Housing affordability, cost-of-living and NHS workforce retention in a high-cost region of England: A multiphase study

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Housing affordability, cost-of-living and NHS workforce retention in a high-cost region of England: A multiphase study

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ABSTRACT

Rising living costs in high-cost areas of England are causing financial strain for NHS staff, particularly those in lower pay bands. Housing affordability has become a key issue for workforce retention and poses risks to the stability of healthcare services. This study examined financial pressures facing NHS staff in two Integrated Care Systems in South East England and identified policy options to support workforce sustainability. A mixed-methods design was used that combined a survey of healthcare staff with qualitative discussions with housing providers and local authorities to explore the impact of housing costs and financial stress on decisions about whether to remain in post. Findings show that lower-paid staff faced significant difficulties securing affordable housing near their workplaces, contributing to financial hardship and intentions to leave. Stakeholders highlighted barriers such as high land costs, funding constraints and limited collaboration between the NHS and housing sectors, and proposed practical approaches including partnerships with housing providers, repurposing vacant properties and targeted financial support for staff. Stakeholders tended to frame these solutions within existing welfare-based approaches, yet the findings also suggest that where staff can afford to live has direct implications for service continuity. Considering housing for NHS staff as part of the wider infrastructure that supports essential services therefore offers an important direction for future policy.

1. Introduction

Rising living costs have strained England's National Health Service (NHS) workforce with many staff considering leaving their roles (McGloin, 2023; Hordern et al., 2023). This issue is particularly pertinent in high-cost areas, where housing costs consistently outpace earnings (Rienzo, 2017; Greater London Authority (GLA), 2021). Many healthcare workers struggle to secure affordable housing near their workplaces, forcing them into long commutes or reliance on inadequate public transport (Affordable Homes for NHS Staff in North Central London, 2022; Hordern et al., 2023). Relocating to lower-cost areas is often impractical due to logistical and financial barriers, leaving some workers with no choice but to exit the NHS entirely (Airey and Wales, 2019). Regional economic factors further shape NHS staff retention, with higher unemployment linked to lower exit rates among nurses and healthcare assistants, while persistently high housing costs in NHS regions like London and the South East continue to drive workforce attrition among lower-paid staff (Kelly et al., 2022). Previous analyses

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show that turnover is especially high among early-career NHS staff in high-cost regions, with many starting out in London before relocating to the South East or exiting the service altogether due to housing pressures (Propper et al., 2021; Limb, 2016). Similar challenges have been observed in the UK's social care sector, where low wages and high workloads have driven persistently high attrition rates (Allen et al., 2022; Allen, Shembavnekar, 2024). Despite these mounting pressures, there is no integrated policy linking NHS workforce planning to housing affordability in high-cost regions. Housing remains largely absent from NHS long-term planning frameworks while mainstream housing policies overlook the staffing needs of essential public services. This misalignment has created structural vulnerabilities in workforce sustainability that current strategies fail to address.

Workforce attrition rates can put additional pressure on an already overstretched healthcare system by increasing waiting times, diminishing care quality and exacerbating burnout among remaining staff (Care Quality Commission, 2024). As of June 2024, the NHS reported a national vacancy rate of 7.7 % - equivalent to 112,846 full-time roles, an increase from 4 % to 5 % national vacancies in 2014–15 which provides a more reasonable benchmark for what a more sustainable baseline might look like (NHS Digital, 2024). Quarterly NHS vacancy statistics show a sustained long-term rise in overall vacancies with the South East vacancy rate having risen from around 5–6 % in the late 2010s to 7.8 % in 2024. The south east of England has some of the highest house-price-to-earnings ratios in the country with median house prices exceeding 11 times median annual earnings (Office for National Statistics, 2024). This affordability gap has widened markedly over time, and in the early 2000s the ratio was approximately 6:1 and rose steadily to over 11:1 by 2023 (Office for National Statistics, 2024). This sustained escalation in housing costs, unmatched by NHS wage growth, has intensified retention pressures across the region. Nationally, estimates suggest vacancies could rise to 570,000 by 2036 if structural workforce issues remain unaddressed (Hordern et al., 2023). Without intervention, the cost-of-living burden will continue to erode the NHS's ability to attract and retain staff particularly in regions where wages lag far behind living costs.

Against this backdrop, the specific types of housing provision relevant to NHS workforce pressures require clearer distinction. Social and affordable housing are primarily welfare oriented and are designed to support households with limited means or those with statutory priority needs. Key worker housing serves a different function because it is concerned with maintaining essential public services by ensuring that staff can live close enough to their workplaces to deliver those services reliably. Although these categories overlap in practice, the policy objectives they pursue are not the same and treating them as interchangeable can obscure the specific workforce challenges that key worker housing is intended to address.

This distinction also helps contextualise international approaches where workforce housing is frequently treated as an explicit element of service resilience rather than as a general affordability measure. In response, a range of policy mechanisms have been implemented such as government backed financial assistance, regulatory and planning mechanisms like inclusionary planning and collaborative approaches that involve public-private partnerships and employer driven housing models (MassHousing, 2019; City and County of San Francisco, 2020; US Department of Housing and Urban Development, 2020; City of Toronto, 2021; Toronto Region Board of Trade, 2021; Cavanough and Douglass, 2024). In London, the Greater London Authority (GLA) has advocated for intermediate housing schemes such living rent and shared ownership to support key workers including NHS staff, though their impact varies across boroughs (GLA, 2021). However, despite growing international recognition of this issue, housing policies in the UK continue to fall short in adequately supporting key workers. In the UK, affordable housing schemes primarily target first-time buyers and low-income households, excluding many healthcare workers from eligibility (Airey and Wales, 2019; GLA, 2021). The discontinuation of initiatives such as the Key Worker Living Programme has further exacerbated these challenges, leaving many NHS staff without viable housing options (Airey and Wales, 2019). Since the programme's closure, many NHS organisations have sold off remaining staff housing in high-demand areas like London which has significantly reduced the availability of subsidised accommodation (Tapper, 2017; Ormerod, 2018). No national scheme has replaced this provision, and this has left NHS trusts with limited tools to address workforce housing needs.

This research was commissioned by two NHS Integrated Care Systems (ICSs) -Buckinghamshire, Oxfordshire, and Berkshire West (BOB) and Frimley - in response to growing concerns about staff recruitment and retention challenges exacerbated by the rising cost of living. In the south east of England, the BOB ICS covers a predominantly semi-rural and urban corridor stretching from the Chilterns through Oxfordshire to Reading, and serves approximately 2 million people (GP Online, 2023). The neighbouring Frimley ICS spans parts of Surrey, Hampshire and Berkshire and serves just over 800,000 residents (Understanding Patient Data, 2024). Both ICSs operate in high-demand and high-cost commuter corridors surrounding London. Their selection reflects not only local concern but the strategic importance of understanding workforce stress in regions that combine critical service volumes with severe affordability barriers. BOB and Frimley are also among the first ICSs to commission applied research on housing as a workforce issue, making them useful case studies for understanding a broader problem. Although these two ICSs have since entered a formal clustering arrangement ahead of a planned transition to a single Thames Valley ICB in 2026, the boundaries in Fig. 1 reflect the configuration at the time of the study (see Fig. 1).

Against this backdrop, the study explored the influence of housing affordability and associated living costs on workforce sustainability in the south east of England, with the aim of identifying actionable policy reforms that can support long-term NHS staffing strategies.

1.1. Economic context

As part of this project, a baseline economic analysis was conducted to examine the relationship between living costs and staff recruitment and retention across healthcare sectors in the BOB and Frimley ICB areas, reported elsewhere (Ferrari et al., 2024). The analysis assessed disposable household income after housing and other essential costs and focussed on key economic factors affecting workforce challenges. Commuting costs were modelled on typical monthly costs using nationally reported fuel prices, vehicle running costs and commute distances. Fuel costs assumed an average pump price of £ 1.80 per litre, with per-mile costs ranging from 16p for a small diesel car to 22p for a larger petrol vehicle. Average commute lengths were calculated using Census travel-to-work data, and public transport costs were modelled using monthly multi-operator bus ticket prices reflecting local conditions. These figures were benchmarked against the London High Cost Area Supplement (HCAS) Fringe - areas surrounding London where NHS staff receive additional salary supplements to offset higher living costs - and a low-cost comparator region in the north east of England to contextualise relative affordability.

A key finding was the acute housing unaffordability within the BOB and Frimley regions. NHS staff are paid according to a national pay band system, where lower bands represent entry-level or support roles and higher bands correspond to senior clinical, technical or managerial positions. Healthcare workers, particularly those on lower NHS pay bands (for example, Band 2), were found to be disproportionately impacted, with estimated housing costs likely to account for over 50 % of net income (after income tax and national insurance contributions). For NHS Band 2 workers living on their own in a rented flat and driving a small car, the combined costs of housing, energy, and transport exceeded 75 % of net income. For a single-earner household in an owned house, costs would be around 135 % of income. In some parts of the study area, the costs of renting a one-bedroom flat in the private sector would account

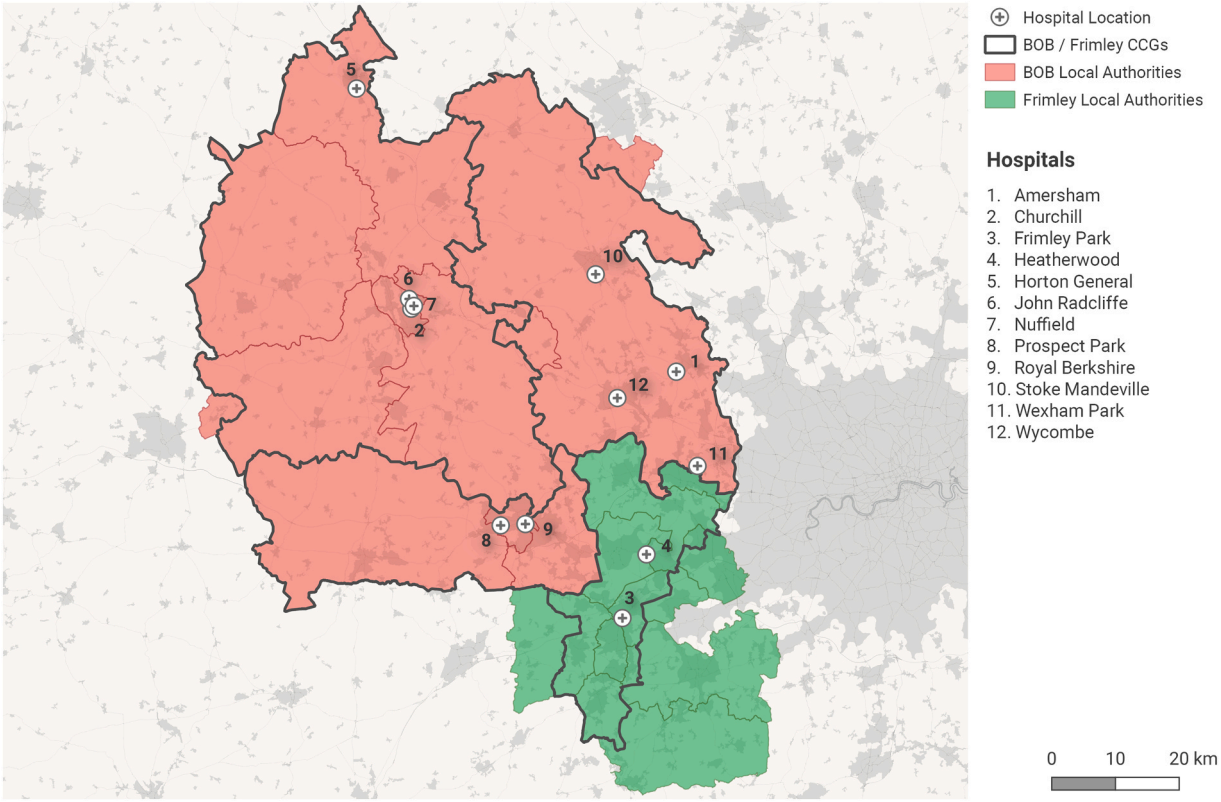

Fig. 1. BOB/Frimley Integrated Care System area (2023–2024).

for around 47 % of net earnings, significantly exceeding the commonly used affordability benchmark of 30 % of income. Larger properties exceeded that considerably, putting accommodation suitable for single-earner households with dependants out of reach for most low-paid healthcare workers. Energy costs were a related component, with the analysis finding that dwellings occupied by healthcare staff, particularly in the private rented sector, were likely to be energy inefficient. In England, homes are categorised into Council Tax bands (A-H) based on property value with Band D representing the notional 'average' home used for national comparisons. The median energy cost for Band D homes was estimated to be £ 213 per month or £ 2559 annually. This resulted in a higher likelihood of fuel poverty, particularly for Band 2 workers, worsened by rising energy prices during colder months.

The analysis also highlighted the impact of transport costs and commuting patterns on affordability. Due to the high cost of housing near central work locations, many respondents lived in more distant, less expensive areas. However, this necessitated long commutes, which added fuel and travel expense. For example, car-based commutes were estimated to cost between £ 240 and £ 505 per month depending on the car type and commute distance. Housing costs were 25 % higher near public transport routes, further increasing the burden on workers who cannot or choose not to drive. Public transport accessibility was limited to key corridors, meaning workers who relied on public transport faced less choice in the housing market and significant challenges if they lived further away. The monthly cost for public transport was estimated to be between £ 120 and £ 259. As these estimates were produced using 2022 baseline data, they should be interpreted as conservative lower-bound figures given subsequent increases in fuel and transport prices.

These pressures reflect long-term patterns rather than short lived fluctuations. Over time, house prices in the study area have remained significantly above local earnings with the medium price-to-income ratios reaching 13.2 in Windsor and Maidenhead, and 12.3 across Buckinghamshire (compared with a national average of 9.1). Housing supply has also shown a persistent gap relative to assessed need. Across the study area, recent housing completions met 85.7 % of the estimated annual requirement but the shortfall was far sharper in some localities. In Slough, completions amounted to 4.7 % of assessed need, while across the wider Frimley area completions reached 52.9 %. Supply in Buckinghamshire also fell short, meeting 76.1 % of the assessed requirement. These structural pressures are reinforced by long standing constraints in transport accessibility which continue to shape the geography of realistic housing choices. Workers who do not drive remain limited to narrow public transport corridors, while those who rely on cars often face long commuting distances to access more affordable housing. Taken together, these figures show that the regional financial pressures experienced by the health and care workforce have accumulated over many years and reflect deep rooted structural conditions.

2. Methods

2.1. Study design

The study engaged with three intersecting policy domains on housing affordability, public service workforce sustainability and coordination between health and housing systems. It was designed to build cumulative insight across phases and provide a coherent framework for analysing the systemic impact of housing stress on workforce sustainability while identifying potential interventions at the ICS level. These policy domains were organised as three distinct work packages (WP). WP 1, a baseline economic analysis, was summarised in the previous section to provide insights into the economic challenges faced by healthcare workers in the BOB and Frimley ICB areas. The primary focus in this article is on the second and third work packages: (WP2) the lived experiences of healthcare staff, and (WP3) stakeholder engagement and the development of solution scenarios to address housing needs. Findings from the economic analysis directly informed the design and focus of these work packages by grounding the lived experiences and proposed solutions in a robust understanding of regional economic factors.

WP2 was a mixed-methods study that combined an online survey with follow-up qualitative interviews. The survey was developed in consultation with stakeholders and administered via Qualtrics, and was structured around five core topics: housing affordability, housing choices, living-cost pressures, retention factors and the role of local networks. All eligible staff in Bands 2–7 were invited through ICS communication channels, and respondents were able to opt in for a follow-up interview. The interview schedule was informed by the survey themes and the study's focus on cost-of-living pressures, covering current accommodation, affordability challenges, previous housing experiences, and links to employment decisions. Interviews were conducted on Microsoft Teams, typically lasted around one hour, and were transcribed using the platform's built-in transcription function. This generated a substantial qualitative dataset suitable for thematic analysis.

WP3 engaged with stakeholders with the goal of identifying potential strategies to address housing challenges faced by healthcare staff in the BOB and Frimley regions. This component involved qualitative discussions with stakeholders from housing providers, local authorities and organisations with experience in key worker housing to explore practical solutions for improving housing affordability in the regions. As WP3 consisted of structured stakeholder engagement discussions rather than formal qualitative interviews, the material was synthesised thematically and verbatim quotations were not collected as part of this work package.

2.2. Participants

For WP2 and WP3, participants were drawn from two key groups: healthcare staff and stakeholders with expertise in housing and health. For WP2, healthcare staff were recruited from those employed in the BOB and Frimley ICSs. The inclusion criteria were: staff at NHS pay bands 2–7 with a minimum employment duration of 12 months. Staff were invited through ICS networks; 340 completed the survey, with 20 selected for interviews based on varied demographics and career backgrounds to ensure a diverse range of perspectives. For WP3, discussions were convened with 8 key organisations involved in housing and health. These stakeholders were either based in the BOB and Frimley regions or had relevant expertise in addressing the housing needs of healthcare staff. Exact numbers of eligible staff were not available from ICS partners so invitations were therefore distributed to all staff meeting the inclusion criteria.

2.3. Data analysis

Data collection and analysis were conducted separately for each work package to ensure the application of distinct methodologies. For WP2, quantitative data was collected through an online survey distributed to healthcare staff at NHS pay bands 2–7 with a minimum employment duration of 12 months. Descriptive statistics summarised the data while exploratory inferential tests (chi-squared and independent samples *t*-tests) examined associations between variables, with no a priori hypotheses assumed. Qualitative data from survey and semi-structured interviews was transcribed and analysed using thematic analysis (Braun and Clarke, 2021) to identify key themes such as financial strain and housing insecurity. Insights from both strands were then integrated to develop a coherent interpretation of how cost-of-living pressures shape workforce retention.

For WP3, stakeholder discussions were guided by briefing notes summarising findings from earlier work, to ensure that dialogue was informed by evidence. Qualitative feedback was thematically summarised and focussed on organisational barriers, proposed housing schemes and collaborative strategies for meeting the housing needs of healthcare workers.

3. Results

3.1. Lived experiences of healthcare staff

A total of 340 health and care staff completed the survey, with 20 of those taking part in the qualitative interviews. The sample included a broad mix of age groups and professional roles with 223 participants (65.6 %) female and 114 (33.5 %) male. Table 1 summarises the demographic profile of the sample. Most were UK-born (283 participants, 83.2 %), with the remaining participants from 31 countries. The largest group worked in ambulance or community-based services with 201 participants (59.1 %) employed by South Central Ambulance Service and 101 (29.7 %) by Berkshire Healthcare NHS Foundation Trust. Band 6 was the most common pay level (101 participants, 29.7 %), followed by Band 3 (79 participants, 23.2 %) and Band 7 (66 participants, 19.4 %). 136 participants (40.0 %) were single, and 188 (55.3 %) did not have financial responsibility for children. 66 participants (19.4 %) reported caring for someone with a long-term health condition or age-related need. The sample was a largely mid-band workforce with significant financial and domestic responsibilities many of whom were working in frontline clinical settings.

The analysis revealed the substantial impact of financial challenges on health and care workers in the BOB and Frimley regions that affected personal lives and professional roles. 200 (58.8 %) of respondents felt that their salary did not cover housing costs, and 232 (68.3 %) reported that over 60 % of their income was required for housing alone, often forcing them to rely on shared or downsized living spaces. As one respondent shared, "*we basically live in one room, but it's affordable, so that's why we're still here.*" Only 41 respondents (12.0 %) agreed their salary covered basic lifestyle costs like socialising and subscriptions, while 230 (67.6 %) disagreed and 70 (20.6 %) gave a neutral response, suggesting that even modest non-essentials were unaffordable for most. The financial strain was severe enough that 265 (77.9 %) of respondents reported recently making difficult decisions about prioritising expenditure such as choosing between essential food purchases, paying utility bills or delaying necessary healthcare treatments. Of those, 101 (29.7 %) strongly agreed and 164 (48.2 %) agreed that they had made difficult choices. One respondent shared, *"It is now the 13th [of the month], and I've got less than £ 100 in my bank account. I've got to feed my kids, and I've still got to get to work, what do I prioritise?"*. Another participant explained, *"My heating bill was eighty-five pounds a month, it's now two hundred and forty pounds a month. My shopping bill has gone up, even though I've reduced the brands or the variety of food that we eat."*

Among the 303 respondents who provided admissible responses about their financial position, 116 (38.3 %) stated that 61–80 % of their

Table 1
Demographics of survey respondents (n = 340).

Variable	Category	n	%
Gender	Female	223	65.6 %
	Male	114	33.5 %
	Prefer not to say	3	0.9 %
Age group	18–30	90	26.5 %
	31–40	110	32.4 %
	41–50	80	23.5 %
	51–60	48	14.1 %
	61 +	11	3.2 %
Pay band	Band 2	3	0.9 %
	Band 3	79	23.2 %
	Band 4	44	12.9 %
	Band 5	47	13.8 %
	Band 6	101	29.7 %
	Band 7	66	19.4 %
Tenure	0–5 years	201	59.1 %
	6–10 years	57	16.7 %
	11–15 years	44	12.9 %
	16–20 years	19	5.6 %
	Over 20 years	19	5.6 %

salary went towards housing and living costs, while 60 (19.8 %) indicated 41–60 %. Notably, 49 respondents (16.2 %) reported that more than 100 % of their salary was required to cover these expenses, managing only through combined partner incomes, parental support or shared housing arrangements. 42 participants (13.9 %) reported spending between 81 % and 100 % of their salary on housing and living, with one respondent expressing this hardship as: "*despite the fact that me and my partner are both on relatively good wages, we can't afford to live here.*" For many, the high cost of housing led to increased dependence on family or shared housing arrangements, with affordability concerns even pushing some to consider relocating: *"If living costs get any worse, we'll likely move north where we can still afford a house*". Another respondent considered downsizing, sharing: "*we are thinking about downsizing our house because our mortgage is 2700*". Others suggested they might leave the sector entirely: *"You can earn the same wages with far less responsibility and far less pressure…I keep thinking that for the same hourly wage, I could do a far easier job"*. Table 2 summarises the main cost-of-living indicators that affected financial stability.

Overall, 238 respondents (70.0 %) of respondents said they had considered leaving their role in the last year. Housing dissatisfaction significantly correlated with job turnover, as workers dissatisfied with their housing situation were more likely to consider leaving than those who were satisfied with their housing situation ($p = 0.028$). Many participants expressed frustration with their reliance on personal vehicles due to inadequate public transport options that align with shift patterns. As one respondent noted, "*I do a lot of 6 a.m. starts and there's no buses at that time in the morning, so I have to drive.*" While commuting time did not significantly influence turnover intentions, those considering leaving the profession averaged 3.57 h of commuting per week (SD 2.97) were similar to those who were not (3.67 h, SD 3.09).

Despite the availability of the HCAS for some respondents, this did not significantly impact retention intentions. However, a significantly larger proportion of workers not receiving HCAS reported considering leaving due to housing and living cost concerns, compared to the proportion in receipt of HCAS ($p < 0.001$). The pressure to meet essential expenses has led 154 respondents (45.2 %) to work extra shifts, with 74 (21.8 %) planning to do so soon to cover the increasing costs of living. One participant articulated the cumulative toll of financial pressures: "*I worry that if my car breaks down, or the cat needs to go to the vet or something, I can't afford that.*"

3.2. Solutions scenarios

The next phase focussed on identifying solutions for housing and cost-of-living challenges. Stakeholders stressed aligning housing strategies with workforce recruitment and emphasised that any policy driven push to increase key worker housing must be backed by long-term financing to ensure developments were sustainable and not short-lived pilot projects but sustainable ventures that meaningfully addressed retention. Increased collaboration between the NHS and housing organisations was also deemed essential for the development of key worker housing options, whether through new builds or the refurbishment of existing properties. However, stakeholder referred repeatedly to the high financial risk involved in such developments in areas with elevated land values and under current rules that define 'best value' in purely financial terms. This was seen to discourage the release of NHS-owned land for affordable housing when internal pressures to maximise receipts conflicted with social goals. These challenges sit within a wider system of capital controls that shape what NHS organisations are able to finance. The Capital Departmental Expenditure Limit rule places tight restrictions on national capital spending. This means that most forms of borrowing or long-term development are counted against the overall capital envelope and makes it difficult for Trusts and ICBs to pursue housing schemes that require upfront investment, even when such schemes could strengthen workforce sustainability. The effect is that many potentially viable projects cannot progress because they exceed the available capital allowance or require financing arrangements that the current rules do not permit.

Table 2
Financial strain and cost-of-living indicators.

Indicator	n	% of valid responses
Salary does *not* cover housing costs	200	58.8 %
Salary covers housing costs (agree/strongly agree)	73	21.5 %
Neutral response regarding housing costs	67	19.7 %
Spending > 40 % of income on housing (41–100 %+)	267	88.1 % *(of 303 who answered)*
Spending > 60 % of income on housing (61–100 %+)	207	68.3 % *(of 303)*
Reporting difficult financial decisions	265	77.9 %
Strongly agreeing they made difficult decisions	101	29.7 %
Agreeing they made difficult decisions	164	48.2 %
Working extra shifts to meet costs	154	45.2 %
Intending to work extra shifts soon	74	21.8 %
Considering leaving due to cost-of-living pressures	208	61.0 %
Considering leaving their job for *any reason*	238	70.0 %

Despite consensus on the importance of affordable housing, many stakeholders viewed specialist key worker housing as potentially distracting from other pressing housing needs nationally. Local authorities and housing providers, already struggling with broader housing crises such as homelessness and social housing shortages, found it difficult to justify diverting resources to healthcare staff housing and most stakeholders did not see employment-led housing as a viable or urgent priority. Some described it as a "luxury" in the current landscape of chronic undersupply while others cited the lack of clarity around who within the NHS was responsible for housing strategy as a key barrier. This sense of institutional ambiguity was compounded by fragmented relationships between NHS trusts, ICSs, local authorities and NHS Property Services. Some housing providers spoke of past attempts to engage with the NHS that ultimately led nowhere, creating a sense of fatigue or scepticism about whether meaningful change could happen without strong leadership and clear commitments. Another issue was limited collaboration between the health and housing sectors. Historically, housing initiatives have focussed on patients rather than staff, and there is little existing infrastructure to support the development of housing for healthcare workers. Financial constraints further exacerbate this issue, with local authorities and housing organisations unable to prioritise key worker housing over other urgent needs. The different housing needs of healthcare staff created further complexity. Healthcare workers are not a homogenous group; some require temporary accommodation for placements, while others need long-term housing for their families. This means a one-size-fits-all solution was impractical.

Stakeholders suggested models that provided communal living spaces with private en-suite rooms, such as student accommodation, as a potential option. Managing housing arrangements would require robust partnerships with housing organisations experienced in providing for different tenant needs. To overcome barriers, stakeholders emphasised the importance of solutions that included working with local developers to repurpose empty properties or exploring alternative tenures and housing models. This included drawing lessons from recent housing efforts for Afghan and Ukrainian refugees which demonstrated the speed and effectiveness of using vacant dwellings and sidestepping lengthy planning processes. Moreover, stakeholders urged a reconsideration of how NHS land use is evaluated, advocating for a broader definition of 'best value' that includes social returns such as the benefits of providing affordable housing to staff, rather than focussing solely on financial returns.

However, political and structural barriers remain significant. In many areas, it was seen that political resistance to new housing development made advancing the key worker housing agenda particularly challenging. Additionally, stakeholders expressed frustration at the slow

pace of NHS engagement compared to more agile housing organisations. There was a sense of scepticism about whether necessary changes could be made quickly enough, given lack of progress following previous initiatives. Several referred to failed or stalled initiatives following the 2017 Naylor Report as evidence that housing issues had long been deprioritised. Some also flagged the lack of awareness or momentum around national schemes which suggest a need for renewed visibility and commitment. Despite these concerns, many believed that a unified approach that combined local planning reforms, targeted subsidy and cross-sector alliances could drive the scale of affordable housing development required to retain a stable healthcare workforce in high-cost regions.

4. Discussion

This study underscores the financial challenges facing healthcare staff in the BOB and Frimley ICSs. A high proportion of respondents are considering leaving their roles due to high living costs, particularly in lower pay bands, where housing expenses consume a significant portion of income, often forcing workers into shared or cramped living conditions. Inadequate public transport exacerbates commuting expenses, heightening reliance on personal vehicles. The cumulative strain of housing and commuting costs impacts health and well-being and lead many to cut back on essentials. These pressures not only reduce quality of life but also pose a critical threat to workforce retention, despite staff's dedication to patient care and strong collegial support. While stakeholders recognise the importance of affordable housing for retaining healthcare workers, the high cost of land, complex planning processes and lack of substantial funding made solutions difficult to implement. Additionally, a lack of collaboration between the NHS and housing providers further complicated efforts to develop viable solutions. Stakeholders recognised the importance of addressing housing pressures but tended to frame potential solutions within existing welfare-based approaches to affordability, such as developing more low cost rental options or offering financial assistance to staff. Although these measures were seen as helpful, stakeholders did not generally view key worker housing as part of the wider infrastructure needed to sustain essential services. This meant that their suggestions focussed on mitigating individual affordability pressures rather than on rethinking the policy frameworks that shape where staff are able to live in high cost regions.

Although stakeholder reflections centred primarily on physical and tenure-based solutions, the issues they raised also point to the potential value of softer support mechanisms. The complexity of navigating local housing systems, limited organisational capacity and the need for clearer engagement channels between health and housing sectors suggest that digital or coordination based tools could play a complementary role. Examples might include centralised information hubs, clearer signposting to accommodation pathways or partnership led lettings arrangements that streamline access to affordable rental options. While such measures were not raised explicitly in the discussions, they align closely with the challenges described and could operate alongside structural interventions to help staff navigate high cost housing markets more effectively.

While these challenges persist in the UK, other high-income countries facing similar housing pressures have implemented targeted solutions to support key workers. Examining these international policies may offer insights into how the NHS and housing providers could collaborate to develop sustainable workforce housing initiatives. In the United States, for instance, national programmes provide targeted grants, loans and housing discounts to retain key workers including some healthcare staff (US Department of Housing and Urban Development, n.d.). State and city level interventions have also offered subordinate loans to developers to help create affordable rental units for households earning 60–120 % of the area median income (MassHousing, 2019), and provided downpayment loans for first-time homebuyers, including paramedics and educators to support retention in high-cost urban areas (City and County of San Francisco, 2020). Elsewhere in Canada, provincial and municipal policies have supported essential workers housing through leveraging city-owned land to develop mixed-income housing that ensure dedicated units for essential workers (City of Toronto, 2021). Additionally, some hospitals have partnered with developers to secure subsidised rental units for healthcare staff that aim to reduce turnover and commuting strain (Toronto Region Board of Trade, 2021). Australia does not have a coordinated federal policy for key worker housing. However, some state and local governments, have implemented inclusionary zoning and voluntary planning agreements have helped to increase the supply of affordable rental housing for key workers in large metropolitan cities (Cavanough and Douglass, 2024). Collectively, international evidence underscores the role of well-funded, occupation targeted housing policies. By ensuring key workers can access affordable housing, these initiatives seek to reduce turnover, improve staff recruitment offers and mitigate productivity losses linked to long commutes and absenteeism. Collectively these international models suggest the importance of stronger NHS collaborations with housing providers, supported by flexible funding schemes, to address similar challenges effectively within the UK context.

However, UK housing policies do not consistently address the needs of NHS staff. While some affordable housing schemes exist, eligibility criteria often focus on first time buyers or low-income households, meaning NHS staff are not always prioritised. At present, efforts to address housing pressures vary by region, with some NHS organisations partnering with housing providers to develop affordable staff accommodation on surplus land although these initiatives remain insufficient given the scale of demand (Airey and Wales, 2019). In high cost regions such as London and the South of England, affordability pressures are particularly acute and key workers face both high living costs and a greater likelihood of workforce attrition (Kelly et al., 2022). The GLA's advocacy for intermediate housing in London highlights how targeted policies could help retain key workers in high-cost urban areas. The London Living Rent scheme sets affordable rental benchmarks based on one-third of median household income in each borough and ensured rents remain in line with local earnings. Additionally, shared ownership schemes allow key workers to part-buy and part-rent properties (Greater London Authority, 2021). However, these schemes can face constraints because allocation decisions can be discretionary and NHS workers are not always prioritised which limits reach in practice. Alongside these physical and tenure-based interventions there may also be value in softer support mechanisms that help staff navigate local housing options such as clearer signposting or coordinated information platforms, although these were not raised directly in stakeholder discussions. However, while these interventions could provide practical avenues for improvement, they largely operate within welfare-based models of affordability and do not address the broader system question of how essential services are sustained when staff cannot afford to live near their workplaces. This means that progress will remain limited if housing for NHS staff continues to be treated as a discretionary welfare concern rather than as an issue that affects the delivery of essential health services.

Viewing key worker housing as part of the infrastructure that sustains essential services provides a clearer rationale for why these issues persist despite ongoing efforts to expand affordable housing more generally. If staff cannot live within realistic commuting distance of hospitals, clinics or community settings, the continuity of core services becomes harder to maintain and recruitment pressures in high cost regions are intensified. This shifts the focus away from individual affordability and towards the wider system consequences of housing pressures. It also illustrates why welfare-based approaches, which prioritise statutory need, are unlikely to address the accommodation needs of the health and care workforce in areas where high costs limit realistic housing choices. Framing access to suitable housing as an operational

requirement for the health system brings different policy tools into view such as capital strategy, land use planning and long-term workforce design. This perspective aligns with the international models discussed earlier and supports the argument that workforce stability is a public good that requires deliberate and sustained investment.

To support these policy changes, future research should examine the individual consequences of housing and financial strain and wider system effects. Further work is needed to understand how cumulative stress, financial insecurity and unstable housing arrangements influence absenteeism, job satisfaction and ultimately the quality and reliability of patient care. Longitudinal studies could also examine how the financial pressures of housing and community costs impact NHS staff retention over time. Research targeting specific groups, such as international staff, those on lower pay bands and caregivers, could inform tailored support. Additionally, evaluating current interventions like the HCAS and housing assistance schemes may clarify effects on housing and living costs on wellbeing. Finally, there is a need for research that assesses housing not only as an affordability challenge but as a component of the infrastructure required to sustain essential services. Such work would help determine which system-level interventions are most effective in enabling healthcare staff to live within realistic commuting distance and in supporting long-term workforce resilience.

4.1. Strengths and limitations

This study employed a mixed-methods approach that used qualitative interviews and surveys to capture detailed accounts of financial pressures on healthcare staff across pay bands and career stages. Engaging a range of stakeholders strengthens the analysis and provides actionable policy insights. By focussing on lower-paid NHS staff, the study addresses a research gap by highlighting challenges faced by an under-explored group. While the qualitative sample size is consistent with standard practice for qualitative research, its findings are inherently context-specific and reflective of the regions studied which may limit transferability to areas with differing economic conditions. Furthermore, rapidly changing economic factors such as inflation may affect the timeliness of findings.

This study highlights the impact of increased housing unaffordability, transport expenses and financial strain on healthcare workers in the BOB and Frimley regions. Although the data were drawn from these specific areas, the findings are relevant to other high-cost regions across the UK facing similar challenges. NHS workers in these regions face challenges meeting basic living expenses and often made difficult sacrifices. Financial pressures heightened stress and worry and intensify recruitment and retention challenges in the NHS. These challenges are particularly pronounced for lower-paid staff, whose experiences reflect broader national trends in high-cost regions.

5. Conclusions

This study highlights how rising housing and living costs directly affect NHS staff retention in high-cost areas of south east England. Lower paid workers in particular faced acute financial pressure which shaped decisions about housing, commuting and in some cases intentions to leave their roles. Without targeted intervention these pressures are likely to intensify and contribute to wider workforce instability. Evidence from comparator systems in Australia, Canada and the United States shows how coordinated approaches between health agencies, local government and housing providers can support recruitment and retention through clear funding frameworks and well designed housing initiatives. Practical policy responses of this type include direct financial support for staff, incentives for housing organisations to participate in key worker housing schemes and strengthened collaboration between the NHS, local authorities and housing providers to develop or repurpose appropriate accommodation. Integrating housing affordability into national NHS workforce strategies will be essential for supporting these measures and safeguarding the ability of staff to live within realistic commuting distance of their workplaces.

More broadly, the findings show that housing pressures are not only individual affordability challenges but also structural conditions that affect the resilience of essential public services. Stakeholders tended to frame potential solutions through welfare-based affordability models, yet the evidence presented here illustrates that where staff can afford to live has direct implications for service continuity in high cost areas. Treating access to suitable housing for NHS staff as part of the wider infrastructure needed to sustain healthcare delivery brings different policy tools and responsibilities into view. These include long-term capital planning, alternative land use approaches and closer alignment between health and housing systems. Embedding this wider perspective within national workforce planning would help ensure that policy responses address both immediate affordability pressures and the longer term system conditions required to support a stable and effective NHS workforce.

CRediT authorship contribution statement

Ed Ferrari: Supervision, Funding acquisition, Conceptualization. **Charlene Pressley:** Writing – review & editing, Formal analysis. **Mariam Zarjoo:** Writing – original draft. **Dillon Newton:** Writing – review & editing, Writing – original draft, Investigation, Data curation. **Tony Gore:** Investigation. **David Leather:** Investigation. **John Stephenson:** Writing – review & editing, Methodology, Investigation, Formal analysis. **Joanne Garside:** Supervision, Methodology, Investigation, Funding acquisition, Formal analysis, Data curation, Conceptualization. **Tom Simcock:** Investigation, Formal analysis. **Philip Brown:** Writing – review & editing, Supervision, Project administration, Methodology, Investigation, Funding acquisition, Formal analysis, Data curation, Conceptualization. **Sara Eastburn:** Investigation, Formal analysis.

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Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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Data availability

The data supporting the findings of this study are not publicly available due to confidentiality agreements as participants did not consent to data sharing beyond the research team.

References

Affordable Homes for NHS Staff in North Central London. (2022). Residential Research Report for NHS North London Partners and Community Health Partnerships. Retrieved from ⟨https://nclhealthandcare.org.uk/wp-content/uploads/2022/07/210907_NLPCHP_Report_Digital.pdf⟩.

Airey, J., Wales, R., 2019. Revitalising Key Worker Housing. Policy Exchange, London. Retrieved from ⟨https://policyexchange.org.uk/wp-content/uploads/2019/11/Revitalising-Key-Worker-Housing.pdf⟩.

Allen, L., Shembavnekar, N., 2024. Social care workforce crisis: How did we get here and where do we go next? The Health Foundation ⟨https://www.health.org.uk/news-and-comment/blogs/social-care-workforce-crisis⟩.

Allen, L., Williamson, S., Berry, E., Alderwick, H., 2022. The Cost of Caring: Poverty and Deprivation among Residential Care Workers in the UK. The Health Foundation. Retrieved from ⟨https://www.health.org.uk/reports-and-analysis/briefings/the-cost-of-caring-poverty-and-deprivation-among-residential-care⟩.

Braun, V., Clarke, V., 2021. Thematic Analysis: A Practical Guide. SAGE Publications.

Care Quality Commission, 2024. The Health and Care Workforce. CQC. Retrieved from ⟨https://www.cqc.org.uk/publications/major-report/state-care/2022-2023/workforce⟩.

Cavanough, E., Douglass, M., 2024. Submission to the NSW Legislative Assembly's Select Committee on Essential Worker Housing. The McKell Institute www.mckellinstitute.org.au.

City and County of San Francisco. (2020). Mayor's Office of Housing and Community Development: Downpayment Assistance Loan Program (DALP). Retrieved from ⟨https://sfmohcd.org/dalp-details⟩.

City of Toronto. (2021). Toronto City Council adopts new initiatives and programs to expedite the creation and protection of affordable housing. Retrieved from: ⟨https://www.toronto.ca/news/toronto-city-council-adopts-new-initiatives-and-programs-to-expedite-the-creation-and-protection-of-affordable-housing/⟩.

Ferrari, E., Leather, D., & Gore, T. (2024). Health and care staff: Life in the cost-of-living crisis (Stage 1 report). Centre for Regional Economic and Social Research, Sheffield Hallam University.

GP Online. (2023). GP workforce tracker: Buckinghamshire, Oxfordshire and Berkshire West ICB. ⟨https://www.gponline.com/gp-workforce-tracker-buckinghamshire-oxfordshire-berkshire-west-icb/article/1810197⟩.

Greater London Authority. (2021). Allocating intermediate homes to London's key workers: Housing policy practice note. Greater London Authority. ⟨https://www.london.gov.uk/what-we-do/housing-and-land/buying-home/intermediate-homes-london⟩.

Hordern, S., Martin, R., Sallabank, J., 2023. A people-driven 2023 approach: Delivering NHS homes. NHS Homes Alliance. ⟨https://static1.squarespace.com/static/647f327e87c501655822eef0/t/649ae1a1a703c320fee4a752/1687871908460/NHS_report_260623.pdf⟩.

Kelly E, Stoye G & Warner M (2022) Factors associated with staff retention in the NHS acute sector. Institute for Fiscal Studies, London.

Limb, M., 2016. Growing housing costs are forcing NHS staff to leave London. BMJ 352, i1321. https://doi.org/10.1136/bmj.i1321.

MassHousing. (2019). Workforce Housing Initiative. Retrieved from ⟨https://www.masshousing.com/developers/workforce-housing⟩.

McGloin, S., 2023. Cost-of-living crisis impacts the nursing and midwifery professions. Occup. Med. 73 (7), 385–387. https://doi.org/10.1093/occmed/kqad057.

NHS Digital. (2024). NHS vacancies survey: April 2015 – June 2024 (experimental statistics). NHS England. ⟨https://digital.nhs.uk/data-and-information/publications/statistical/nhs-vacancies-survey/april-2015—june-2024-experimental-statistics⟩.

Office for National Statistics. (2024). Housing price to workplace-based earnings ratio: England and regions (2023 data). ⟨https://www.ons.gov.uk/file?uri=/peoplepopulationandcommunity/housing/datasets/ratioofhousepricetoworkplacebasedearningslowerquartileandmedian/current/previous/v8/ratioofhousepricetoworkplacebasedearnings.xlsx⟩.

Ormerod, J., 2018. The Great NHS Property Sell-off Gathers Pace. openDemocracy. ⟨https://www.opendemocracy.net/en/ournhs/great-nhs-property-sell-off-gathers-pace/⟩.

Propper, C., Stockton, I., Stoye, G., 2021. Cost of living and the impact on nursing labour outcomes in NHS acute trusts. Institute for Fiscal Studies. ⟨https://ifs.org.uk/publications/cost-living-and-impact-nursing-labour-outcomes-nhs-acute-trusts⟩.

Rienzo, C., 2017. Real wages, wage inequality and the regional cost-of-living in the UK. Empir. Econ. 52 (4), 1309–1335. https://doi.org/10.1007/s00181-016-1122-4.

Tapper, J., 2017. 40,000 homes for medics and staff 'could be built on spare NHS land'. The Guardian. ⟨https://www.theguardian.com/society/2017/jun/10/nurses-homes-nhs-staff-shortfall⟩.

Toronto Region Board of Trade. (2021). The cost of inaction: Workforce housing report. ⟨https://workforcehousing3.trbot.ca/⟩.

Understanding Patient Data, 2024. Priorities for using data in Frimley Health & Care ICS: Key facts. ⟨https://understandingpatientdata.org.uk/sites/default/files/2024-06/Frimley%20case%20study_FINAL.pdf⟩.

US Department of Housing and Urban Development. (2020). About Good Neighbor Next Door. Retrieved from ⟨https://www.hud.gov/program_offices/housing/sfh/reo/goodn/gnndabot⟩.