbridge & Malling, Tunbridge Wells, and Sevenoaks.
- **Nursing care homes (older people)**: Cold spots in North Kent (Swale), Edenbridge, Thanet, Dover, and Herne Bay.
- **Supported living accommodation (contractual framework)**: Notable cold spots in West Kent and North Kent.
- **Extra care facilities (older people)**: Cold spots from Canterbury into Faversham and in West Kent (Sevenoaks).

Contents

1 Identifying Hotspots and Gaps in Accommodation-Based Care Provision in Kent	1
1.1 Summary	1
1 Introduction	6
1.1 Background	6
1.2 Objectives	6
1.3 Scope	6
2 Methodology	7
2.1 Data Sources	7
Provider Data	7
Population Data (demand proxy)	7
2.2 Service Coverage Score	8
2.3 Hotspot Analysis	9
3 Findings	10
3.1 Overview	10
3.2 Residential Care	11
Service Coverage Scores	12
Hot and Cold Spots	15
3.3 Nursing Care	18
Service Coverage Scores	19
Hot and Cold Spots	23
3.4 Supported Living on Contractual Framework	26
Service Coverage Scores	27
Hot and Cold Spots	31
3.5 Extra Care	34
Service Coverage Scores	35
Hot and Cold Spots	39
4 Appendices	42
4.1 Glossary of Terms	42

1 Introduction

1.1 Background

This report supports the development of a new accommodation-based care strategy designed to ensure that residents across the county have appropriate coverage and access to care services that meet their needs. As demographic pressures and patterns of need evolve, it is increasingly important to understand where services are located, how accessible they are, and whether they align with demand.

To inform this strategy, a spatial analysis has been undertaken to map the landscape of existing provision and identify areas of unmet need. This analysis includes the geolocation of every care home, supported living site and extra care housing unit, the generation of drive-time catchments, and the overlaying of area-level population as a proxy for demand. By assessing both provider capacity and population distribution, the analysis identifies areas of strong provision (“hotspots”) and highlights potential “care deserts” where access to services may be limited.

1.2 Objectives

The objective was to map and analyse spatial patterns in the provision and demand for accommodation-based care across the county (residential care, nursing care, supported living, extra care housing). The goal was to reveal hotspots in provision and to pinpoint care deserts and capacity shortfalls, providing evidence for where new or expanded services are most needed for different accommodation-based care types.

1.3 Scope

This report focuses on accommodation-based care provision across Kent, specifically care homes, extra care housing and supported living services for adults. The spatial analysis is limited to publicly available data on provider locations and population demographics, with drive-time catchments used to assess accessibility.

While the analysis provides a robust overview of spatial coverage and potential gaps in provision, it was not possible to explore patterns in the movement of individuals into accommodation-based care due to the absence of origin address data. As a result, the report focuses on static provision and population-based demand rather than individual-level pathways into accommodation-based care.

2 Methodology

2.1 Data Sources

Provider Data

We used the Care Quality Commission (CQC) provider dataset¹ from July 2025 to identify accommodation-based care services in Kent. This included:

- **Service types:** 237 older people residential care homes (6,978 beds) and 121 nursing care homes (7,029 beds)
- **Location details:** Name, address, and geocoded coordinates (latitude and longitude)
- **Dormancy status** to ensure only active providers were included
- **Registered bed capacity** for each location, as listed by CQC
- **Service user type:** Filtered for services for older people for care homes

We used an ASCH commissioning dataset to identify extra care housing units in Kent. This included 22 housing units for older people with a total bed capacity of 1,084 beds.

We also used an ASCH commissioning dataset to identify supported living accommodation that are part of the contractual framework. This included 830 provider addresses with a total capacity of 2,816 units. To support spatial analysis, we geocoded full addresses to generate longitude and latitude coordinates. Where full addresses didn't match, we used postcodes instead.

Population Data (demand proxy)

To estimate potential demand for services, we used mid-year population estimates from the Office for National Statistics at the Lower Layer Super Output Area (LSOA) level². Age-specific population counts were derived as follows:

- **18+ population** for supported living services
- **65+ population** for residential care, nursing care, and extra care housing

These population figures served as proxies for demand, allowing us to calculate supply-to-demand ratios for each service type.

¹ [Using CQC data - Care Quality Commission](#)

² [Lower layer Super Output Area population estimates \(supporting information\) - Office for National Statistics](#)

2.2 Service Coverage Score

To understand how easily people can reach accommodation-based care, we used a method that combines travel time and service capacity. First, we mapped each care provider's drive-time catchment area, defined as the area that can be reached within a 15-minute drive. This ensures we account for real-world travel rather than simple straight-line distance.

Next, we applied a Two-Step Floating Catchment Area (2SFCA) approach, which balances supply and demand:

- For each provider, we calculated a ratio of available beds³ to the population living within its 15-minute catchment.
- For each local area (LSOA), we summed the ratios of all providers that fall within a 15-minute drive. This gives a score that reflects both how close services are and how much capacity they offer.

We repeated this process for four different service types:

- Residential care homes
- Nursing care homes
- Supported living services
- Extra care facilities

To reflect the population most likely to need each service, we used different population denominators:

- 18+ population for supported living
- 65+ population for residential care, nursing care, and extra care

Finally, we rescaled these ratios to scores to make them easier to interpret. Higher scores indicate better access to care in that area, while lower scores highlight areas that may be under-served.

This approach goes beyond simply counting facilities. The score captures the realistic accessibility of care, considering both distance and capacity for each type of service.

2.3 Hotspot Analysis

After calculating Service Coverage Scores for each local area (LSOA) and service type, we used a spatial statistical technique called Getis-Ord G_i^* to identify patterns in these scores. This method detects clusters where values are significantly higher or lower than expected compared to surrounding areas.

- **Hotspots** represent areas with consistently high coverage scores, indicating strong service provision relative to need.
- **Cold spots** represent areas with consistently low coverage scores, highlighting potential “care deserts” where access is limited.

By applying this analysis, we move beyond individual area scores to reveal broader geographic trends.

3 Findings

3.1 Overview

Before looking at each service type in detail, it's important to understand the two main measures used in this analysis:

Service Coverage Scores – Local Detail

What it shows: The relative level of access for each LSOA, based on proximity to providers and total capacity.

Question it answers: *How well-served is this specific area?*

This score provides a localised view of access for each area, helping to identify individual areas with strong or weak provision.

Hotspot and Cold Spot Patterns – Regional Patterns

What it shows: Areas where high or low scores cluster together, revealing broader geographic patterns.

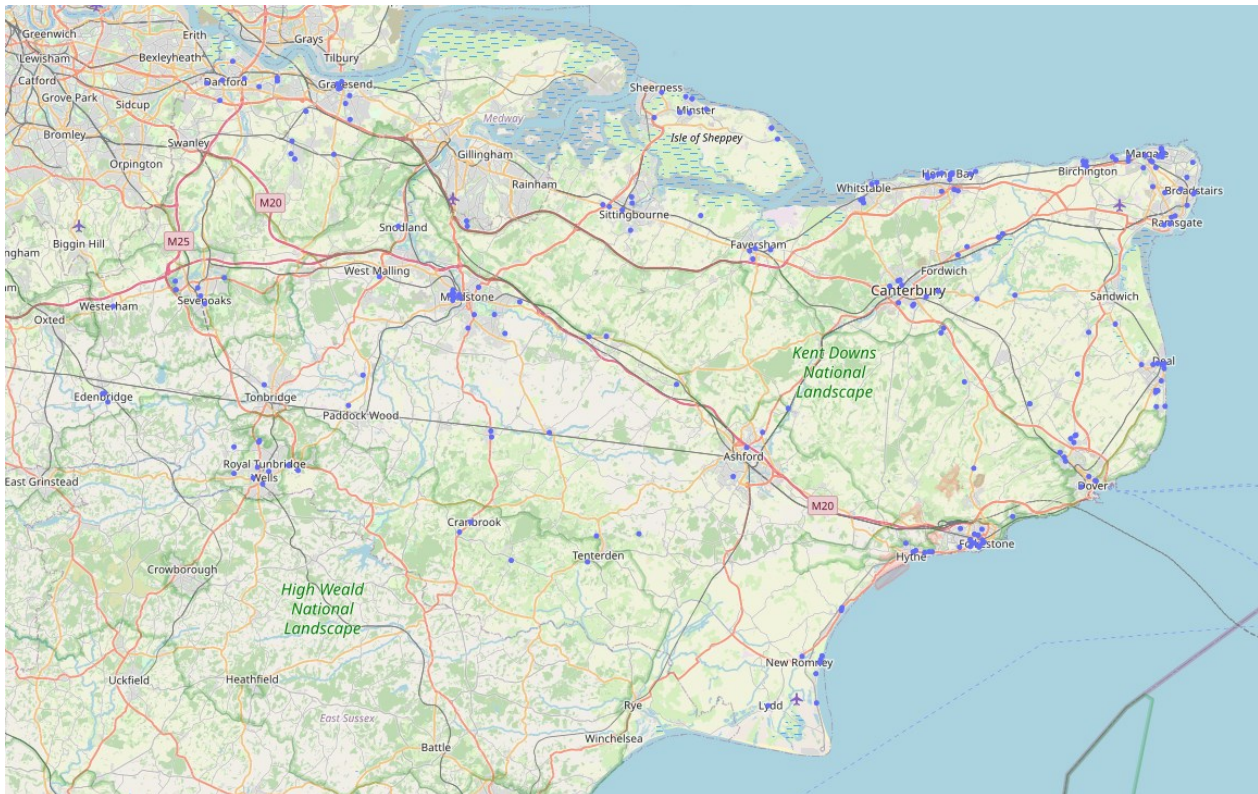
We used a spatial clustering method to identify statistically significant patterns.

Question it answers: *Are there regional clusters of good or poor coverage?*

This analysis highlights where coverage issues are concentrated, beyond individual area scores.

3.2 Residential Care

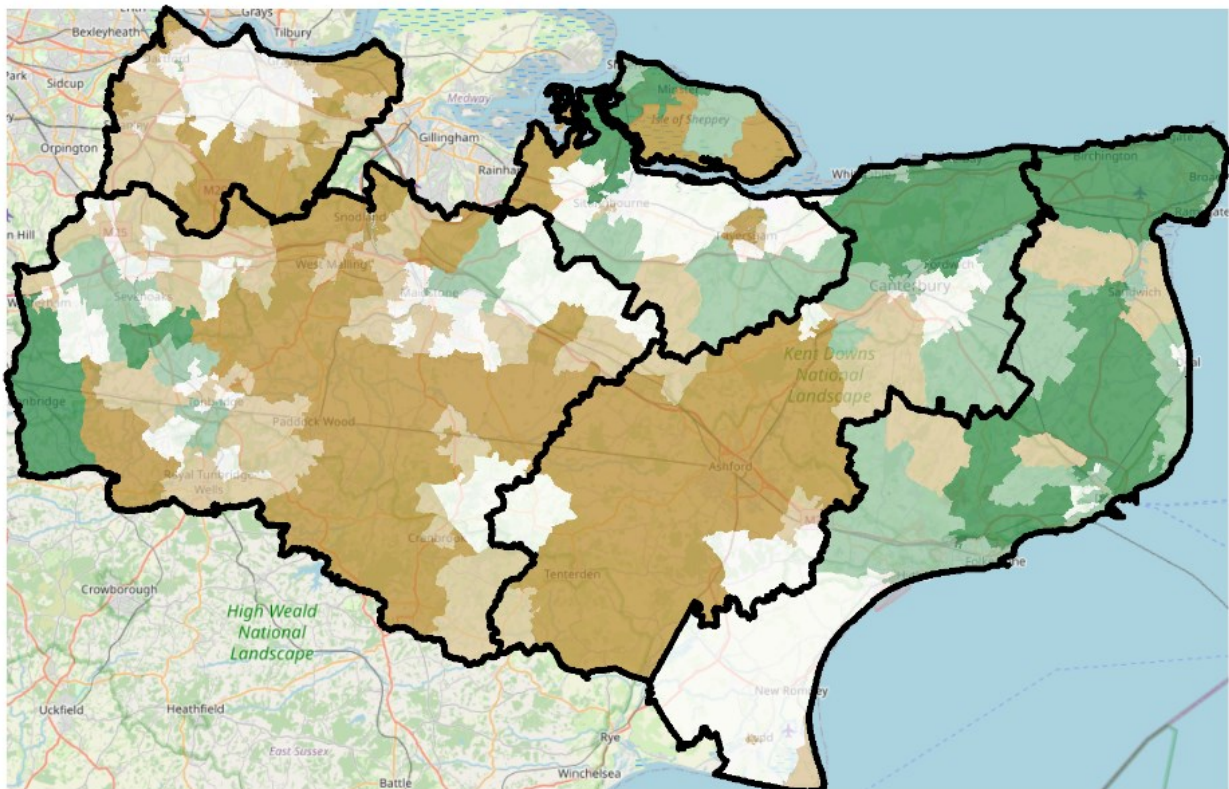
The map below shows the location of the 237 residential care homes for older people in Kent that are CQC registered.



Service Coverage Scores

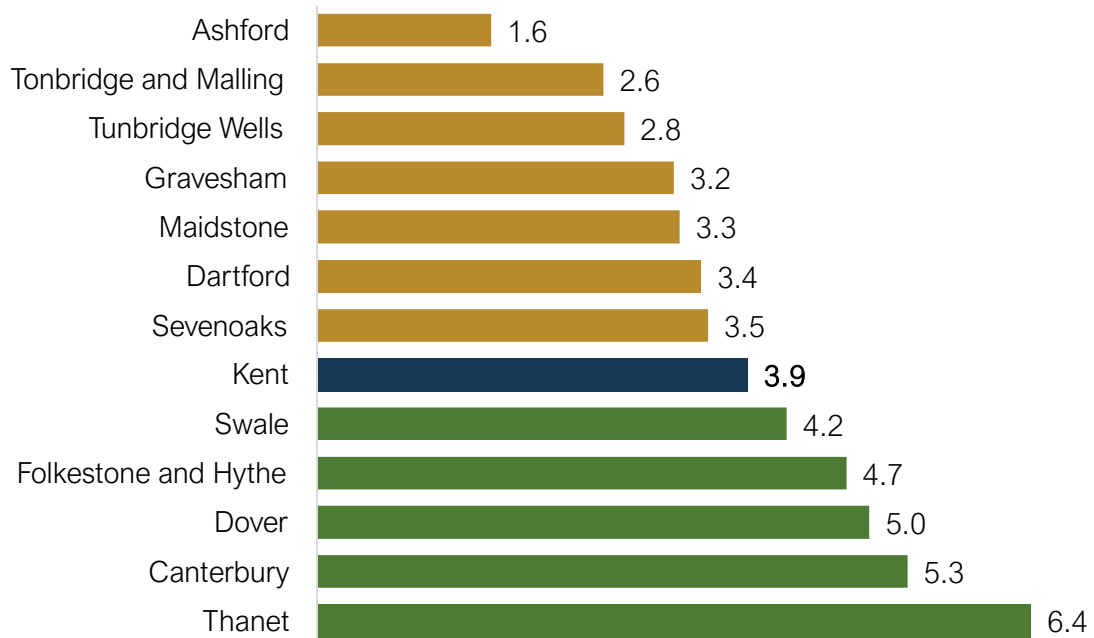
The map below shows the service coverage scores for 237 residential care homes for older people across Kent. These scores reflect both the proximity of providers (within a 15-minute drive) and their bed capacity, relative to the local population aged 65 and over.

Service Coverage Scores for Each Area (LSOA) for Residential Care Homes
(green – good coverage; orange – poor coverage)

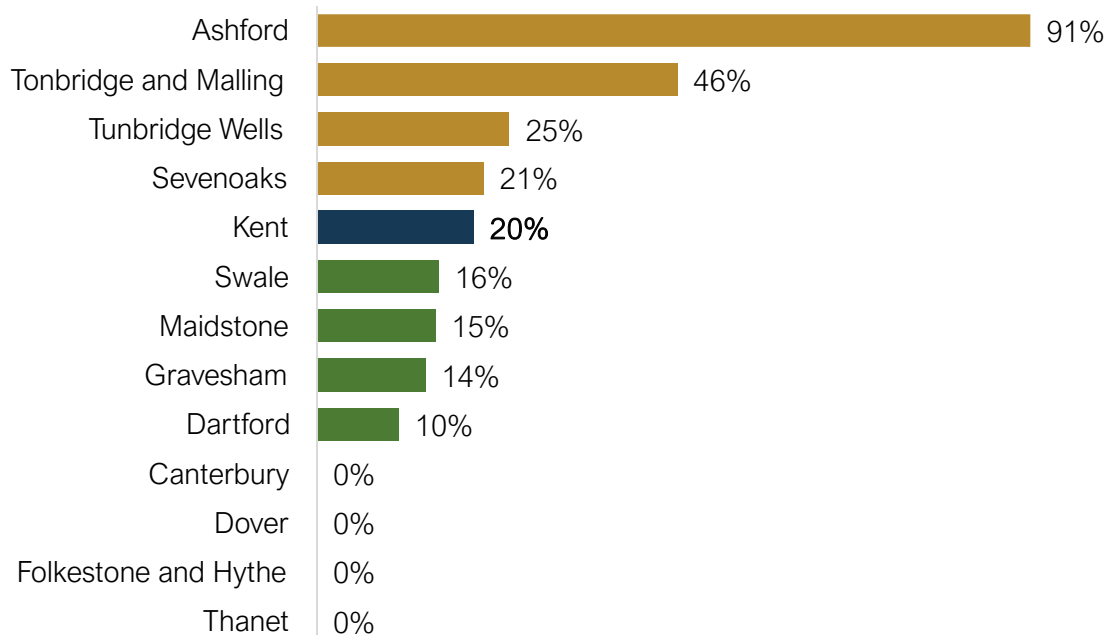


The following charts present district-level and ASCH area-level insights into residential care home coverage, showing both the average service coverage score for older residents (65+) and the proportion of areas within each district and ASCH area that fall into the lowest 20% of scores, highlighting districts with strong provision and potential gaps.

District Rankings by Average Service Coverage Score for Residential Care Homes



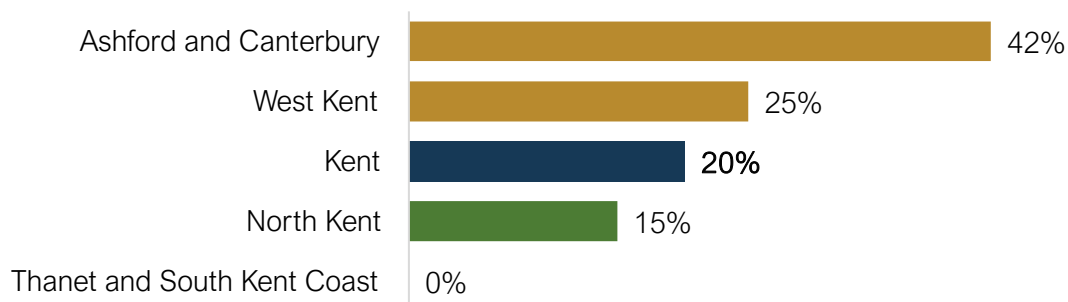
Proportion of Low Scoring Areas by District for Residential Care Homes



ASCH Area Rankings by Average Service Coverage Score for Residential Care Homes



Proportion of Low Scoring Areas by District for Residential Care Homes



Key Observations

Districts such as **Thanet, Canterbury, Dover, Folkestone and Hythe, and Swale** demonstrate above-average coverage scores, indicating stronger coverage and more accessible provision of residential care for older adults. In contrast, districts including **Ashford, Tonbridge and Malling, Tunbridge Wells, Gravesham, Maidstone, Dartford, and Sevenoaks** fall below the county average, suggesting weaker coverage of residential care for older adults.

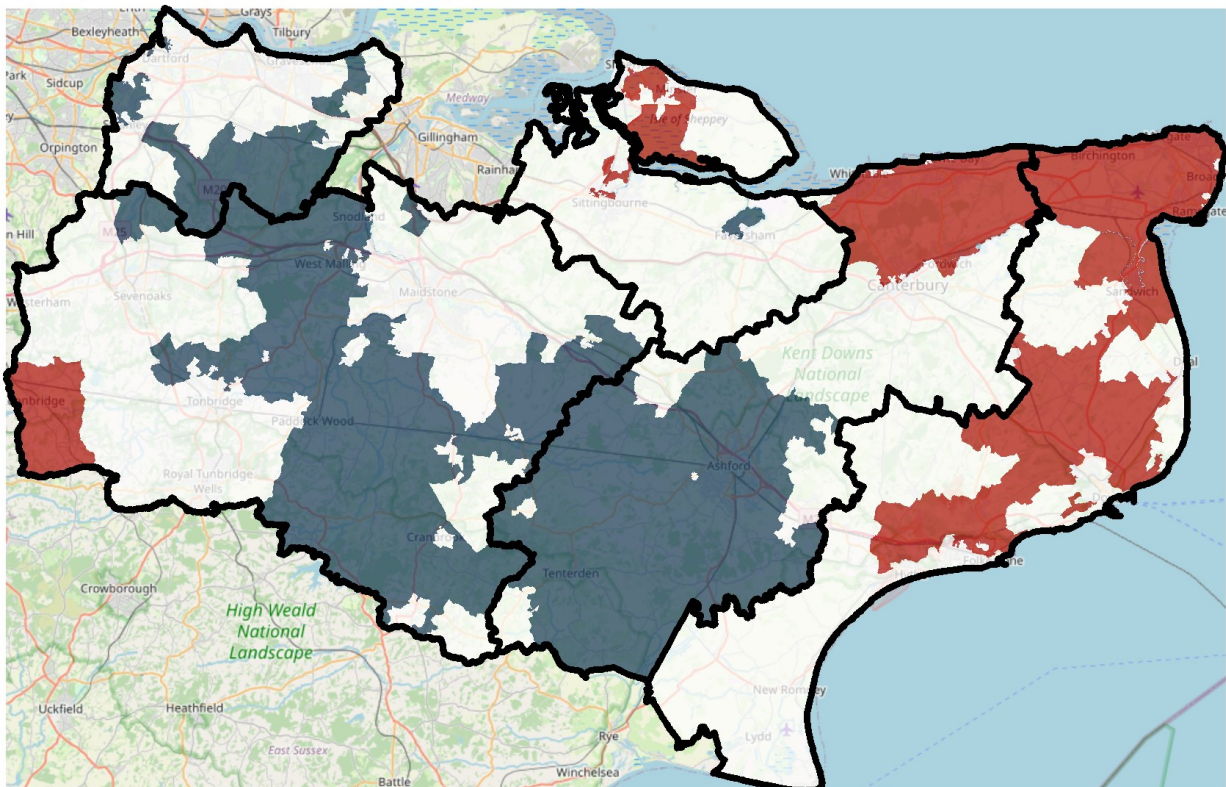
Notably, **Ashford** has the highest proportion of areas in the bottom 20% of scores (91%), followed by **Tonbridge and Malling** (46%) and **Tunbridge Wells** (25%), highlighting concentrated areas of poor coverage. Conversely, Thanet, Folkestone and Hythe, Dover, and Canterbury have no areas in the lowest scoring bracket, suggesting more consistent coverage across their LSOAs.

At the ASCH area level, similar patterns emerge. **Thanet and South Kent Coast** stands out with the highest average coverage score and no areas in the lowest ranked bracket, reinforcing its strong coverage. **North Kent** also shows good coverage, with an average coverage score of 3.6 and only 15% of areas falling into the lowest category. In contrast, **Ashford and Canterbury and West Kent** show poorer coverage. Ashford and Canterbury has the highest proportion of low-ranked areas (42%), followed by West Kent (25%), indicating more uneven access within these ASCH areas.

Hot and Cold Spots

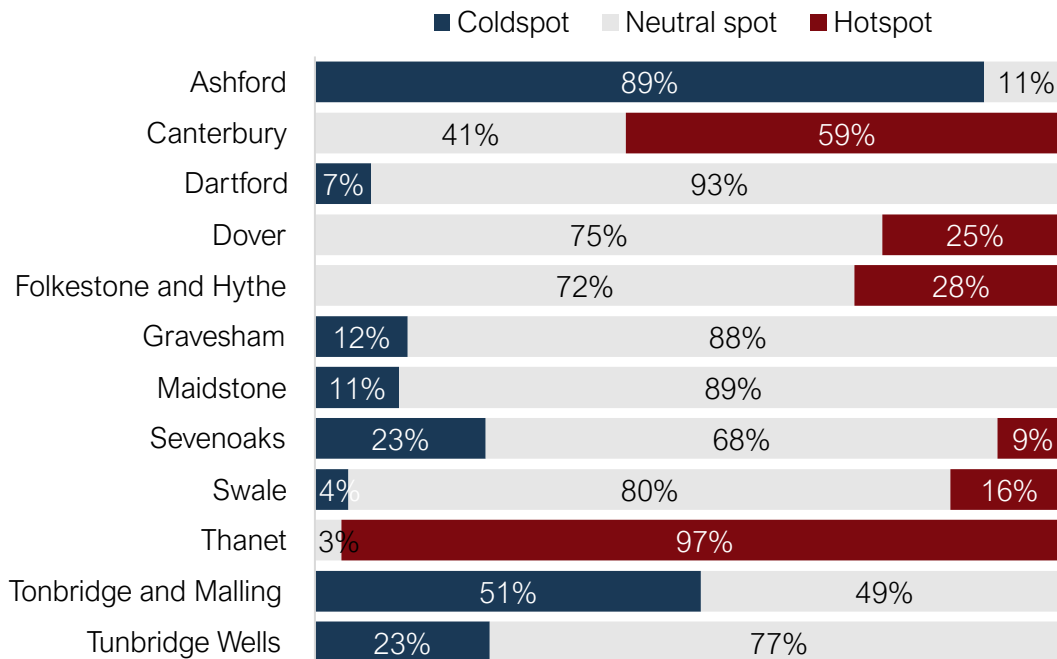
The map shows areas where high or low coverage scores cluster together for residential care for older people. This helps highlight regions that are consistently well-served (**hotspots**) and those that face gaps in residential care provision for older people (**cold spots**).

Hotspots and Cold Spots of Coverage for Residential Care Homes for Older People
(**red** – hotspots; **blue** – cold spots; white – neutral spot)

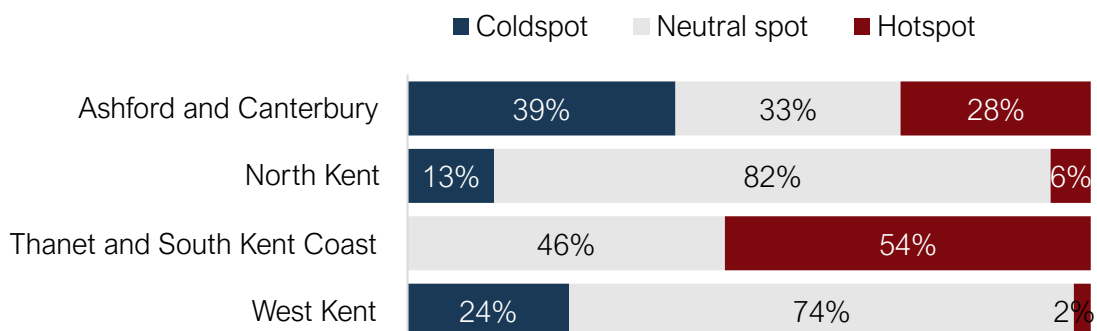


The charts show the proportion of areas (LSOAs) within each district and each ASCH area that fall into a hotspot, neutral spot, or cold spot for coverage of residential care for older people.

Distribution of Hot, Neutral, and Coldspots for Coverage of Residential Care by District (% of LSOAs)



Distribution of Hot, Neutral, and Coldspots for Coverage of Residential Care by ASCH Area (% of LSOAs)



Key Observations

The hotspot analysis highlights clustering of residential care coverage across Kent, identifying areas of particularly high or low coverage.

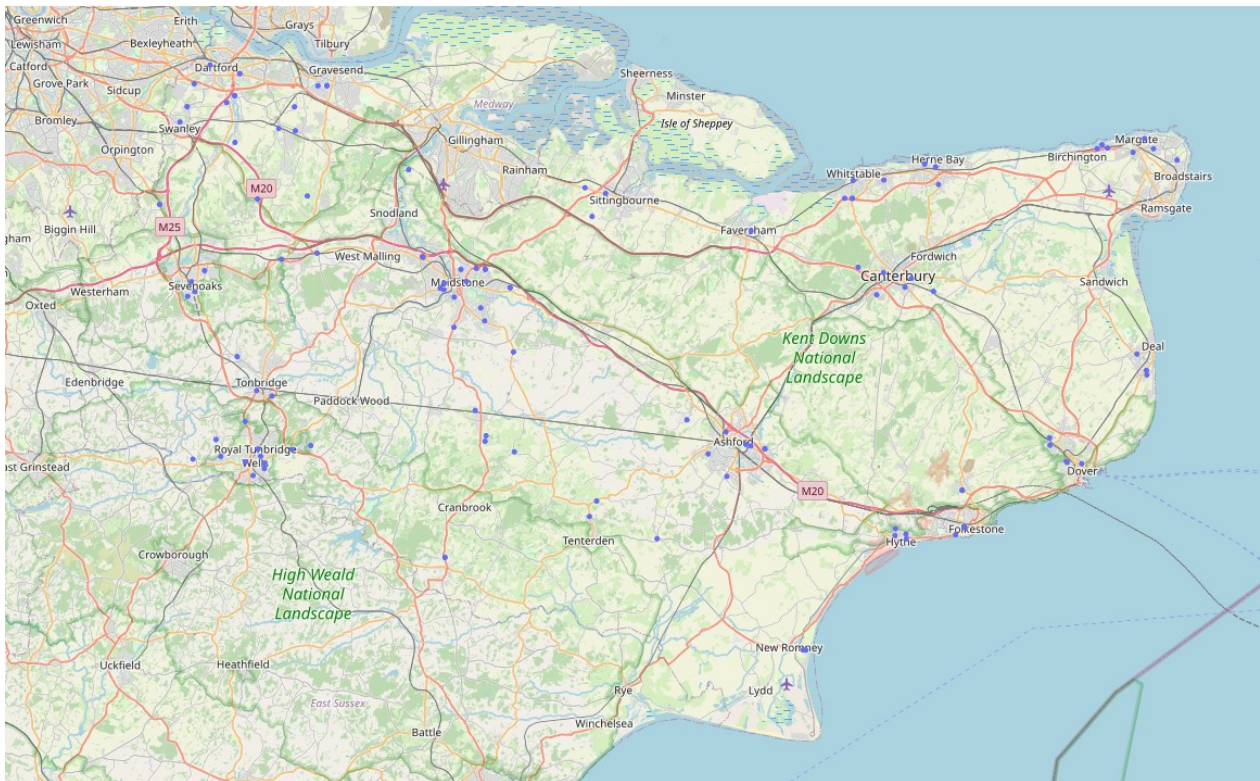
Notably, **Thanet, Folkestone and Hythe, Dover, and Canterbury** show strong clustering of high-coverage LSOAs, with significant **hotspots** in the provision of residential care for older adults. This is especially evident in the **Thanet and South Kent Coast** ASCH area, where 54% of LSOAs are classified as hotspots and none fall into the cold spot category, indicating high coverage.

In contrast, **Ashford, Tonbridge and Malling, Tunbridge Wells, and Sevenoaks** show significant clustering of low-coverage LSOAs, with notable **cold spots** in residential care provision for older adults. This is reflected in the **Ashford and Canterbury** ASCH area, where 39% of LSOAs are cold spots and only 28% are hotspots, suggesting a more uneven distribution of provision between Ashford and Canterbury.

Districts such as **Maidstone, Gravesham, Swale and Dartford** and the ASCH areas **North Kent** and **West Kent** show more neutral patterns. In **North Kent**, the majority of LSOAs (82%) are neutral, with relatively few hotspots (6%) or cold spots (13%), indicating broadly adequate but not exceptional coverage. **West Kent** has a slightly higher proportion of cold spots (24%) and very few hotspots (2%), suggesting some areas of concern, though the majority (74%) remain neutral.

3.3 Nursing Care

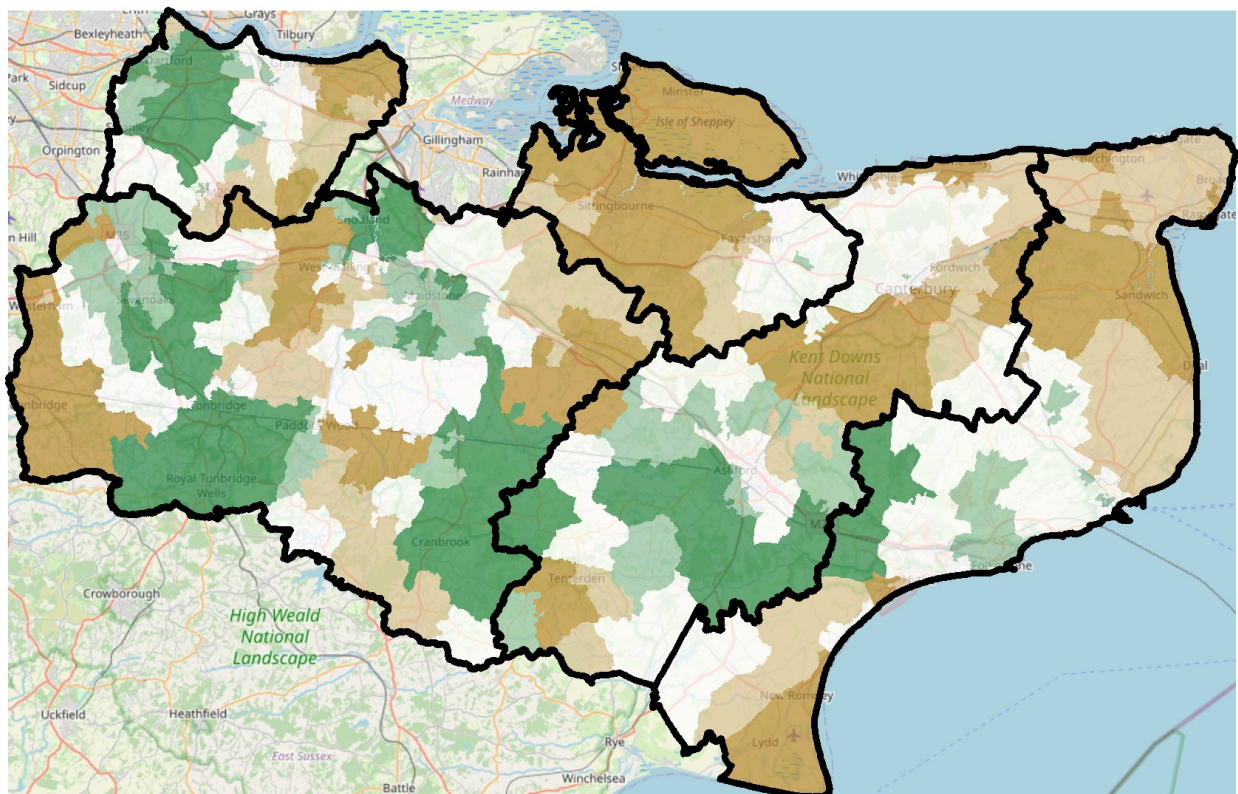
The map below shows the location of the 121 nursing care homes for older people in Kent that are CQC registered.



Service Coverage Scores

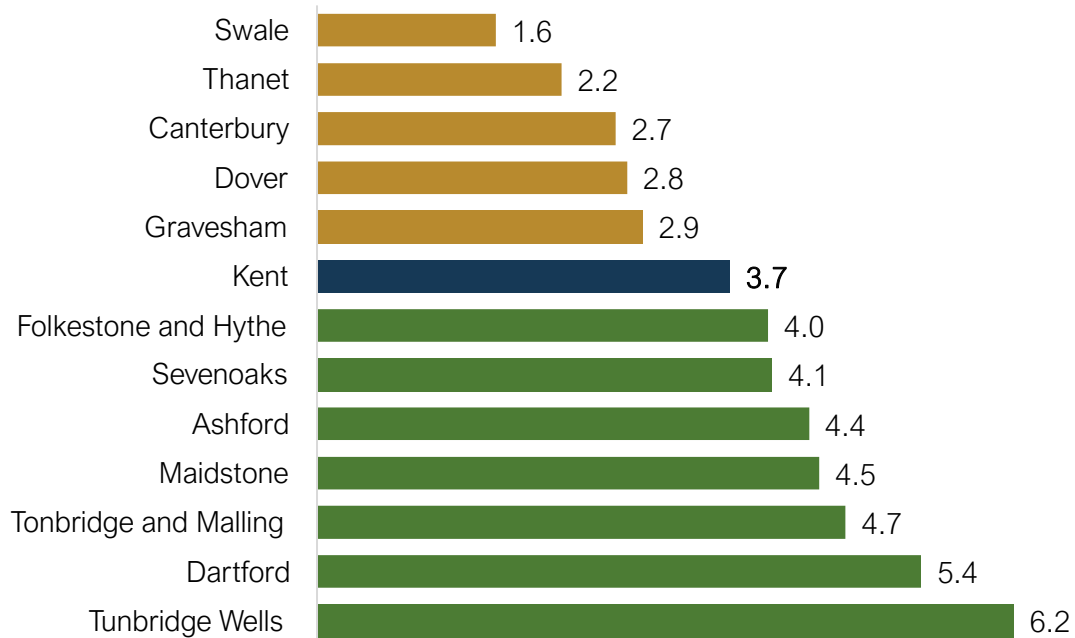
The map below shows the service coverage scores for 121 nursing care homes across Kent. These scores reflect both the proximity of providers (within a 15-minute drive) and their bed capacity, relative to the local population aged 65 and over.

Service Coverage Scores for Each Area (LSOA) for Nursing Care Homes
(green – good coverage; orange – poor coverage)

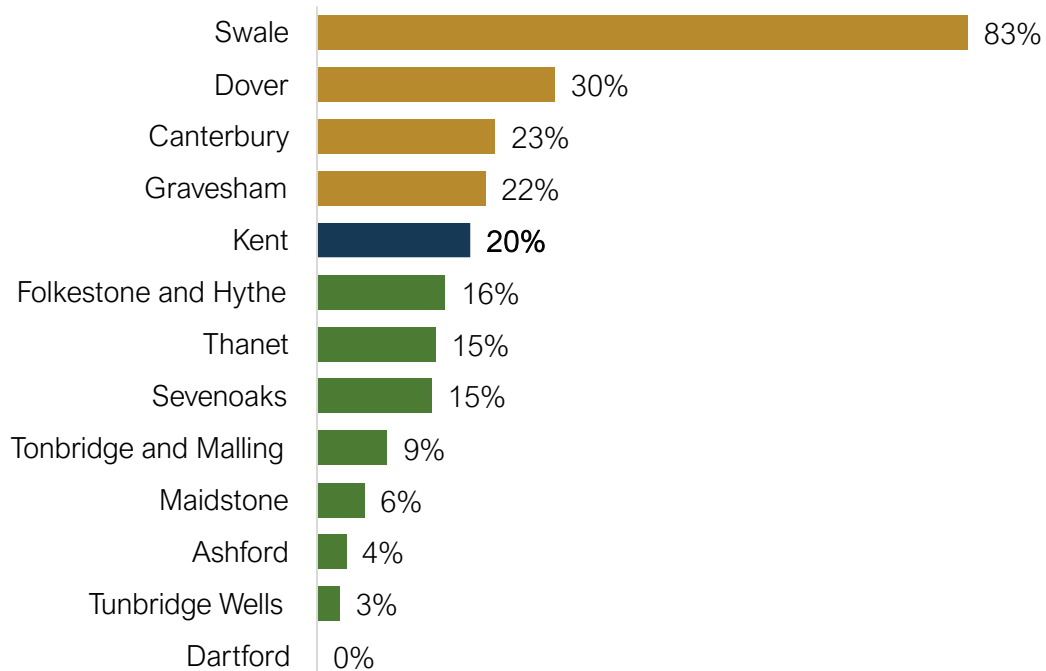


The following charts present district-level and ASCH area-level insights into nursing care home coverage, showing both the average service coverage score for older residents (65+) and the proportion of areas within each district that fall into the lowest 20% of scores, highlighting districts with strong provision and potential gaps.

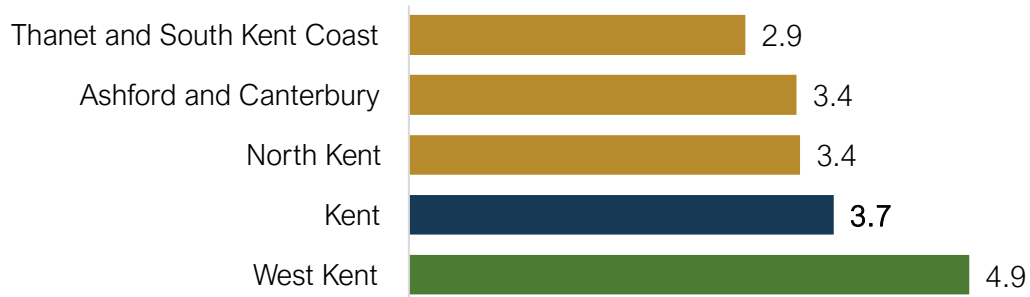
District Rankings by Average Service Coverage Score for Nursing Care Homes



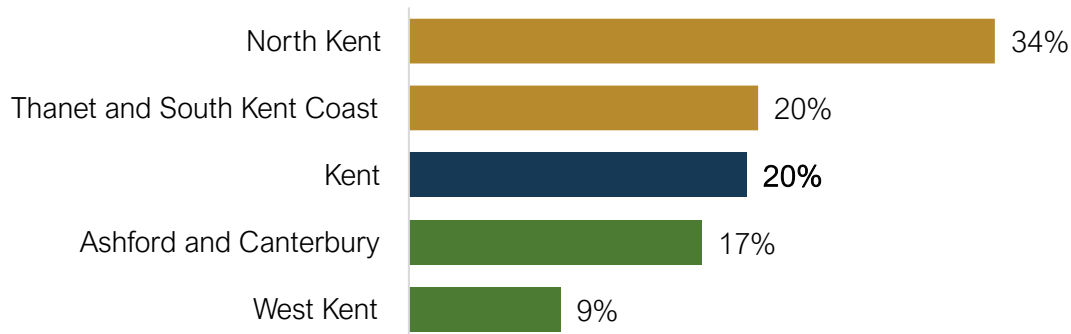
Proportion of Low-Scoring Areas by District for Nursing Care Homes



ASCH Area Rankings by Average Service Coverage Score for Nursing Care Homes



Proportion of Low-Scoring Areas by District for Nursing Care Homes



Key Observations

The service coverage score reflects the relative level of access to nursing care homes based on proximity and provider capacity and reveals notable variation across Kent.

Districts such as **Tunbridge Wells** and **Dartford** demonstrate above-average coverage scores, indicating stronger coverage and more accessible provision of nursing care for older residents. In contrast, districts including **Gravesham**, **Dover**, **Canterbury**, **Thanet**, and especially **Swale** fall below the county average, suggesting weaker coverage. **Swale** stands out with the highest proportion of areas in the bottom 20% of scores (83%), followed by **Dover** (30%) and **Canterbury** (23%), highlighting significant gaps in coverage.

Districts such as **Tonbridge and Malling**, **Maidstone**, **Ashford**, and **Folkestone and Hythe** demonstrate moderate coverage, with average coverage scores and low-score area percentages under 10% (vs 20%), suggesting relatively balanced provision.

At the ASCH area level:

- **West Kent** shows the strongest coverage, with the highest average coverage score and the lowest proportion of low-scoring areas (9%), reflecting consistent coverage and accessible nursing care provision.
- **North Kent** has the highest proportion of low-scoring areas (34%), despite a moderate average coverage score, indicating uneven distribution of services.
- **Ashford and Canterbury** and **Thanet and South Kent Coast** also show weaker coverage, with average scores of 3.4 and 2.9 respectively, and 17% and 20% of areas falling into the lowest scoring bracket.

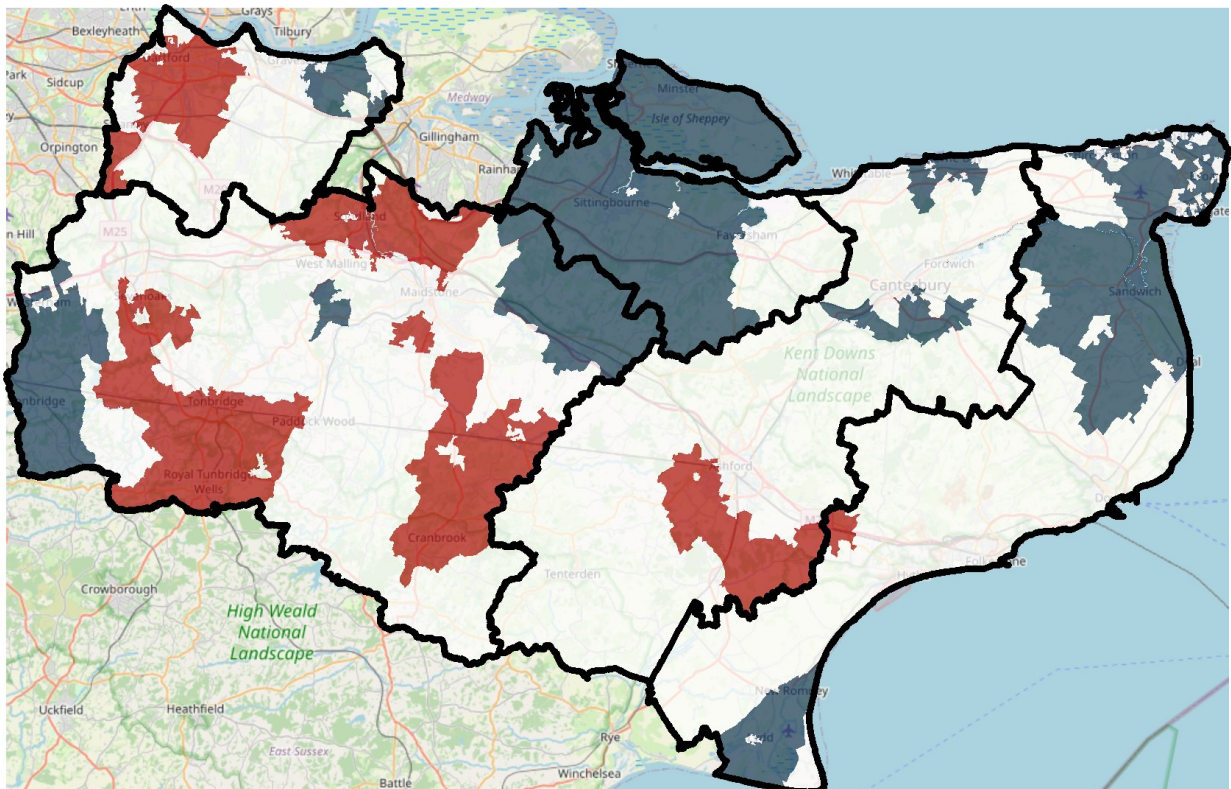
These findings suggest that while some ASCH areas, particularly **West Kent**, are well-served, others may require improvements in access to nursing care, especially in districts like **Swale, Canterbury,** and **Dover**, and across the **North Kent** area.

Hot and Cold Spots

The map shows areas where high or low coverage scores cluster together for nursing care. This helps highlight regions that are consistently well-served (**hotspots**) and those that face gaps in nursing care provision (**cold spots**).

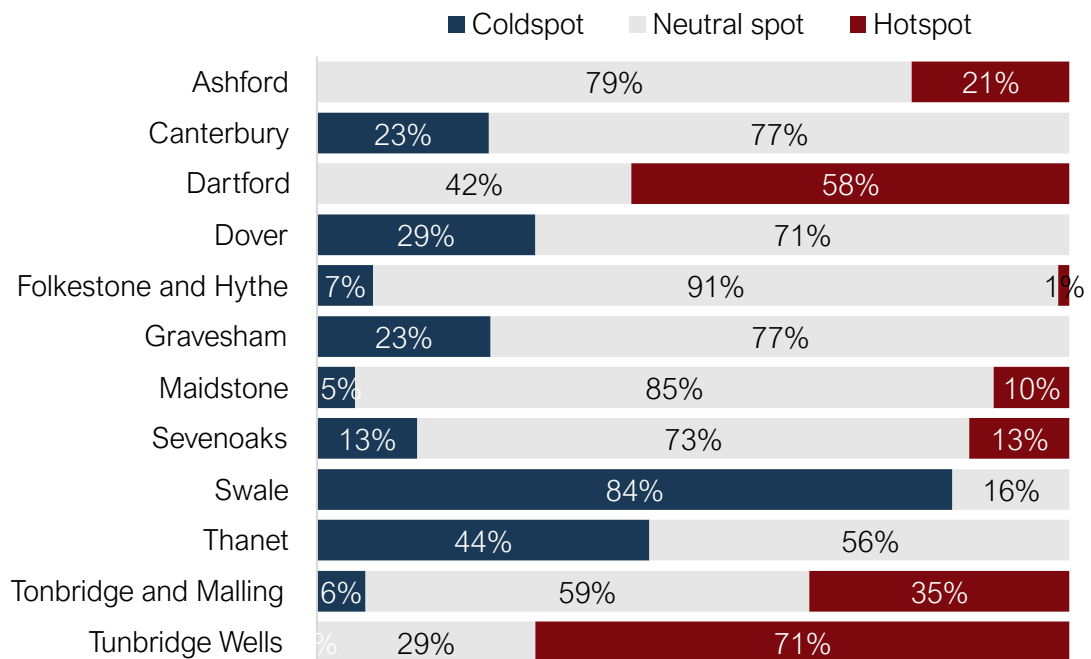
Hotspots and Cold Spots of Coverage for Nursing Care Homes

(**red** – hotspots; **blue** – cold spots; white – neutral spot)

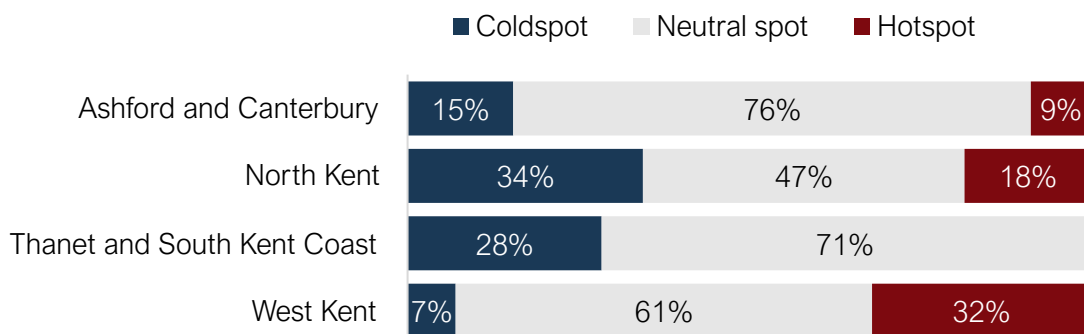


The charts show the proportion of areas (LSOAs) within each district and ASCH area that fall into a hotspot, neutral spot, or cold spot for coverage of nursing care.

Distribution of Hot, Neutral, and Coldspots for Coverage of Nursing Care by District (% of LSOAs)



Distribution of Hot, Neutral, and Coldspots for Coverage of Nursing Care by ASCH Area (% of LSOAs)



Key Observations

Tunbridge Wells and **Dartford** show strong clustering of high-coverage LSOAs, indicating clear **hotspots** in nursing care provision. Additionally, parts of **Tonbridge and Malling** contribute to a notable hotspot, suggesting pockets of strong provision.

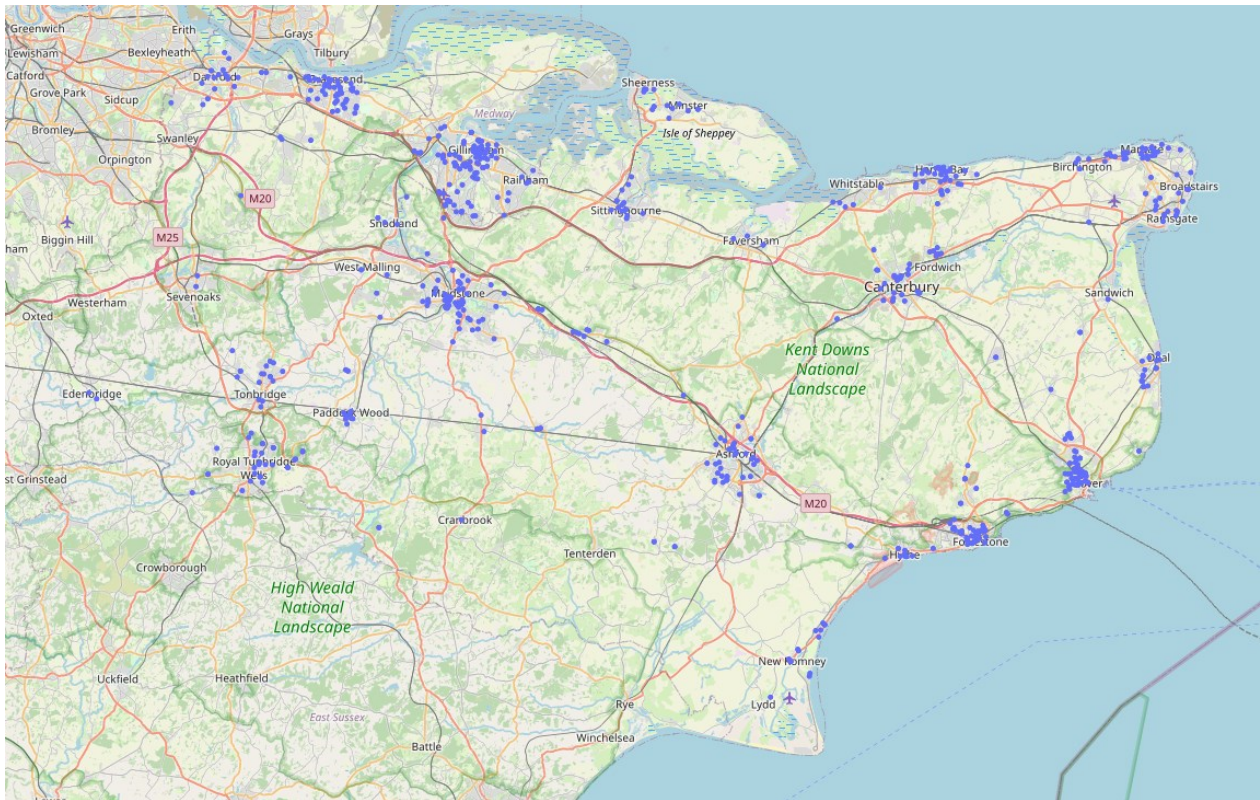
In contrast, **Swale** stands out as the most pronounced **cold spot**, with the majority of the district falling into low coverage. This highlights a significant gap in nursing care provision. Other cold spots are observed in **Gravesham**, **Dover**, **Thanet**, the **Edenbridge area of Sevenoaks**, and two parts of **Canterbury** (Herne Bay and south of Canterbury city). These areas may face challenges such as limited service availability, geographic barriers, or uneven distribution of care providers. The clustering of low-coverage LSOAs suggests that these issues are not isolated but part of broader regional patterns.

Districts such as **Ashford**, **Maidstone**, and **Folkestone and Hythe** predominantly fall into the neutral category, representing adequate but not exceptional coverage. While nursing care provision in these areas is generally sufficient, there may be opportunities to strengthen services, particularly in areas bordering cold spots or experiencing growing demand.

- **West Kent** shows the strongest clustering of **hotspots** (32%) and the lowest proportion of cold spots (7%), indicating robust and consistent nursing care provision.
- **North Kent** presents a more mixed picture, with **18% hotspots** but also the **highest proportion of cold spots** (34%), suggesting uneven provision across the area.
- **Ashford and Canterbury** has relatively few hotspots (9%) and a moderate proportion of cold spots (15%), with the majority of areas (76%) falling into the neutral category, suggesting adequate provision.
- **Thanet and South Kent Coast** shows no hotspots and a relatively high proportion of cold spots (28%), indicating weaker and less consistent coverage.

3.4 Supported Living on Contractual Framework

The map below shows the location of the 830 provider address for supported living accommodation in Kent. Note: this analysis also includes Medway as some supported living accommodation is located in Medway.

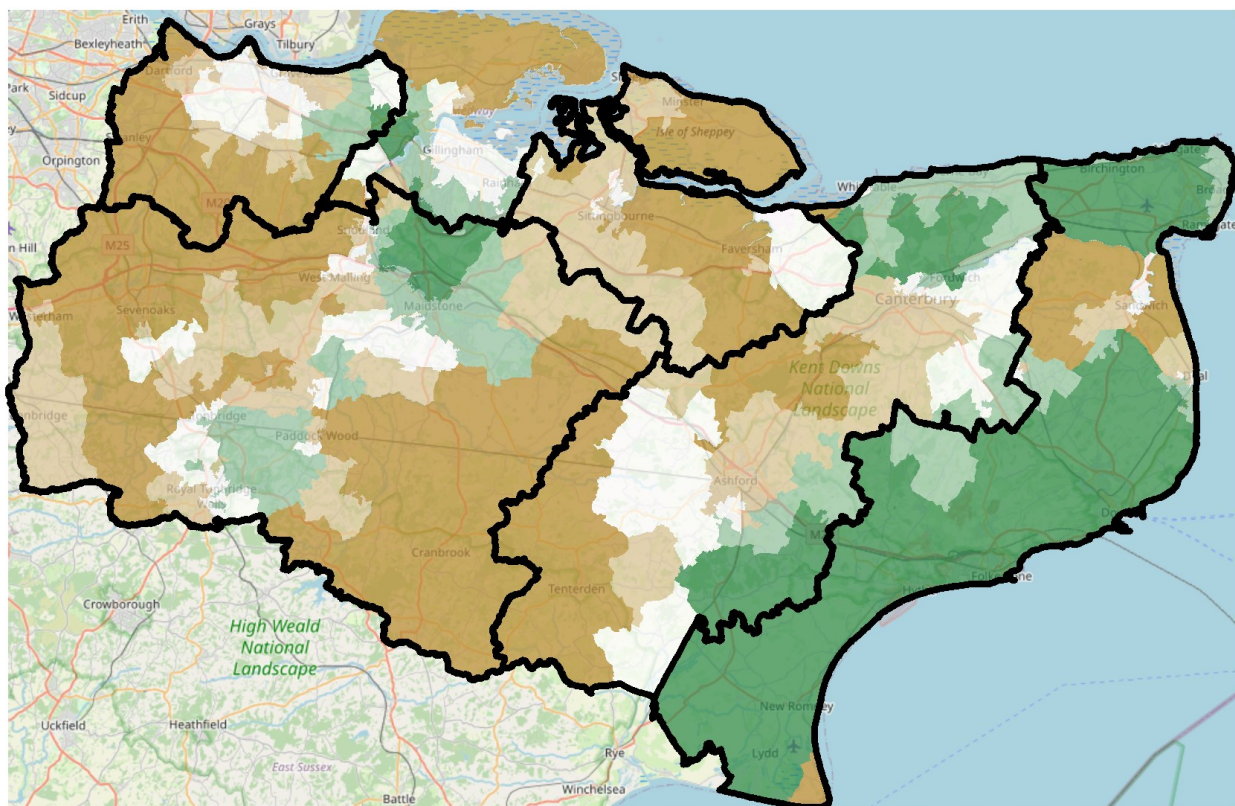


Service Coverage Scores

The map below shows the service coverage scores for 830 address locations for supported living accommodation on the contractual framework across Kent. These scores reflect both the proximity of providers (within a 15-minute drive) and their bed capacity, relative to the local population aged 18 and over.

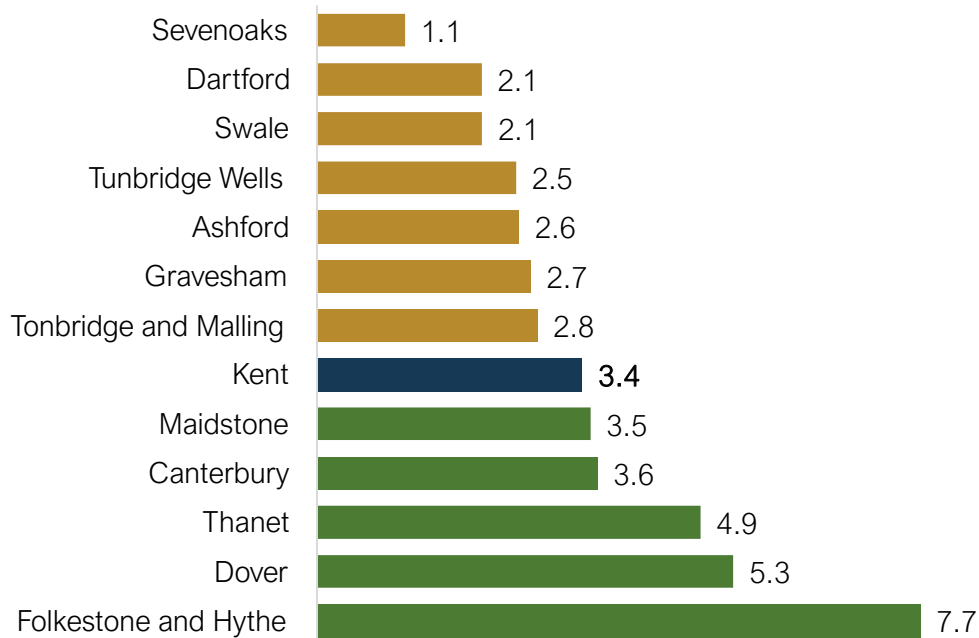
Service Coverage Scores for Each Area (LSOA) for Supported Living Accommodation on the Contractual Framework

(**green** – good coverage; **orange** – poor coverage)

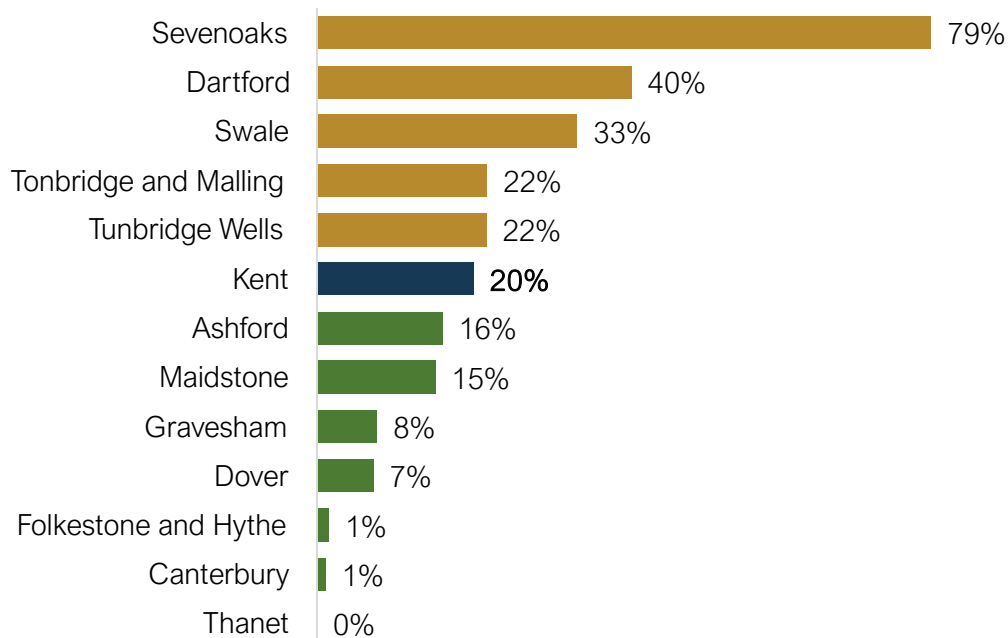


The following charts present district-level and ASCH area-level insights into supported living coverage, showing both the average Service Coverage Score for adults (18+) and the proportion of areas within each district that fall into the lowest 20% of scores, highlighting districts with strong provision and potential gaps.

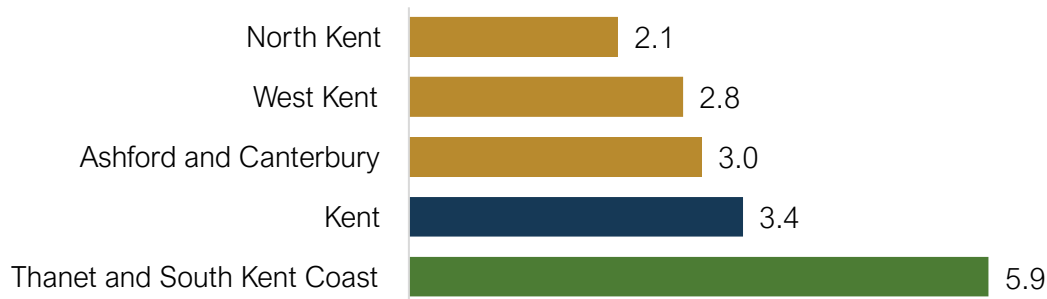
District Rankings by Average Service Coverage Score for Supported Living Accommodation (Contracted)



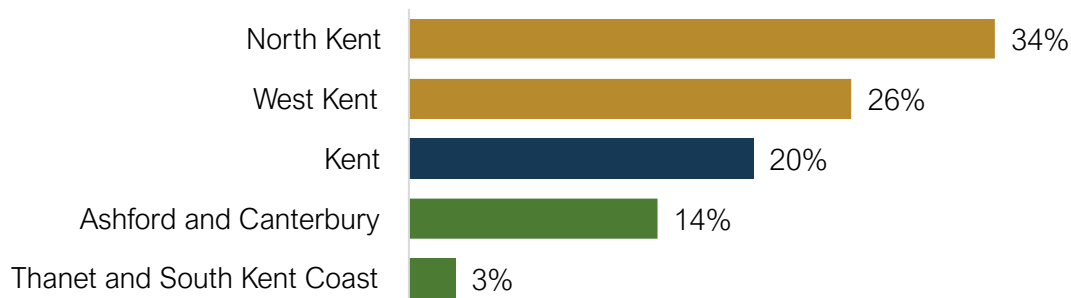
Proportion of Low Scoring Areas by District for Supported Living Accommodation (Contracted)



ASCH Area Rankings by Average Service Coverage Score for Supported Living Accommodation (Contracted)



Proportion of Low Scoring Areas by District for Supported Living Accommodation (Contracted)



Key Observations

At the district level, **Folkestone and Hythe** and **Thanet** stand out with high average coverage scores and very low proportions of low-scoring areas (1% and 0%), indicating strong and consistent provision. **Canterbury** also has good coverage, with a solid average coverage score and only 1% of areas falling into the lowest scoring bracket.

In contrast, **Sevenoaks** (79%), **Swale** (33%), and **Dartford** (40%) have high proportions of low-scoring areas, despite Dartford's moderate average coverage score. These figures suggest significant gaps in commissioned provision.

At the ASCH area level:

- **Thanet and South Kent Coast** shows the strongest coverage, with the highest average coverage score and only 3% of areas in the bottom 20%, indicating high levels of provision.
- **Ashford and Canterbury** and **West Kent** show moderate average coverage scores, but **West Kent** has a notably high proportion of low-scoring areas (26%), suggesting uneven distribution.

- **North Kent** has the lowest average coverage score and the highest proportion of low-scoring areas (34%), highlighting a significant gap in commissioned supported living provision.

Important Data Caveat

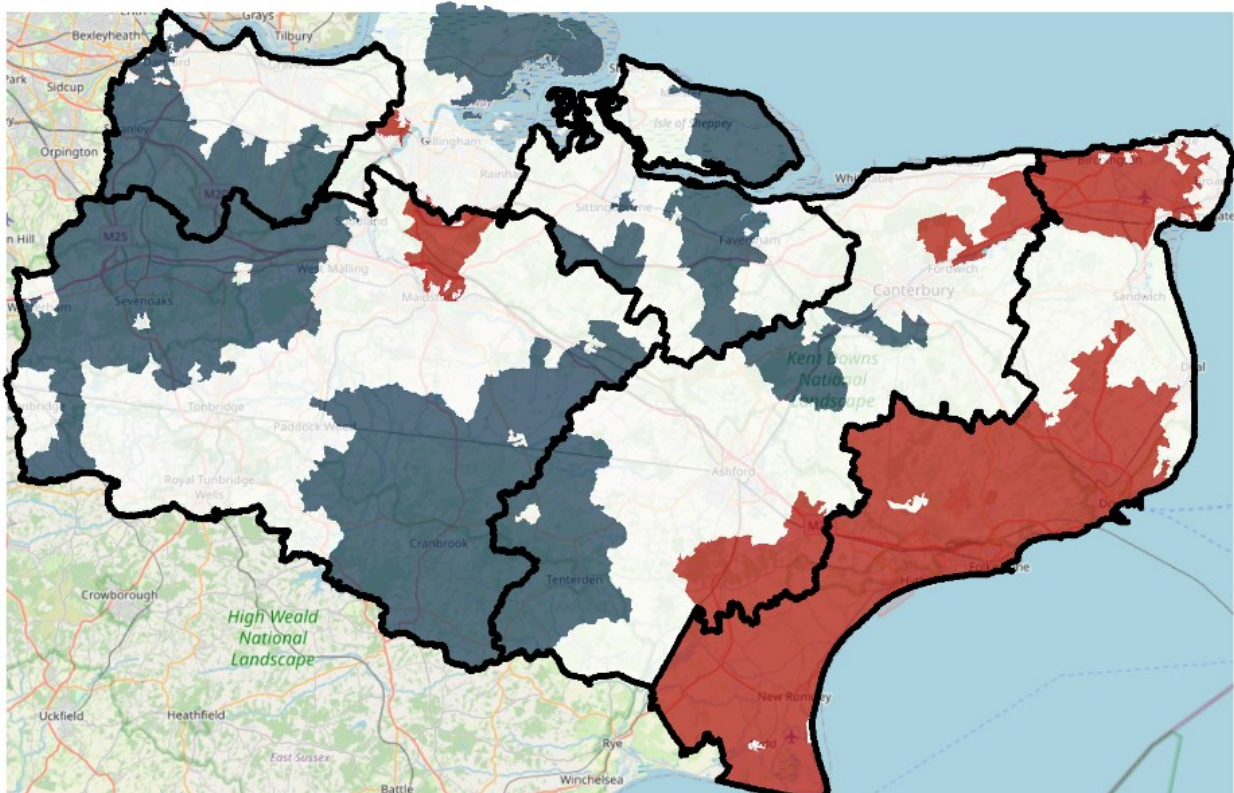
This analysis is based exclusively on supported living services that are commissioned through Kent's contractual framework, which introduces a key assumption: that this dataset reflects the full landscape of supported living provision. In reality, many supported living services operate outside of the contractual framework, including those commissioned by other authorities or funded privately.

Hot and Cold Spots

The map shows areas where high or low coverage scores cluster together for supported living accommodation. This helps highlight regions that are consistently well-served (**hotspots**) and those that face gaps in supported living accommodation (**cold spots**).

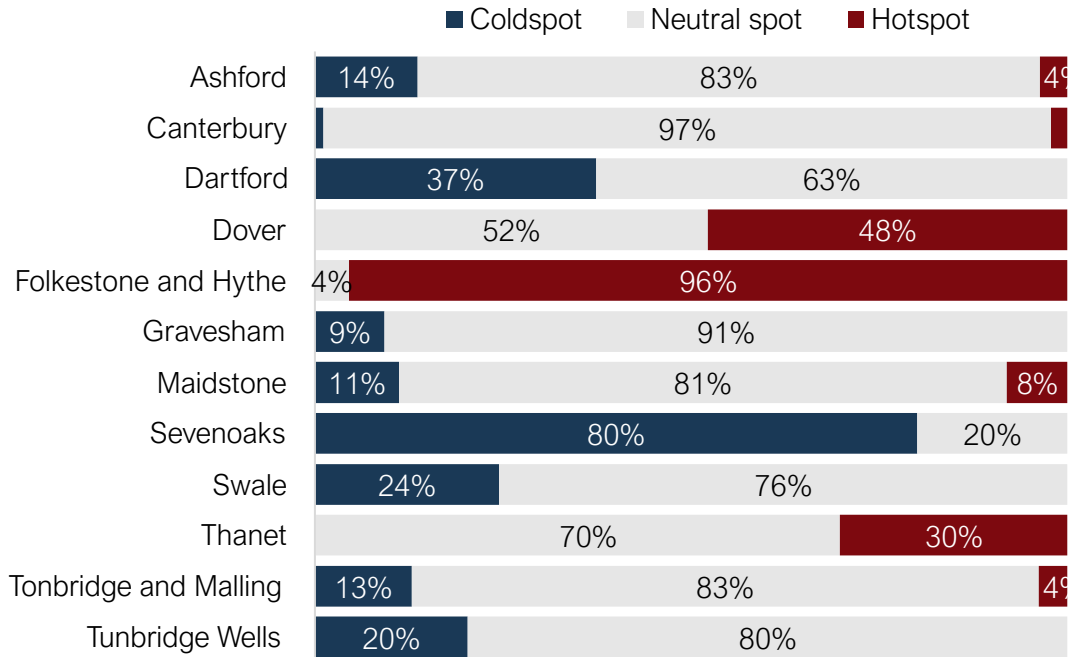
Hotspots and Cold Spots of Coverage for Supported Living Accommodation on Contractual Framework

(red – hotspots; blue – cold spots; white – neutral spot)

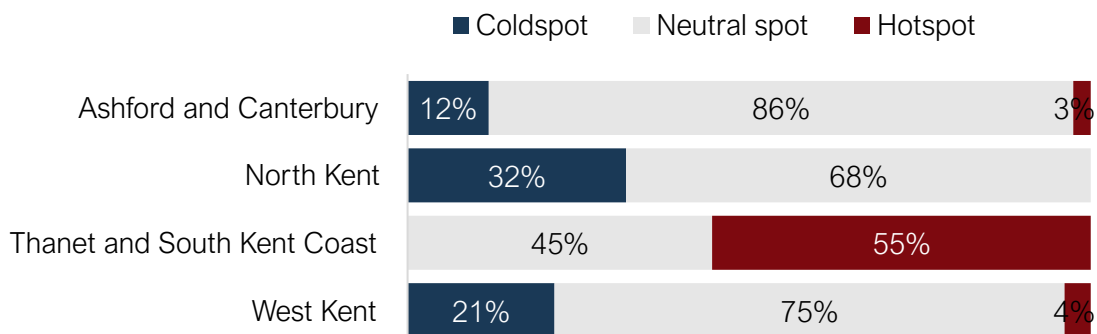


The charts show the proportion of areas (LSOAs) within each district and ASCH area that fall into a hotspot, neutral spot, or cold spot for coverage of supported living provision.

Distribution of Hot, Neutral, and Coldspots for Coverage of Supported Living Accommodation by District (% of LSOAs)



Distribution of Hot, Neutral, and Coldspots for Coverage of Supported Living Accommodation by ASCH Area (% of LSOAs)



Key Observations

Districts such as **Folkestone and Hythe and Dover** stand out with strong clustering of high-coverage areas, indicating clear **hotspots** in provision. Folkestone and Hythe shows an exceptionally high concentration, with 96% of its LSOAs classified as hotspots, while Dover follows with 48%, suggesting robust and accessible commissioned services in these areas.

In contrast, districts such as **Sevenoaks** (80% cold spots), **Dartford** (37% cold spots), and **Swale** (24% cold spots) show significant **cold spots**, indicating notable gaps in provision. Tunbridge Wells and Tonbridge and Malling also have cold spots, suggesting uneven access to supported living services.

Most other districts, including **Ashford, Canterbury, Gravesham, and Maidstone**, fall predominantly into the neutral category. This suggests broadly adequate but not exceptional provision.

At the ASCH area level:

- **Thanet and South Kent Coast** shows the strongest clustering of hotspots and no cold spots, indicating consistent and high-quality provision.
- **North Kent** has the highest proportion of cold spots and no hotspots, highlighting significant gaps in commissioned services.
- **West Kent** shows a mixed picture, suggesting uneven access.
- **Ashford and Canterbury** is largely neutral with minimal clustering of either high or low coverage.

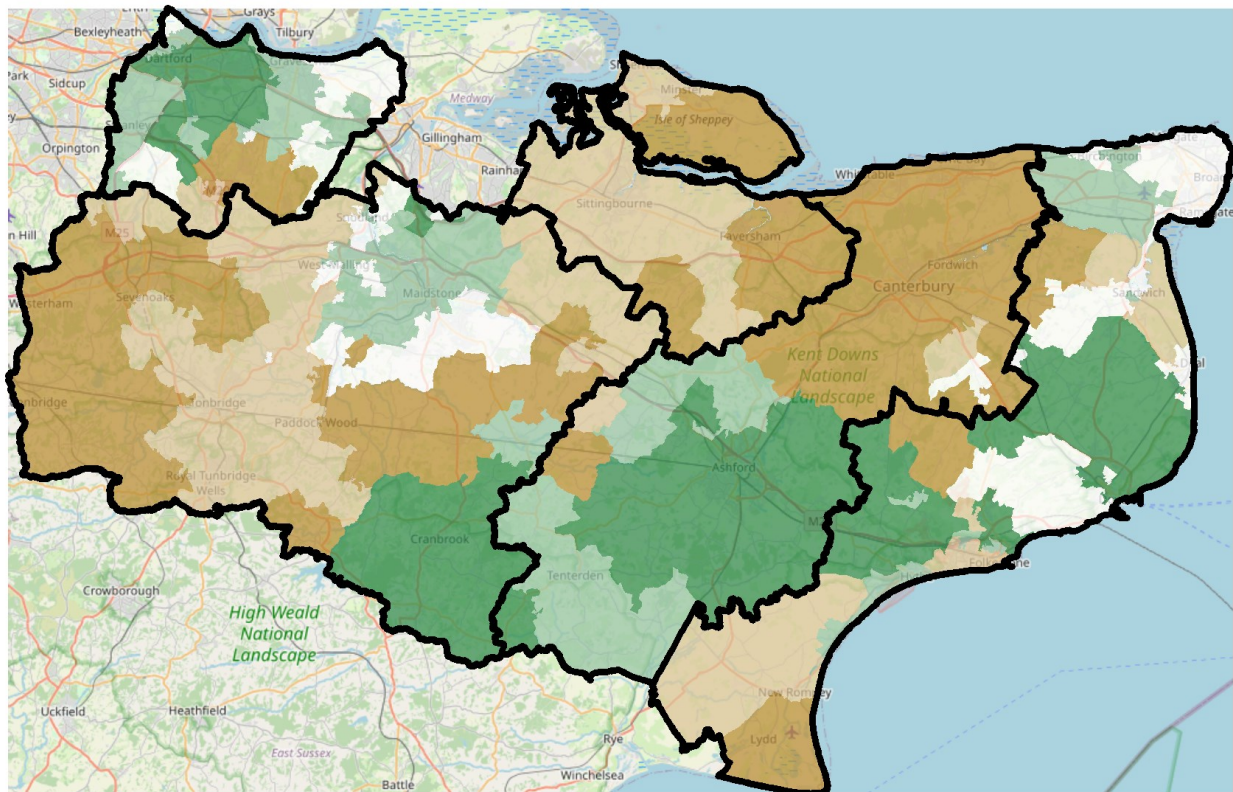
Important Data Caveat

This analysis is based exclusively on supported living services that are commissioned through Kent's contractual framework, which introduces a key assumption: that this dataset reflects the full landscape of supported living provision. In reality, many supported living services operate outside of the contractual framework, including those commissioned by other authorities or funded privately.

Service Coverage Scores

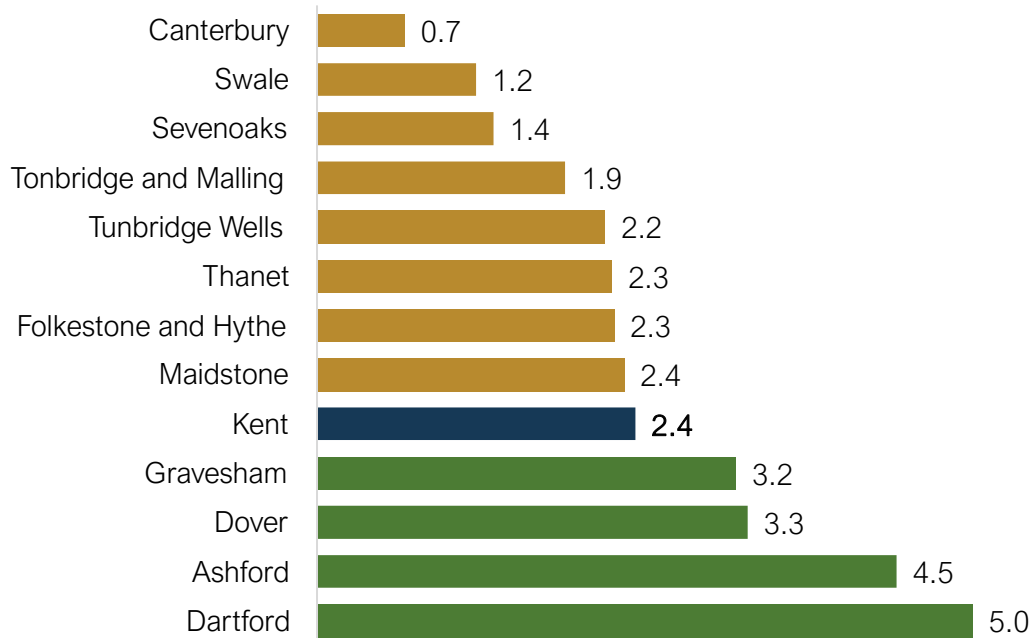
The map below shows the service coverage scores for 22 older person extra care facilities across Kent. These scores reflect both the proximity of providers (within a 15-minute drive) and their bed capacity, relative to the local population aged 65 and over.

Service Coverage Scores for Each Area (LSOA) for Extra Care Facilities
(green – good coverage; orange – poor coverage)

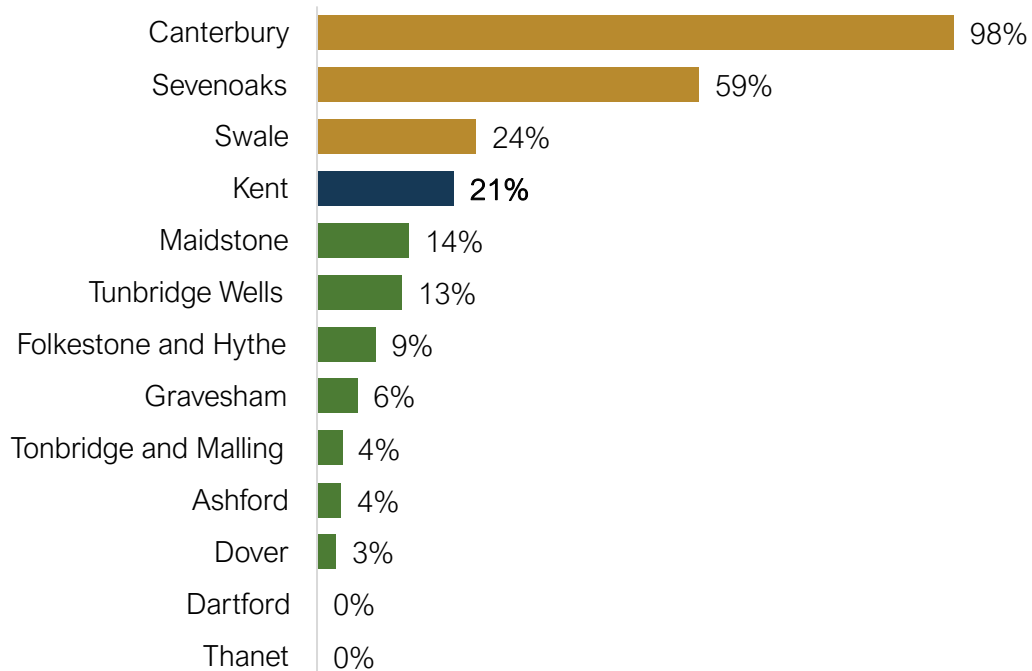


The following charts present district-level and ASCH area-level insights into extra care facility coverage, showing both the average service coverage score for older residents (65+) and the proportion of areas within each district that fall into the lowest 20% of scores, highlighting districts with strong provision and potential gaps.

District Rankings by Average Service Coverage Score for Extra Care Facilities



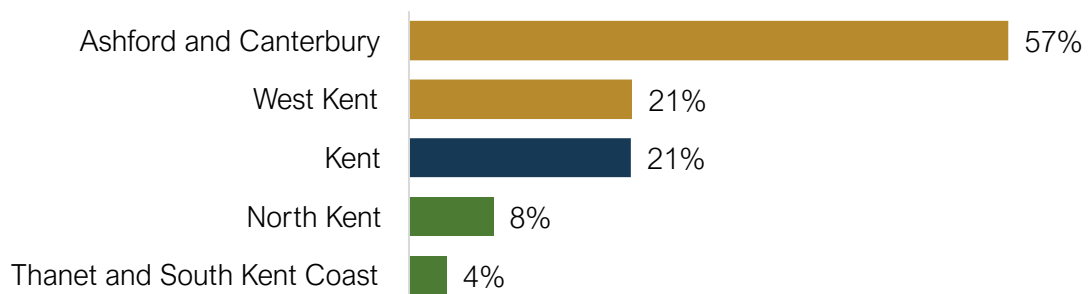
Proportion of Low Scoring Areas by District for Extra Care Facilities



ASCH Area Rankings by Average Service Coverage Score for Extra Care Facilities



Proportion of Low Scoring Areas by District for Extra Care Facilities



Key Observations

At the district level, **Dartford** and **Ashford** demonstrate the highest average coverage scores, indicating relatively strong access to extra care housing. **Dover** and **Gravesham** also perform above the county average, suggesting moderate coverage.

In contrast, **Canterbury**, **Swale**, **Sevenoaks**, and **Tonbridge and Malling** fall well below the average coverage score, indicating weaker provision. This is further reflected in the proportion of LSOAs in the bottom 20% of scores: **Canterbury** has the highest proportion (98%), followed by **Sevenoaks** (59%) and **Swale** (24%). These figures highlight areas where access to extra care housing is particularly limited.

At the ASCH area level:

- **North Kent** has the highest average coverage score and a low proportion of low-scoring areas (8%), indicating relatively strong and consistent provision.
- **Thanet and South Kent Coast** also performs well, with only 4% of LSOAs in the bottom 20%.
- **Ashford and Canterbury** has a lower average coverage score and a high proportion of low-scoring areas (57%), largely driven by Canterbury's poor performance.

- **West Kent** has the lowest average coverage score and 21% of its LSOAs in the bottom 20%, suggesting more uneven access across the area.

Important Data Caveat

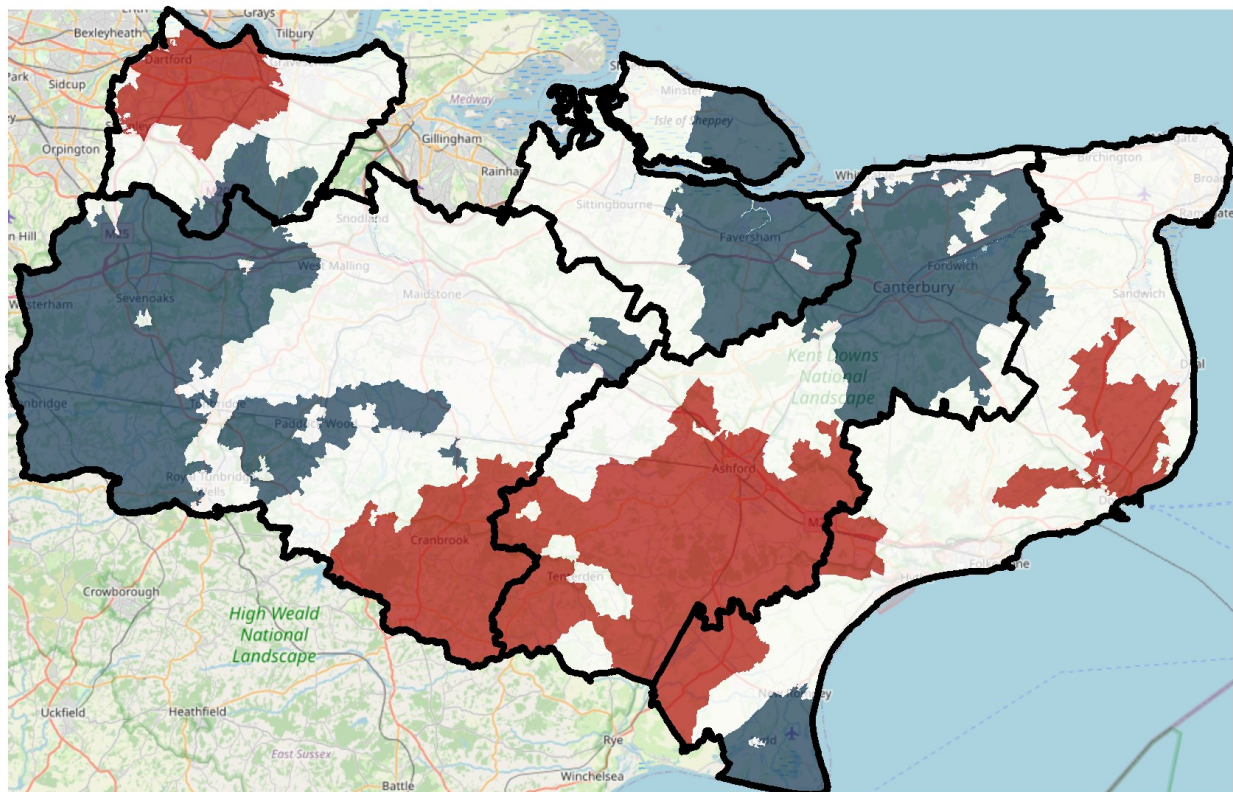
This analysis is based on extra care housing schemes known to and recorded by Kent County Council, which introduces a key assumption: that the dataset reflects the full extent of provision. However, some extra care schemes may be commissioned or operated by other authorities, housing associations, or private providers, and may not be captured in this dataset.

Hot and Cold Spots

The map shows areas where high or low coverage scores cluster together for extra care facilities. This helps highlight regions that are consistently well-served (**hotspots**) and those that face gaps in extra care provision (**cold spots**).

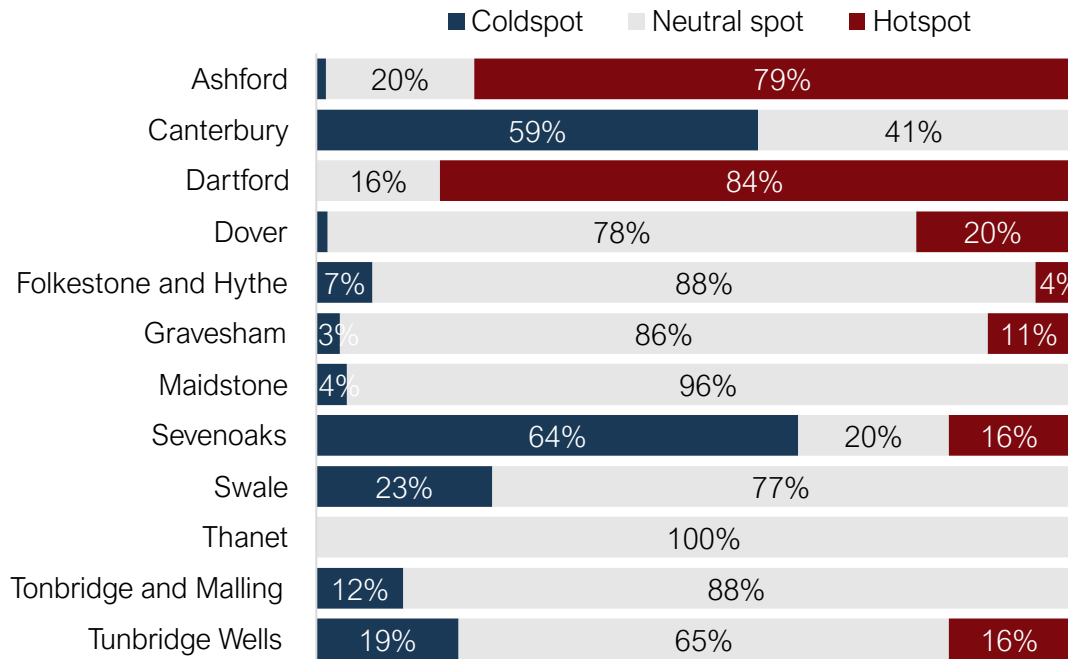
Hotspots and Cold Spots of Coverage for Extra Care Facilities

(red – hotspots; blue – cold spots; white – neutral spot)

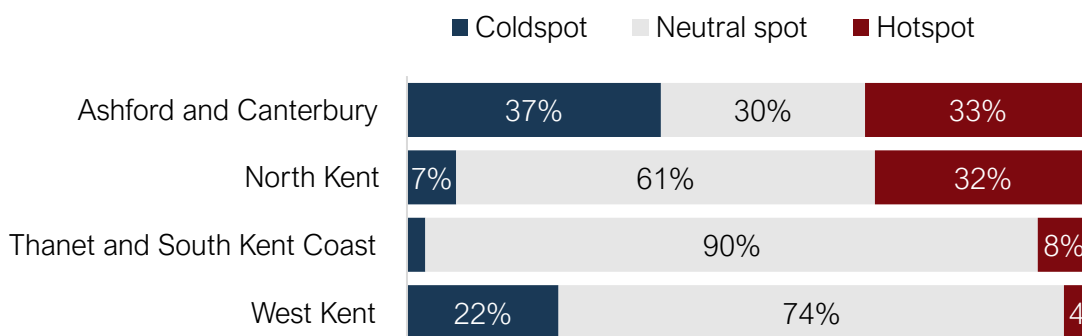


The charts show the proportion of areas (LSOAs) within each district and each ASCH area that fall into a hotspot, neutral spot, or cold spot for coverage of extra care provision.

Distribution of Hot, Neutral, and Coldspots for Coverage of Extra Care Facilities by District (% of LSOAs)



Distribution of Hot, Neutral, and Coldspots for Coverage of Extra Care Facilities by ASCH Area (% of LSOAs)



Key Observations

At the district level, **Folkestone and Hythe and Dartford** stand out with exceptionally high proportions of **hotspots** indicating concentrated and accessible extra care provision. **Ashford** also has **hotspots** of extra care provision, with 79% of its LSOAs classified as hotspots.

In contrast, **Canterbury and Sevenoaks** show significant clustering of **cold spots**, with 59% and 64% of their LSOAs respectively falling into the lowest coverage category.

Other districts, including **Maidstone, Gravesham, and Tonbridge and Malling**, fall predominantly into the neutral category, with limited clustering of either high or low coverage. **Thanet** is unique in that all LSOAs are classified as not significant, suggesting a dispersed and average level of provision without strong clustering.

At the ASCH area level:

- **Thanet and South Kent Coast** shows the most balanced profile, with 90% of LSOAs falling into the neutral category and only 8% hotspots, suggesting consistent but not concentrated provision.
- **North Kent** has a strong presence of hotspots (32%) and relatively few cold spots (7%), indicating good overall coverage.
- **Ashford and Canterbury** presents a mixed picture, with 33% hotspots and 37% cold spots, reflecting the stark contrast between Ashford's strong provision and Canterbury's significant gaps.
- **West Kent** has the highest proportion of cold spots (22%) and very few hotspots (4%), indicating uneven and limited access to extra care housing across the area.

Important Data Caveat

This analysis is based on extra care housing schemes known to and recorded by Kent County Council, which introduces a key assumption: that the dataset reflects the full extent of provision. However, some extra care schemes may be commissioned or operated by other authorities, housing associations, or private providers, and may not be captured in this dataset.

4 Appendices

4.1 Glossary of Terms

Accommodation-Based Care

Services that provide housing and care support in the same setting, including residential care homes, nursing homes, supported living, and extra care housing.

Service Coverage Score

A measure of how easily people can access care services, based on both proximity (15-minute drive-time catchments) and provider capacity (number of beds) relative to the local population.

Hotspot

A cluster of areas with significantly higher access to care compared to surrounding areas, indicating strong provision.

Cold Spot

A cluster of areas with significantly lower access to care compared to surrounding areas, often referred to as a “care desert”.

Getis-Ord G_i^*

A spatial statistical method used to identify clusters of high or low values. In this report, it helps detect areas where access to care is significantly better or worse than surrounding areas. These clusters are shown as hotspots (high access) and cold spots (low access).

Drive-Time Catchment

The area that can be reached within a specified driving time (15 minutes in this analysis) from a care provider location.

Two-Step Floating Catchment Area (2SFCA)

A method for measuring accessibility that accounts for both supply (beds) and demand (population) within overlapping catchment areas..

Further Information

Kent Analytics
Kent County Council
Sessions House
Maidstone
Kent
ME14 1XQ

Email:

kentanalytics@kent.gov.uk

Phone: 03000 41 74 44

Report writers

Dr Victoria Brunsdon, Research & Analysis Manager, victoria.brunsdon@kent.gov.uk

Dr Francesca Baylis, Analytics Manager, francesca.baylis@kent.gov.uk