

Public Document Pack

SCRUTINY PANEL A

Thursday, 9th January, 2014
at 5.00 pm

PLEASE NOTE TIME OF MEETING

CONFERENCE ROOM 3 - CIVIC CENTRE

This meeting is open to the public

Members

Councillor Burke (Chair)
Councillor Claisse (Vice-Chair)
Councillor L Harris
Councillor Lloyd
Councillor McEwing
Councillor Mintoff
Councillor Vinson

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PUBLIC INFORMATION

Role of Scrutiny Panel A

The Overview and Scrutiny Management Committee have instructed Scrutiny Panel A to undertake an inquiry into maintaining balanced neighbourhoods through planning.

Purpose:

To review how effectively the City Council's Article 4 and HMOs Supplementary Planning Document is working.

To increase understanding of the various Government proposals to relax permitted development rights, including those relating to extensions, office to residential conversions and changing retail use without consent, and to consider if a local response should be developed.

To consider the Council's approach to planning enforcement.

Southampton City Council's Priorities

- **Economic:** Promoting Southampton and attracting investment; raising ambitions and improving outcomes for children and young people.
- **Social:** Improving health and keeping people safe; helping individuals and communities to work together and help themselves.
- **Environmental:** Encouraging new house building and improving existing homes; making the city more attractive and sustainable.
- **One Council:** Developing an engaged, skilled and motivated workforce; implementing better ways of working to manage reduced budgets and increased demand.

Public Representations

At the discretion of the Chair, members of the public may address the meeting about any report on the agenda for the meeting in which they have a relevant interest.

Smoking policy – the Council operates a no-smoking policy in all civic buildings.

Mobile Telephones – please turn off your mobile telephone whilst in the meeting.

Fire Procedure – in the event of a fire or other emergency a continuous alarm will sound and you will be advised by Council officers what action to take.

Access – access is available for the disabled. Please contact the Democratic Support Officer who will help to make any necessary arrangements.

Dates of Meetings: Municipal Year

| 2013 | 2014 |
|---------------------------|--------------------------|
| 28 th November | 9 th January |
| | 6 th February |
| | 6 th March |
| | 3 rd April |
| | 8 th May |

CONDUCT OF MEETING

TERMS OF REFERENCE

The general role and terms of reference of the Overview and Scrutiny Management Committee, together with those for all Scrutiny Panels, are set out in Part 2 (Article 6) of the Council's Constitution, and their particular roles are set out in Part 4 (Overview and Scrutiny Procedure Rules – paragraph 5) of the Constitution.

BUSINESS TO BE DISCUSSED

Only those items listed on the attached agenda may be considered at this meeting.

RULES OF PROCEDURE

The meeting is governed by the Council Procedure Rules and the Overview and Scrutiny Procedure Rules as set out in Part 4 of the Constitution.

QUORUM

The minimum number of appointed Members required to be in attendance to hold the meeting is 3.

DISCLOSURE OF INTEREST

Members are required to disclose, in accordance with the Members' Code of Conduct, **both** the existence **and** nature of any "Disclosable Personal Interest" or "Other Interest" they may have in relation to matters for consideration on this Agenda.

DISCLOSABLE PERSONAL INTERESTS

A Member must regard himself or herself as having a Disclosable Pecuniary Interest in any matter that they or their spouse, partner, a person they are living with as husband or wife, or a person with whom they are living as if they were a civil partner in relation to:

(i) Any employment, office, trade, profession or vocation carried on for profit or gain.

(ii) Sponsorship:

Any payment or provision of any other financial benefit (other than from Southampton City Council) made or provided within the relevant period in respect of any expense incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.

(iii) Any contract which is made between you / your spouse etc (or a body in which the you / your spouse etc has a beneficial interest) and Southampton City Council under which goods or services are to be provided or works are to be executed, and which has not been fully discharged.

(iv) Any beneficial interest in land which is within the area of Southampton.

(v) Any license (held alone or jointly with others) to occupy land in the area of Southampton for a month or longer.

(vi) Any tenancy where (to your knowledge) the landlord is Southampton City Council and the tenant is a body in which you / your spouse etc has a beneficial interests.

(vii) Any beneficial interest in securities of a body where that body (to your knowledge) has a place of business or land in the area of Southampton, and either:

a) the total nominal value of the securities exceeds £25,000 or one hundredth of

- the total issued share capital of that body, or
- b) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you / your spouse etc has a beneficial interest that exceeds one hundredth of the total issued share capital of that class.

Other Interests

A Member must regard himself or herself as having a, 'Other Interest' in any membership of, or occupation of a position of general control or management in:

Any body to which they have been appointed or nominated by Southampton City Council

Any public authority or body exercising functions of a public nature

Any body directed to charitable purposes

Any body whose principal purpose includes the influence of public opinion or policy

Principles of Decision Making

All decisions of the Council will be made in accordance with the following principles:-

- proportionality (i.e. the action must be proportionate to the desired outcome);
- due consultation and the taking of professional advice from officers;
- respect for human rights;
- a presumption in favour of openness, accountability and transparency;
- setting out what options have been considered;
- setting out reasons for the decision; and
- clarity of aims and desired outcomes.

In exercising discretion, the decision maker must:

- understand the law that regulates the decision making power and gives effect to it. The decision-maker must direct itself properly in law;
- take into account all relevant matters (those matters which the law requires the authority as a matter of legal obligation to take into account);
- leave out of account irrelevant considerations;
- act for a proper purpose, exercising its powers for the public good;
- not reach a decision which no authority acting reasonably could reach, (also known as the "rationality" or "taking leave of your senses" principle);
- comply with the rule that local government finance is to be conducted on an annual basis. Save to the extent authorised by Parliament, 'live now, pay later' and forward funding are unlawful; and
- act with procedural propriety in accordance with the rules of fairness.

AGENDA

Agendas and papers are now available via the City Council's website

1 APOLOGIES AND CHANGES IN PANEL MEMBERSHIP (IF ANY)

To note any changes in membership of the Panel made in accordance with Council Procedure Rule 4.3.

2 DISCLOSURE OF PERSONAL AND PECUNIARY INTERESTS

In accordance with the Localism Act 2011, and the Council's Code of Conduct, Members to disclose any personal or pecuniary interests in any matter included on the agenda for this meeting.

NOTE: Members are reminded that, where applicable, they must complete the appropriate form recording details of any such interests and hand it to the Democratic Support Officer.

3 DECLARATIONS OF SCRUTINY INTEREST

Members are invited to declare any prior participation in any decision taken by a Committee, Sub-Committee, or Panel of the Council on the agenda and being scrutinised at this meeting.

4 DECLARATION OF PARTY POLITICAL WHIP

Members are invited to declare the application of any party political whip on any matter on the agenda and being scrutinised at this meeting.

5 STATEMENT FROM THE CHAIR

6 MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)

To approve and sign as a correct record the Minutes of the Inquiry Meeting held on 28th November, 2013, attached.

7 ARTICLE 4 AND HMO SUPPLEMENTARY PLANNING DOCUMENT

Report of the Assistant Chief Executive, attached.

Tuesday, 31 December 2013

HEAD OF LEGAL AND DEMOCRATIC SERVICES

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SCRUTINY PANEL A

MINUTES OF THE MEETING HELD ON 28 November 2013

Present: Councillors Burke, Claisse, L Harris, Lloyd, Mintoff and Vinson

Apologies: Councillor McEwing

1. **ELECTION OF CHAIR AND VICE-CHAIR**

RESOLVED that Councillor Burke be elected as Chair and Councillor Claisse as Vice-Chair of the Panel.

2. **REVIEW TERMS OF REFERENCE**

The Panel considered the report of the Assistant Chief Executive setting out the terms of reference for the review examining the contribution planning can make to maintaining balanced neighbourhoods and the quality of life for residents.

RESOLVED to approve the terms of reference for the Scrutiny Panel.

3. **INTRODUCTION TO THE REVIEW**

The Panel considered the report of the Assistant Chief Executive giving an overview of the review.

Chris Lyons, Planning and Development Manager, provided information relating to the current approach to HMOs and planning permission.

He also briefed member on the changes to permitted development rights; and the Council's enforcement role.

The following points were raised:-

- Whether it was possible to be flexible with the 40m radius used for HMOs – Need to decide on reasonable area and the impact on the community.
- Concerns over enforcement issues – Now fully staffed and backlog should be cleared within two months. Link with Legal Services has now been re-established.
- HMO Licensing - Not currently chasing those that have not registered HMOs but would need to pursue at some point. Details on how many HMO registrations were expected could be presented to a future meeting
- In the future information about HMOs would be shared between council departments on a computer system.
- The possibility of having different schemes for different areas dependent on size and scale of properties and the density of the population. Important to remember that any scheme needs to be easily manageable for officers given the limited and declining resources.
- Conversions of offices to accommodation and potential effects on City Centre Masterplan
- Agreed that details of progress against actions in the enforcement audit report would be sent to members.

- Neighbourhood plans.
- Supply and demand for housing. The need to engage with universities for “quick fixes” and long term. Also need to involve developers and landlord representatives.

Agenda Item 7

| | | | |
|-------------------------------|---|-----------------------------------|---------------------------|
| DECISION-MAKER: | SCRUTINY PANEL A | | |
| SUBJECT: | ARTICLE 4 AND HMO SUPPLEMENTARY PLANNING DOCUMENT | | |
| DATE OF DECISION: | 9 th JANUARY 2014 | | |
| REPORT OF: | ASSISTANT CHIEF EXECUTIVE | | |
| <u>CONTACT DETAILS</u> | | | |
| AUTHOR: | Name: | Mark Pirnie | Tel: 023 8083 3886 |
| | E-mail: | mark.pirnie@southampton.gov.uk | |
| Director | Name: | Dawn Baxendale | Tel: 023 8091 7713 |
| | E-mail: | Dawn.baxendale@southampton.gov.uk | |

STATEMENT OF CONFIDENTIALITY

None

BRIEF SUMMARY

For the second meeting of the 'Maintaining balanced neighbourhoods through planning review' the Panel will focus on the effectiveness of the Council's Article 4 and Houses in Multiple Occupation Supplementary Planning Document (HMO SPD). Representatives from Highfield Residents Association and landlord associations have been invited to present feedback to the Panel. In addition submissions from the following are attached and will be presented to the Panel: University of Southampton; Southampton Solent University; Southampton University Students' Union; feedback submitted by Councillors, residents associations and residents.

RECOMMENDATION:

- (i) The Panel is recommended to consider the comments made by the invited representatives, and the written information presented to the Panel, and use the information provided as evidence in the review.

REASON FOR REPORT RECOMMENDATIONS

1. To enable the Panel to compile a file of evidence in order to formulate findings and recommendations at the end of the review process.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. None.

DETAIL (Including consultation carried out)

3. The HMO SPD, attached as Appendix 1, outlines the important contribution that Housing in Multiple Occupation (HMO) makes to meeting Southampton's accommodation needs, particularly for single people.
4. The HMO SPD identifies that the demand for single occupancy accommodation in Southampton is high and the Housing Strategy forecasts a significant growth (12.5%) in the 20-29 age range, an age group who are key HMO tenants.

5. In addition to the forecast population growth in Southampton, affordability of housing in the city and the change in housing benefits for single people under 35, where the level of benefit has been capped to the rental levels in a shared property, are also anticipated to stimulate demand for HMOs in the city. The development of purpose built student accommodation could however decrease demand for HMO accommodation from students (see appendices 4,5,6).
6. The HMO SPD makes reference to the impact a large number of HMOs in one area can have on the physical character of a residential area and the conflict with existing communities this can lead to.
7. To prevent the development of excessive concentrations of HMOs, and to encourage a more even distribution across the city, the Council, in March 2012, resolved to make an Article 4 (1) direction to remove the permitted development rights of house owners to convert a single dwelling house (class C3) into an HMO. Accompanying this the Council approved a Houses in Multiple Occupation Supplementary Planning Document (HMO SPD) to guide the interpretation of the policy and to ensure that HMOs were spread across the city with no area (within a 40m radius) having more than either 20% or 10% of properties as HMOs so communities were balanced (defined as the "tipping point").
8. It has been over 18 months since the Council adopted the SPD. At this meeting the Panel will, after receiving information from a number of sources, consider how effective the Council's Article 4 and Houses in Multiple Occupation Supplementary Planning Document (HMO SPD) has been in meeting the objectives identified above.
9. Dr Chris Lyons, Southampton City Council's Planning and Development Manager, will provide the Scrutiny Panel with an overview of the HMO SPD and the outcome of HMO planning applications since the SPD was adopted. Details are attached as Appendix 2.
10. As one of the largest residents associations in Southampton, with extensive experience of dealing with planning issues, and HMOs in particular, representatives from Highfield Residents Association have been invited to present feedback to the Panel. A written response from Highfield Residents Association is attached as Appendix 3.
11. An invitation to present to the Panel has been extended to representatives from both the Southern Landlords Association and the National Landlords Association.
12. The Houses in Multiple Occupation Condition Survey (2008) found that 45% of HMOs in Southampton were occupied by students. Attached as Appendices 4, 5 and 6 is written evidence provided by Southampton Solent University, the University of Southampton and Southampton University Students' Union. Written feedback from Southampton Solent University Students' Union will be submitted to the February 2014 meeting of the Panel.

13. Following a request for feedback on the effectiveness of the Council's Article 4 and HMO SPD from all Southampton City Councillors, attached, as Appendix 7, is a collation of responses received by members, residents associations and residents.
14. The final appendix for information is an overview of the Councils HMO Licensing Scheme. This information, attached as Appendix 8, is taken directly from the HMO Licensing FAQ's on the Council's internet site.
15. The guests invited to present information at the meeting will take questions from the Panel relating to the evidence provided. Copies of any presentations will be made available to the Panel.

RESOURCE IMPLICATIONS

Capital/Revenue

16. None.

Property/Other

17. None.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

18. The duty to undertake overview and scrutiny is set out in Part 1A Section 9 of the Local Government Act 2000.

Other Legal Implications:

19. None

POLICY FRAMEWORK IMPLICATIONS

20. None

KEY DECISION? No

| | |
|------------------------------------|--|
| WARDS/COMMUNITIES AFFECTED: | None directly as a result of this report |
|------------------------------------|--|

SUPPORTING DOCUMENTATION

Appendices

| | |
|----|---|
| 1. | Houses in Multiple Occupation Supplementary Planning Document |
| 2. | Southampton HMO Planning applications – Summary |
| 3. | Response from Highfield Residents Association |
| 4. | Response from Southampton Solent University |
| 5. | Response from the University of Southampton |
| 6. | Response from Southampton University Students' Union |
| 7. | Feedback from Councillors, residents associations and residents |
| 8. | HMO Licensing Scheme - FAQs |

Documents In Members' Rooms

| | |
|----|------|
| 1. | None |
|----|------|

Equality Impact Assessment

| | |
|--|----------------------------------|
| Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out. | Dependent upon forward plan item |
|--|----------------------------------|

Other Background Documents

Equality Impact Assessment and Other Background documents available for inspection at:

| Title of Background Paper(s) | Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable) |
|------------------------------|--|
|------------------------------|--|

| | | |
|----|------|--|
| 1. | None | |
|----|------|--|

Southampton Local Development Framework

Houses in Multiple Occupation Supplementary Planning Document

Adopted

March 2012

Planning Policy team
Planning and Sustainability
Southampton City Council
Civic Centre
Southampton SO14 7LY
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1 Introduction

- 1.1 Houses in Multiple Occupation (HMOs) provide much-needed housing accommodation, mainly for single people. However, a large number of HMOs in one area can change the physical character of that residential area and this can lead to conflict with the existing community.
- 1.2 The term ‘HMO’ in this document applies to both uses ‘class C4’ (commonly referred to as small/medium-sized) and ‘sui generis’ (commonly referred to as large-sized) dwellings, unless otherwise stated. Section 3 sets out a definition of a HMO under planning legislation.
- 1.3 The planning system can assist in achieving a mix of households within the city’s neighbourhoods, meeting different housing needs whilst protecting the interests of other residents, landlords and businesses. This can best be delivered by preventing the development of excessive concentrations of HMOs and thus encouraging a more even distribution across the city.
- 1.4 The City Council resolved to make an Article 4(1) direction¹ to remove the permitted development rights of house owners to convert a single dwellinghouse (class C3)² into an HMO. This came into effect on 23rd March 2012 and applies to the whole city. Planning permission is required to convert a dwellinghouse to a small/medium HMO. Planning permission is already required to convert a property into a large HMO for 7 or more occupants. This will enable the Council to control the location of new HMOs through the planning system.
- 1.5 The SPD was adopted by the Council on 23rd March 2012. Formal consultation on the draft version of the Supplementary Planning Document (SPD) was undertaken between 22nd December 2011 and 1st February 2012. The document has been amended based on the results of this consultation. A Representation Statement is available on the council’s website. A Strategic Environmental Assessment (SEA) Scoping report was also prepared.

2 Purpose of the SPD

- 2.1 This SPD is adopted as part of the Council’s Local Development Framework. The document provides supplementary guidance for all parties involved in the planning application process for both small/medium and large HMOs, explaining how the Council will assess proposals to convert properties to HMOs. Prior to changes in the permitted development rules (as explained in paragraph 1.4), the Council

¹ The government introduced ‘permitted development’ rights in October 2010 to change between use class C3 to C4, an Article 4 direction allows the Council to remove these permitted development rights within SCC boundary. Article 4 direction - <http://scc.staging.southampton.gov.uk/s-environment/planning/hmo.aspx>

² Single dwellinghouse is classed as C3 use in the Uses Class Order under The Town and Country Planning (Use Classes) (Amendment) (England) Order 2010 (SI 2010/654) - <http://www.legislation.gov.uk/ukSI/2010/653/contents/made>

only had control over large HMOs through the planning application process.

- 2.2 The SPD is not part of the statutory development plan. However, it is accorded significant weight as a material consideration in the determination of planning applications.
- 2.3 The guidance contained in this SPD expands and provides more detail to policies in the current Development Plan Documents - **namely saved 'H4 – Houses in Multiple Occupation' of the Local Plan Review³ and 'CS16 – Housing Mix and Type' in the Core Strategy⁴**. Refer to section 4 for an extract of these policies.
- 2.4 Although the planning system can influence the location of new HMOs, the statutory powers under the planning system cannot act alone and address the existing problems in areas where high concentrations of HMOs prevail. The Council uses other statutory powers to control the nuisance caused by HMOs, as explained below.
- 2.5 The Environmental Health Housing Team provides guidance to landlords and is responsible for the licensing of larger HMOs and the preparation of guidance relating to their living standards⁵ (refer to section 6.9).
- 2.6 The Council's Environmental Health Department provides guidance and assistance in the monitoring and enforcement of local nuisance, including the impact from noise. A statutory nuisance is defined as an act that causes unreasonable disturbance to the use and enjoyment of a neighbour. Where a statutory noise nuisance exists, is likely to happen, or is likely to be repeated, officers can serve a Noise Abatement Notice⁶.

3 Definition of a HMO

- 3.1 In broad terms, a HMO under planning legislation⁷ is defined as a house or flat occupied by a certain number of unrelated individuals who share **basic amenities** and is classified by the Uses Classes Order⁸:-

- Class C4 – *between 3 and 6 residents*
- Sui Generis (of its own kind) - *more than 6 residents*

Class C4 HMO (small/medium)

- 3.2 For the purposes of Class C4 the occupation of a HMO dwelling has the same meaning as in **section 254 of the Housing Act 2004⁹** with

³ City of Southampton Local Plan Review (adopted version March 2006)

⁴ Local Development Framework Core Strategy (adopted version January 2010)

⁵ The following link provides further detail - <http://www.southampton.gov.uk/living/housing/private/landlord/hmos/>

⁶ The following link provides further detail - <http://www.southampton.gov.uk/s-environment/nuisance/noise.aspx>

⁷ Further guidance on defining HMOs under planning legislation can be found in Circular 08/2010 (Changes to Planning Regulations for Dwellinghouses and Houses in Multiple Occupation) – www.communities.gov.uk

⁸ The Town and Country Planning (Use Classes) (Amendment) (England) Order 2010 (SI 2010/653) -

<http://www.legislation.gov.uk/uk/si/2010/653/article/2/made>

⁹ Housing Act 2004 - <http://www.legislation.gov.uk/ukpga/2004/34/introduction>

exception to **section 257** and those buildings listed in **schedule 14** (see paragraph 3.4). In summary, a HMO is defined as a building or part of a building (i.e. flat) which:

- is occupied by at least 3 persons not forming a single household; and
- the HMO is occupied as the only or main residence; and
- rents are payable or other consideration is provided in respect of at least 1 of those occupying the HMO; and
- two or more households share one or more basic amenities (or lack such amenities).

3.3 The meaning of '**basic amenities**' is defined under the Housing Act **section 254(8)**:

- a toilet;
- personal washing facilities; or
- cooking facilities.

3.4 **Schedule 14** of the Housing Act states those 'buildings which are not HMOs' as summarised below:

- social landlord registered and local authority housing;
- care homes;
- bail hostels;
- children's homes;
- occupied by students that are managed by an education establishment i.e. halls of residence;
- occupied for the purposes of religious community whose main occupation is prayer, contemplation, education and the relief of suffering;
- managed or controlled by 'fire and rescue authority' or 'health service body';
- occupied by one or more persons who are owners (either freehold or a leasehold interest granted for more than 21 years);
- occupied only by two persons who form two households.

3.5 Guidance in DCLG circular 08/2010, paragraph 14 states that "properties containing the owner and up to two lodgers do not constitute a house in multiple occupation for these purposes."

3.6 The Council proposes not to count buildings containing '1 or 2 bedroom self contained flats', as these buildings cannot physically accommodate the number of individuals which constitute a HMO.

3.7 The planning status of residential properties that have been granted a flexible permission (to be a family house and small HMO) will be treated as a HMO when assessing a planning application. This will be regardless whether the property has switched from C4 to C3. See section 6.8 for more information on flexible permissions.

Sui Generis HMO (large)

- 3.8 For the purposes of defining the occupation of a ‘Sui Generis’ HMO dwelling there is no meaning defined under planning legislation and therefore the Council will assess each case on an individual basis.

4 Policy Background

- 4.1 HMOs provide accommodation for a wide range of groups including young professionals, students, migrants, and people on low incomes, often on a transient basis. As such they fulfil a very important role in meeting housing need in the city.
- 4.2 The explanatory text of policy CS16 of the Core Strategy (see policy extract in table below) explains that the acceptability of a proposal for an HMO will take into account balancing the contribution that such a conversion will make to meeting housing demand against the potential harm that might be caused to the character and amenity of the surrounding area, and also the suitability of the property concerned (paragraph 5.2.12 refers). It goes on to commit the Council to consider ways of controlling HMOs through the planning system such as setting threshold limits and identifying areas of restraint (paragraph 5.2.14).

Policy CS16 Housing Mix and Type

The Council will provide a mix of housing types and more sustainable and balanced communities through:-

1. The provision of a target of 30% of total dwellings (gross) as family homes on sites of ten or more dwellings or which exceed 0.5 hectares. The appropriate percentage of family housing for each site will depend upon the established character and density of the neighbourhood and the viability of the scheme.
2. No net loss of family homes on sites capable of accommodating a mix of residential units unless there are overriding policy considerations justifying this loss.
3. Control of Houses in Multiple Occupation (HMOs) where planning permission is required, particularly those properties which provide accommodation for students.
4. Improvement of, and an increase in, the provision of homes for senior citizens and disabled people of all ages.
5. Variation in the levels of housing density (see Policy CS 5).

Family homes are dwellings of three or more bedrooms with direct access to useable private amenity space or garden for the sole use of the household. The private amenity space or garden should be fit for purpose and with the following minimum sizes:

- Flats and maisonettes – 20sq m
- Terraced homes – 50sq m
- Semi-detached homes – 70sq m
- Detached homes – 90sq m

The requirements in points 1-3 above do not apply to specialist housing schemes entirely comprised of accommodation specifically for senior citizens, supported accommodation for people with disabilities and purpose built student accommodation.

- 4.3 Policy H4 of the Local Plan Review (see policy extract in table below) provides the criteria against which individual applications will be judged to assess the impact of that specific proposal on the immediate surroundings.

Policy H 4 Houses in Multiple Occupation

Proposals for the conversion of dwellings or other buildings into houses in multiple occupation will be assessed on the balance between the contribution the development could make to meeting housing demand, against the harm to the character and amenity of the area which might occur.

Planning permission will only be granted for conversions to houses in multiple occupation where:

- (i) it would not be detrimental to the amenities of the residents of adjacent or nearby properties;
- (ii) would not be detrimental to the overall character and amenity of the surrounding area;
- (iii) adequate amenity space is provided which:
 - a) provides safe and convenient access from all units;
 - b) is not overshadowed or overlooked especially from public areas; and
 - c) enables sitting out, waste storage and clothes drying.

- 4.4 The SPD principally provides guidance on how the Council will apply these HMO policies which are relevant to all planning applications for HMOs now the Article 4 direction is effective. The document also provides guidance on residential and parking standards in relation to HMOs.

5 Background and evidence base

- 5.1 This section examines the issues involved in maintaining a balanced and mixed community, having regard to balancing the housing needs of the city's population and the impact on the character and amenity of communities.

5.2 Meeting the city's housing needs

Housing supply

- 5.2.1 The Council's 'Housing Strategy 2011-2015'¹⁰ indicates that the tenure profile of housing in Southampton differs markedly from the national average in that the city has a much lower proportion of owner occupied properties (53% compared to 71%), as well as a much higher proportion of privately rented stock (24% compared to 12%). The overall level of Council housing is also higher than that found nationally (18% compared to 10%). The Strategy reported there to be 7000 HMOs across the city,

¹⁰ Housing Strategy 2011-2015, 'Homes for Growth' Strategy Context Paper, Incorporating Private Housing Renewal Strategy 2011-2015 by Southampton City Council, 2011
<http://www.southampton.gov.uk/living/housing/housingpolicies/strategy.aspx>

which represents about 9.3%¹¹ of the city's total private tenure housing stock of 75,000 dwellings (not including Registered Social Landlord and Local Authority housing), compared to approximately 2% nationally (page 25, CPC, 2008)¹². This reflects the role of Southampton as the sub-region's economic driver (delivering jobs) and a provider of higher education (with 2 universities).

Housing demand

- 5.2.2 The demand in Southampton for single occupancy accommodation is high. HMOs provide a valuable source of housing for mainly single people. The Houses in Multiple Occupation Survey (CPC, 2008a)¹³ shows that the predominant age profile of HMO residents in Southampton to be 16 to 24 years (48.6%), followed by the 25 to 34 age band (35.4%). People in receipt of state benefits made up 12% of HMO tenants (810 dwellings). Population projections, changes to Housing Benefit and the continuing problems with affordability of housing in the city are likely to increase the demand for HMOs.
- 5.2.3 The 'Housing Strategy' forecasts population growth in Southampton of 53,600 (22.9%), from a base of 236,700 (2009 mid year estimate), over the period 2008 to 2033. In particular, the 20-29 age range will grow by 12.5%. The DCA Housing Needs Update (DCA, 2010)¹⁴ shows that although this age group will grow by the smallest proportion it will still comprise the largest population sector by 2033, reaching 64,000, which is an increase of 7,100. A high proportion of these people are likely to live in an HMO due to affordability issues.
- 5.2.4 Section 1.2.7 of the 'Housing Strategy' identifies that there are issues of affordability (i.e. the cost of property in a city of low incomes particularly for first time buyers), levels of income and access to finance both for the rental and home ownership market. The Strategy outlines that the median gross annual income for Southampton is £20,462 compared to £25,900 nationally (section 1.2.1 refers), with many first time buyers unable to afford a 1 or 2 bed property. The cost of renting a property means that an income of £24,700 is needed to rent a 1 bed flat (based on a rental level being 30% of net income). The majority of HMO households (79%) have incomes less than £30,000; 40% have incomes under £15,000 (CPC, 2008a). Moreover, deprivation is a significant issue in the city. The 2010 Indices of Deprivation show that Southampton is ranked 81st out of 326 local authorities in England.
- 5.2.5 PUSH (Partnership for Urban South Hampshire) has reported that the housing market downturn has exacerbated the situation in South

¹¹ figures from the survey are estimates derived from the sample of properties inspected and are therefore subject to variation

¹² Capital Project Consultancy was commissioned by the Council to carry out a 'Housing Condition Survey' in 2008

¹³ Capital Project Consultancy was commissioned by the Council to carry out a 'Houses in Multiple Occupation Condition Survey' in 2008

¹⁴ Southampton Housing Needs and Market Study Update, Final Report October 2010 by DCA - www.southampton.gov.uk/living/housing/housingpolicies/

Hampshire (PUSH, 2010, p23)¹⁵. This trend is likely to add to the overall demand for shared housing in the city, including mid career professionals over 30 still living in private rented accommodation who lack the deposit to become first time buyers, and younger people starting employment in their 20s.

5.2.6 The demand for HMO accommodation is also likely to grow due to the change in housing benefits for single people under 35 years – whereby the level of benefit will be capped to the rental levels in a shared property. The Council’s Housing Needs team have reported that this is likely to affect over 400 people. Furthermore, this figure does not take into account the additional demand generated from those people moving to the city from neighbouring local authorities which have a relatively smaller supply of HMO accommodation available.

5.2.7 The ‘Housing Strategy’ reports that, following Lord Browne’s Review of Higher Education, there will be reductions in funding for higher education and Universities will be required to increase entry fees for courses. This will require universities to review corporate strategies (including their assets). The University of Southampton and Southampton Solent University together have a student population of almost 40,000. The University of Southampton is currently carrying out a review of their student accommodation as the universities will need to consider the impact of changes to funding on student housing. It has recently stated that it will deliver a further 1000 student bedrooms in the city through purpose built student accommodation. The CPC study found that 45% (3150) of HMOs are already occupied by students (CPC, 2008a). Although the purpose built accommodation will reduce pressure on the local housing markets, the future demand for HMO accommodation from the student population is uncertain.

5.3 The distribution of HMOs

5.3.1 HMOs are found across the city, with the majority found in the northern and central areas. The Housing Condition Survey (CPC, 2008) showed the following distribution of HMOs across the city in 2008:

¹⁵ Local Investment Plan: A framework for homes and communities by PUSH, May 2010 - http://www.push.gov.uk/push_local_investment_plan_-_website_document_.pdf

| Table 1 Distribution of HMOs | | | | |
|-------------------------------------|---|--------------|------------|--|
| Areas | Wards | HMOs | % | % Total housing Stock (all tenures) |
| North | Bassett, Portswood & Swaythling | 1,800 | 25.7 | 10.4 |
| West | Coxford, Shirley, Millbrook & Redbridge | 400 | 5.7 | 1.6 |
| Central | Bevois, Bargate & Freemantle | 4,100 | 58.6 | 18.2 |
| North East | Bitterne Park, Harefield & Bitterne | 300 | 4.3 | 0.9 |
| South East | Peartree, Sholing & Woolston | 400 | 5.7 | 1.2 |
| | Total HMO dwellings | 7,000 | 100 | 6.9 |

5.4 Impact of high concentrations of HMOs

5.4.1 Whether or not a dwelling is an HMO is not necessarily obvious by its physical appearance – indeed it can be difficult to discern the difference in the physical appearance between a well-managed small/medium-sized HMO and an owner-occupied property. A report by Ecotec that was commissioned by the Government entitled “Evidence Gathering – Housing in Multiple Occupation and Possible Planning Responses” (CLG, 2008)¹⁶ has studied the impact of HMOs on the character and amenity of local communities.

5.4.2 In summary, the Ecotec report stated that the poor management of rented HMO accommodation can lead to amenity and character issues which directly affect a local community. These issues can include: poor refuse management; on-street parking pressure; noise and anti-social behaviour; high property turnover; neglected gardens and lack of maintenance to housing stock. These issues tend to be exacerbated where there is a high concentration of HMOs. These are matters that are reported to the Council’s ‘Planning and Rights of Way Panel’ by objectors and are recognised by other local authorities and lobby groups.

5.4.3 The wider impacts on infrastructure and services identified by the Ecotec report, that are created by a high concentration of HMOs and arising from the changing demography of the neighbourhood are:

- decline in owner occupied stock;
- increased population densities can place a strain on existing services, refuse disposal and street cleansing;
- reduction in demand for some local services;
- the decline of local school enrolment;
- underuse of community facilities; and
- increased demand for other services such as takeaway food, bars.

¹⁶ www.communities.gov.uk/publications/planningandbuilding/evidencegatheringresearch

- 5.4.4 The Ecotec report highlights that a high demand for private sector renting can lead to positive regeneration and economic benefits in some local neighbourhoods, particularly in areas where low demand has led to derelict and vacant properties. This can introduce new life and population back into a neighbourhood, and the demand for private rented accommodation can lead to improvement of the existing housing stock and bring properties back into use. However, in the long term, the decline of local services (caused by reduced demand) from a high concentration of HMOs, which serve the permanent residents and families living in the local area, will not sustain a balanced and mixed community.
- 5.4.5 The government has also recognised that a high concentration of HMOs can sometimes cause problems. DCLG planning guidance circular 08/2010 states that this is so “especially if too many properties in one area are let to short term tenants with little stake in the local community”.
- 5.4.6 The Houses in Multiple Occupation Survey (CPC, 2008a) identified that the occupants of HMOs tend to be transient in nature, with fewer than 5% of HMO residents having lived at their current address for more than 5 years. It is likely that these transient occupiers will have less of a vested interest in the sustainability of a community than owner occupiers and permanent residents.
- 5.4.7 The Council’s Environmental Health team reported that a significant number of noise nuisance notices were served on occupiers of HMO dwellings: 238 (59%) of the 403 total noise nuisance notices served in the city between 2010 and 2011. However, the majority of these notices were served on each individual resident living in only 33 HMO dwellings; representing approximately 0.5% of the total HMO dwellings in the city.
- 5.4.8 As a result of these amenity and character impacts, it will be less attractive for more permanent residents to live in a community affected by a high concentration of HMOs.

5.5 Maintaining a balanced community

- 5.5.1 It is difficult to identify precisely what constitutes a balanced and mixed community. It is evident that there are areas in the city with high concentrations of HMOs which can have a negative impact on the sustainability of the communities (especially as perceived by permanent residents).
- 5.5.2 Government advice is not clear as to what exactly constitutes a balanced community, though ‘PPS3: Housing’¹⁷ encourages the delivery of “a variety of housing, particularly in terms of tenure and price and a mix of different households such as families with children, single person

¹⁷ <http://www.communities.gov.uk/publications/planningandbuilding/pps3housing>

households and older people” (Paragraph 20 refers). Neither is there clear advice about how to identify the ‘tipping point’ when a concentration of HMOs in a local area begins to adversely change the character and balance of the community.

- 5.5.3 The ‘Mosaic database’ information held by the Council models the demographic profile of the vast majority of households across the city. It splits household types into 15 distinctive groups which highlight key features of the population. The range of these household groups illustrates the complexity of the demographic characteristics of the city’s population.
- 5.5.4 The demographic profile of all households in the city shows there is a diverse mix of different groups and tenure in terms of families with children, couples, single persons and older people, where one group generally does not over dominate another. A demographic profile of HMO households (based on a 30% sample of the total HMOs in the city) shows that the main three groups occupying HMOs are ‘young transient singles’, ‘students’, and ‘diverse renters in older terraced properties’. It also shows that the proportion of groups including families, elderly and couples are in the minority compared to these main groups who live in HMOs.
- 5.5.5 The mapping of the Mosaic information shows a relatively high proportion of ‘student’ and ‘transient young singles’ households concentrated in the Wards of Bargate, Bevois, Freemantle, Portswood and Swaythling. This correlates with the information in the Houses in Multiple Occupation Survey (CPC, 2008a) for the city which showed that 84% of the city’s HMOs were in the central (Bevois, Bargate & Freemantle) and northern (Bassett, Portswood & Swaythling) Wards (see table 1 page 9).
- 5.5.6 The average household size in England across all tenures is 2.4 persons per household. In an HMO there is likely to be a minimum of 3 persons per household rising to 6 residents living in a small/medium HMO and 7 or more living in a large HMO. The majority of these residents living in HMOs are below the age of 34. This would suggest the population size will be higher than average within a community of a high concentration of HMOs, which is predominantly young transient singles.
- 5.5.7 As a result of this contrast in the mix of groups and population it is considered that a high concentration of HMOs will dilute the mix of groups and the proportion of owner occupier households in a community. This can lead to an imbalanced community and the associated impacts (see section 5.4).
- 5.5.8 It has been shown that the community can tip out of balance where there is a high concentration of HMOs. The demography of the city is complex and, therefore, when defining the ‘tipping point’ it is not possible to define

a 'model community' to suggest a precise mix and balance of households which can be applied uniformly across Southampton.

6 The approach

6.1 There is continuing pressure on the housing market in Southampton to deliver privately rented accommodation including HMOs. Moreover, the housing tenure of Southampton differs markedly from the national trend with a greater element of rented accommodation (see section 5.2). In deciding the 'tipping point' when the concentration of HMOs becomes over dominant, the Council is aiming to redress the imbalance of the city's 'communities' whilst addressing future needs for growth of HMO dwellings.

6.2 Defining the tipping point – threshold

6.2.1 This can be best achieved by setting a threshold limit for new HMOs. The limit will resist further HMOs in communities which already have a concentration above this limit, and also control the growth of HMOs in communities below this limit. As a result this will encourage a more even distribution across the city.

6.2.2 The suitable location for HMOs outside and adjacent to the existing areas of concentrations is limited by tenure (i.e. local authority and social housing), cost of renting, and accessibility to places of work and study. It will be more unattractive for HMO households to live on the edge of the city where there are poorer transport links to these places. The thresholds applied must allow sufficient capacity for an additional supply of HMOs above the city's existing stock taking into account these constraints on the location of future HMOs.

6.2.3 The Council will apply a two tier threshold. A 10% threshold limit will be applied to the northern wards of Bassett, Portswood and Swaythling. The threshold limit applied to the wards in the rest of the city will be 20%. Map 1 on page 19 shows the different threshold levels.

6.2.4 A threshold limit of 20% is equivalent of 1 in 5 households being a HMO in a community, and 10% will be 1 in 10 households. On the other hand, if a threshold of HMOs above 3 out of 10 properties (30%) is considered, it then becomes more difficult to justify that there is a reasonable level of balance and mix of households in the community.

6.2.5 The number of existing HMOs in the northern wards is shown to be 10.4% out of the total housing stock of all tenures (refer to Table 1, page 9) and, therefore, already exceeds the 10% threshold limit. The higher 20% threshold across the rest of the city will ensure there is capacity for a reasonable growth of HMOs. Only 6% of the total housing stock (all tenures) are HMOs, and 18% are HMOs in the central wards. The 20% threshold to be applied in the central wards is very close to the current

level and should therefore serve to limit new HMO applications whilst recognising demand for HMOs in this part of the city tends to be the highest due to good transport links and access to employment and facilities.

6.2.6 The mosaic data (Experian, 2011) indicates that when compared to the average city profile (% proportion of total households) the northern wards have three times the proportion of owner occupied households than in the central wards. The number of HMOs located in the northern wards is less than half the amount compared to the central wards. The 10% threshold is likely to resist any further growth in the concentration of HMOs in the northern wards. This will safeguard the character and balance of the communities in these wards from the level of HMO concentration which affects the central wards and aims to prevent a decline of family housing to the level found in the central wards.

6.2.7 There may be certain streets in the city where the vast majority of properties are already HMOs, with only a very small proportion of C3 dwellings remaining. In these extreme circumstances, the conversion of the remaining C3 dwellings to a HMO would not further harm the character of the area. This matter is dealt with in more detail in section 6.6 (Exceptional Circumstances).

6.3 Measuring the area of impact – radius

6.3.1 It is considered that the negative impacts of HMOs on surrounding properties are most likely to significantly affect immediate neighbours. Therefore, the impacts associated with a HMO concentration for the application site can be best assessed at this level.

6.3.2 The Council will use a radius to apply the threshold limit. The defined area of impact will be the residential properties whose curtilages lie wholly or partly within a radius of 40 metres from the application site. The radius point is measured from the midpoint of the main external doorway to be used by all tenants. This approach is a consistent method of identifying the area surrounding the application site affected by a concentration of HMOs. A radius of 40 metres, defined in this way, will generally include the immediate neighbours to the application site.

6.3.3 In areas of the city characterised by low density residential properties or properties with large plots the radius will only capture a few properties. To ensure there is a consistent area of impact to apply the threshold, a minimum of 10 residential properties will be covered when assessing each planning application. Where the radius area does not cover a minimum of 10 residential properties, the threshold will apply to the 10 residential properties nearest to the application site located on all frontages of the street (with the same street address).

6.3.4 Worked examples provide detailed guidance on how the approach works in section 6.5.

6.4 Implementing the threshold

- 6.4.1 The Council will estimate the number of HMOs in the relevant area for each individual planning application. The applicant should undertake their own estimate of the number of HMOs to accompany the planning application and provide all their supporting data. There is a variety of evidence sources on the location of HMOs as listed in paragraph 6.4.3, and the applicant is advised to refer to these sources to build a body of evidence which will be assessed as a matter of fact and degree.
- 6.4.2 The percentage concentration of HMOs surrounding the application site will be calculated through three main stages:

Stage 1 – identify residential properties

The residential properties identified are those located within the defined area of impact surrounding the application site i.e. the 40 metre radius or 10 nearest properties. The worked examples in section 6.5 demonstrate this process. To be clear which residential properties are identified, all sub-divided properties including flatted blocks within the same curtilage are counted as one whole property at the first stage (worked example 3 shows an example of this). The residential properties listed in paragraph 3.4 will not be identified.

Stage 2 – Count HMOs

Using the HMO sources listed in paragraph 6.4.3, the residential properties identified at stage 1 will be investigated to check whether they are an existing HMO. All separate units forming part of the sub-divided residential properties (identified at the first stage as a whole property) which are 1 and 2 bed flats will not be investigated.

Stage 3 – Calculate concentration

The concentration of HMOs surrounding the application site is calculated as a percentage of the 'total estimated number of existing HMOs' against the 'total number of residential properties'. The total number of residential properties does not include those properties listed in paragraph 3.4, and all 1 and 2 bed flats which form part of the sub-divided properties (identified at the first stage). The final figure calculated is rounded up for a percentage of HMOs greater than decimal point 0.5, and rounded down when less than 0.5.

- 6.4.3 For the purposes of the threshold, HMOs (see section 3 for the definition of HMOs) can be identified from the following sources:
- **SCC Planning register:** those dwellings with a consent or a lawful use for an HMO (either C4 or sui generis extant planning permission or lawful use, regardless of their current occupation i.e. including those properties with a consent for C3 and C4 use occupied as C3 use). Small HMOs with a lawful flexible permission are counted as a HMO. Please see this SCC [weblink](#) for access.

- **SCC electoral register:** showing 3 or more apparently unrelated individuals, but it is recognised that this will not provide conclusive evidence that the property is an HMO. A property not registered will still be investigated under the other sources. Please see this SCC [weblink](#) for access.
- **SCC Council Tax records:** shows properties which are occupied by full time students only. This information cannot be disclosed to individual members of the public. The information will only be made public by the Council in the determination of a planning application. The details of the location of the identified student HMOs amongst other HMOs surrounding the application site will not be disclosed.
- **SCC HMO Licensing register:** shows licensed HMOs under the Housing Act which comprise 3 or more storeys and are occupied by 5 or more unrelated people. Please see this SCC [weblink](#) for access.

6.4.4 The sources listed above are not a conclusive or exhaustive record of all HMOs in the relevant area. There may be existing HMOs which are occupied but unknown to the Council. In particular, on 6th April 2010¹⁸ the Uses Classes Order introduced a class for HMOs to reclassify C3 dwellings to either the new C3 or C4 classes. The reclassification of existing dwellings to C4 use did not require planning permission and therefore will not be registered on the Council's register of planning applications. Planning permission was not required to convert from C3 to C4 under permitted development rights until the Article 4 direction came into effect on 23rd March 2012¹⁹.

6.4.5 These sources will initially provide a reasonable indication of the numbers and location of HMOs in a street. Further investigation of individual properties may be required by the planning officer to provide greater confidence in the estimate, but it is emphasised that it will not be possible to guarantee a 100% accurate count in all cases. Where there is significant doubt as to whether a property is an HMO, it will not be counted towards the threshold. There will be a number of the HMOs identified by the Environmental Health Housing Team in the category specified under section 257 of the Housing Act (refer to paragraph 3.2) which do not fall under the planning definition of HMOs and, therefore, cannot be counted towards the threshold.

6.4.6 The Council does not have a comprehensive database or register of HMOs and it would be impossible to create or maintain one with the resources available. As more planning applications are processed for HMOs, the Council will start to build up a more accurate picture of the distribution of HMOs, although it is recognised that the status of any given property will change over time.

¹⁸ The Town and Country Planning (Use Classes) (Amendment) (England) Order 2010 (SI 2010/654) - <http://www.legislation.gov.uk/ukksi/2010/653/contents/made>

¹⁹ The Town and Country Planning (General Permitted Development) (Amendment) (No.2) (England) Order 2010 (SI 2010/2134) - <http://www.legislation.gov.uk/ukksi/2010/2134/contents/made>

6.5 Threshold guidance

6.5.1 The following guidance will be used to determine a planning application to convert properties to HMOs:

Planning permission will not be granted

i) in the wards of Bassett, Portswood and Swaythling where the proportion of HMO dwellings will exceed 10% of the residential properties*; or

ii) in the rest of the city where the proportion of HMO dwellings will exceed 20% of the residential properties*;

where their curtilage lies wholly or partly within a circle of radius 40 metres from the application site.**

Where the circle does not include a minimum of 10 residential properties, the threshold will apply to the 10 residential properties nearest to the application site located on all frontages of the street (with the same street address).**

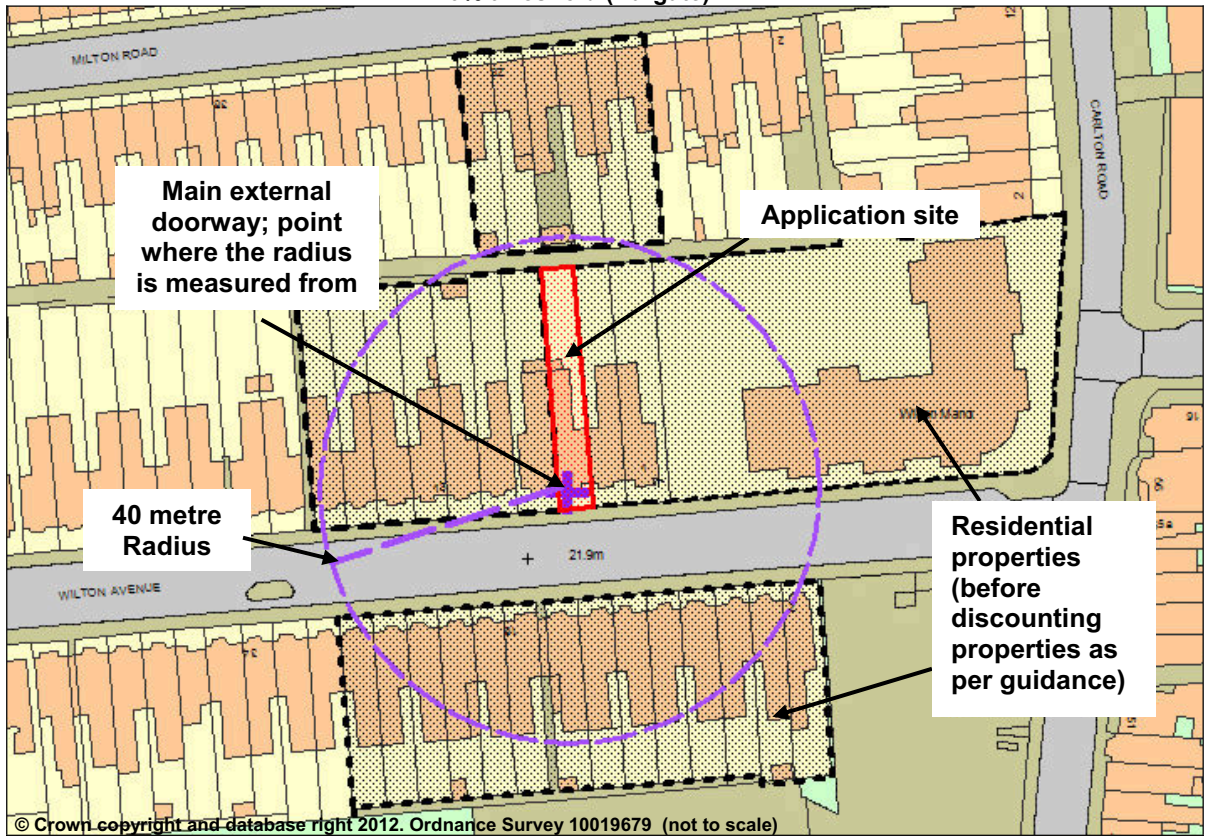
When the threshold has been breached already, planning permission will only be granted in exceptional circumstances (see section 6.6).

Notwithstanding the threshold limit and exceptional circumstances, other material considerations (such as intensification of use, highway safety, residential amenity of future and existing occupiers) arising from the impact of the proposal will be assessed in accordance with the Council's relevant development management policies and guidance.

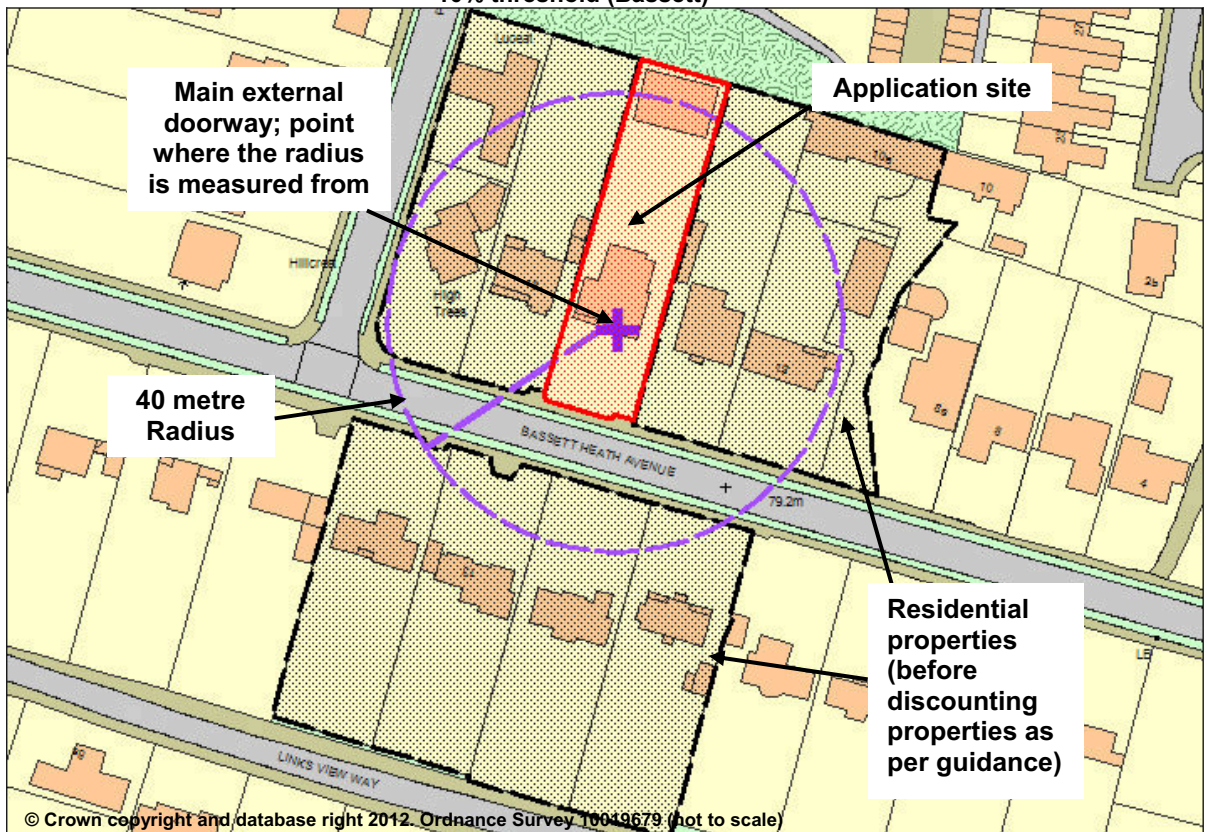
* Paragraph 6.4.2 sets out the 'residential properties' identified for the purposes of calculating the percentage concentration of HMOs.

** Measured from the midpoint of the main external doorway entrance to be used by all tenants as shown on the proposed plans submitted with the planning application.

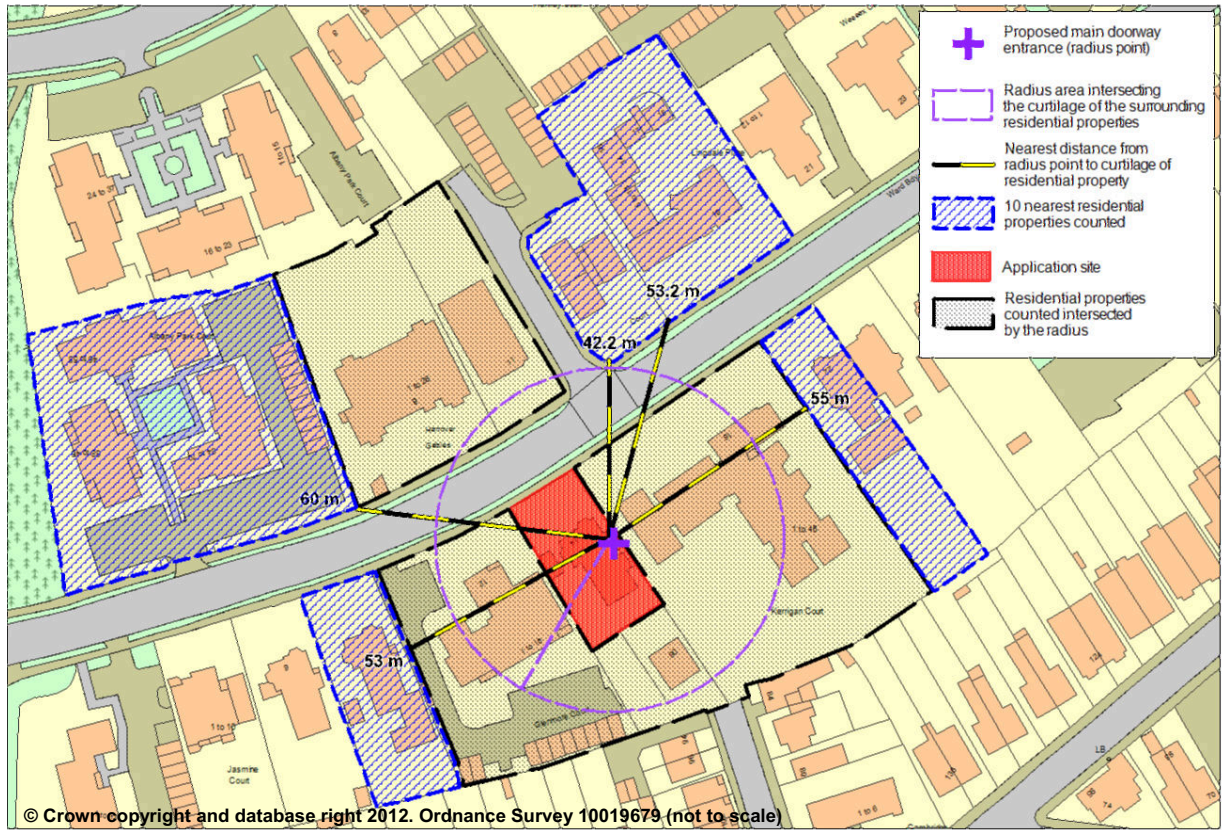
**Worked example 1: 5 Wilton Avenue
20% threshold (Bargate)**



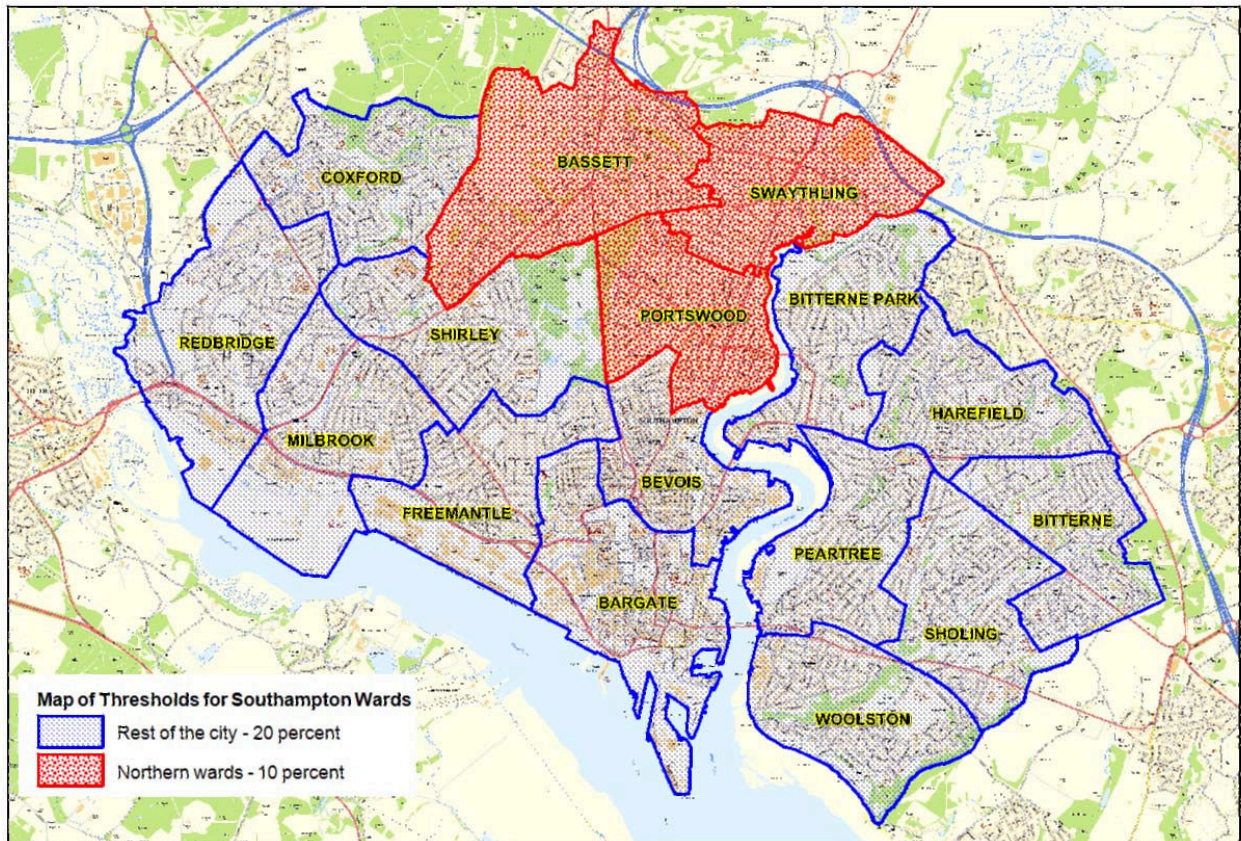
**Worked example 2: 16 Bassett Heath Avenue
10% threshold (Bassett)**



**Worked example 3: 14 Westwood Road
20% threshold (Bevois) and 10 nearest residential properties**



Map 1 – Threshold limits for Southampton wards



6.6 Exceptional circumstances

- 6.6.1 There may be certain streets in the city where the vast majority of properties are already HMOs, with only a very small proportion of C3 dwellings remaining. The retention of 1 or 2 of the remaining C3 dwellings will have little affect on the balance and mix of households in a community which is already over dominated by the proportion of existing HMO households. Therefore, the conversion of the remaining C3 dwellings to a HMO would not further harm the character of the area.
- 6.6.2 There is no upper limit where the threshold ceases to have effect, though it is recognised that some owner occupiers or long term residents in this situation described above, being the last remaining residential property and wanting to leave the street, may struggle to sell their property for continued C3 use.

Each application site will assessed on its own individual merits when considering where exceptional circumstances will be a material consideration and will be determined in accordance with the following criteria:

Where the vast majority of existing properties surrounding the application site within the defined area of impact are HMO dwellings, the applicant should submit a supporting statement with the planning application to demonstrate that there is no reasonable demand for the existing residential property as continued C3 use. No reasonable demand would be demonstrated by a period of at least six months on the property market offered at a reasonable price (based on an assessment of the property market in the local area) or rental level to be verified in writing by a qualified person in a relevant profession such as estate agent.

6.7 Large HMOs (more than 6 occupiers)

- 6.7.1 Planning applications for the change of use of properties into large HMOs will be assessed using the threshold limit.
- 6.7.2 Planning permission will be required to change the use of a small HMO to a large HMO, or to intensify the use of a lawful large HMO (without any physical extension or external alteration to the property) by increasing the number of occupiers. In this instance the threshold limit will not be triggered as the HMO has already been established in the street and, therefore, have no further affect on the concentration of HMOs and balance and mix of households in the local community.
- 6.7.3 These types of planning applications will be assessed on their own individual merits on a case by case basis against the Council's relevant

policies and guidance, including standard of living conditions and parking standards set out in sections 6.9 and 7. Other impacts will be assessed as set out in paragraph 6.5.1.

6.8 Flipping use between a dwellinghouse and an HMO (C3 and C4)

6.8.1 It is permitted development (not requiring planning permission) to change the use from a small HMO to a family house. A planning condition will be applied to new C4 planning permissions to allow the flexible use of the dwelling to change in either direction between a C3 and C4 use without the need for planning permission. This will ensure that landlords have the flexibility to let their property either as a single dwellinghouse or as a HMO, dependant on the market, thus creating the opportunity to reprovide family housing from the existing HMO housing stock.

6.8.2 The flexible planning condition can only be applied to new permissions for HMO dwellings; and will not apply to large HMOs or existing C4 uses. The lawful use will be able to continuously change between C3 and C4 occupation for a maximum of 10 years from the date that the permission is granted (subject to not breaching any condition, limitation or specification contained in the permission). This is a provision under the Town and Country Planning (General Permitted Development) Order 1995 Part 3 Class E²⁰. After the 10 year period the occupied use on this date will then become the lawful use of the property. The applicant can reapply for a new flexible permission to continue flipping the use. Once granted, flexible permissions are counted as an existing HMO when calculating the concentration of HMOs.

6.8.3 It will be possible to obtain a flexible permission if the property is currently occupied as a C4 HMO. If it can be demonstrated that the property was established as a C4 HMO on 23rd March 2012, this will then be a material consideration when the Council considers the planning application (see section 8 for guidance on lawful use).

6.9 Standard of living conditions for future tenants

6.9.1 The guidance set out below expands on the following text relating to Policy H4 of the Local Plan Review:-

Paragraph 7.18

In determining any planning applications for a shared property, the council will have regard to its set standards for multiple occupation accommodation, which relate to room and space standards, range of facilities provided, fire escape provision, security and health and safety requirements.

²⁰ This is a provision under the Town and Country Planning (General Permitted Development) Order 1995 Part 3 Class E - <http://www.legislation.gov.uk/uksi/1995/418/schedule/2/made>

- 6.9.2 The standard of facilities and safety for tenants is also controlled outside the planning system under the statutory provisions of the Housing Act 2004 and regulated by the Council's Environmental Health Housing team²¹. In addition to obtaining planning permission, landlords are reminded that they must apply to licence their property under Part II of the Housing Act 2004 for HMOs with *3 storeys or more and 5 or more occupants*²². Landlords who are caught without a licence, risk being fined by the courts.
- 6.9.3 A licence holder must ensure that the dwelling is compliant with the national minimum standards, in particular the level of bathroom, WC and wash hand basin provision. These standards are set out in the Council's 'Approved Standards for HMOs'²³ (see Appendix 1) according to the type of accommodation offered. A HMO dwelling is required to have basic levels of amenities and every planning application will be expected to demonstrate that the proposal has met the standards, which include (see Appendix 1 for full list):
- rooms of a reasonable size,
 - sufficient number of bathrooms,
 - suitable cooking facilities, and
 - sufficient number of toilets for the number of people living there.
- 6.9.4 The Management of Houses in Multiple Occupation (England) Regulations 2006 require owners / managers of all HMOs to ensure that the property is maintained in a safe condition, that gas and electricity supplies are maintained and that reasonable standards of management are applied²⁴.
- 6.9.5 The Council will seek to ensure that the Private Housing amenity standards are met to improve the quality of living environments across the city. The Council's Environmental Health Housing team will be consulted at the planning application stage to advise whether the proposal complies with the amenity standards (Appendix 1). It is likely that any application that fails to meet these requirements will be refused planning permission.
- 6.9.6 The floor layout and room types should be clearly labelled, indicating as well whether a room is a 'communal space' where tenants will share basic amenities (toilet, personal washing facilities, or cooking facilities) and habitable rooms.

²¹ Guidance on the Council's standards for amenities and safety -

<http://www.southampton.gov.uk/living/housing/private/landlord/hmos/safety.aspx>

²² For more information on HMO licensing, please contact the SCC Private Housing team or see the following link on the SCC website:- <http://www.southampton.gov.uk/living/housing/private/landlord/hmos/mandatory.aspx>

²³ The Council's 'Approved Standards for HMOs' -

http://www.southampton.gov.uk/Images/Guidance%20on%20HMO%20Standards%20June10_tcm46-195769.pdf

²⁴ For more information on Council's Safety and Standards for HMOs see the following link on the SCC website - <http://www.southampton.gov.uk/living/housing/private/landlord/hmos/safety.aspx>

The applicant should be aware that under the Housing Act 2004, the HMO will be required to have basic levels of amenities, and must have rooms of a reasonable size and enough bathrooms, cooking facilities and toilets for the number of people living there.

In accordance with saved policy H4 the consideration of the planning application will include assessing the advice from the Environmental Health Housing team and any implications for future residents. Planning applications are likely to be refused if they do not meet the standards.

- 6.9.7 The Council also works in partnership with the University of Southampton and Southampton Solent University to promote the SASSH (Southampton Accreditation Scheme for Student Housing) programme for student shared private rented sector properties advertised through a new online letting service. The Standards are not intended to be onerous and are divided into three separate categories (One Star, Two Star and Three Star) allowing landlords to achieve greater recognition for properties meeting the appropriate criteria. Current SASSH standards and registration can be viewed on the [Student Accreditation Scheme website](#)²⁵.
- 6.9.8 The standard of living conditions for future tenants will be a material consideration. This will be assessed against the Council's residential standards set out in the Residential Design Guide Supplementary Planning Document²⁶. The main considerations will be access to outlook, privacy, and daylight/sunlight to ensure that future tenants have a good quality residential environment. The applicant will be required to fully provide all communal spaces as approved prior to first occupation by the tenants and, thereafter, retained unless otherwise agreed in writing with the Council.
- 6.9.9 **The relevant standards are set out in the Residential Design Guide, Section 2.2 – 'Access to natural light, outlook and privacy'**. If further advice is required at pre-application stage see section 9.

²⁵ The SASSH website (Student Accreditation Scheme for Student Housing) - <http://www.sasshstudentpad.co.uk/Landlords.asp>

²⁶ Residential Design Guide (approved version September 2006) - <http://www.southampton.gov.uk/s-environment/policy/planningdocuments/residentialdesignguide.aspx>

6.9.10 The guidance set out below expands on the following part of Policy H4 of the Local Plan Review:-

Policy H4 extract

- (iii) Adequate amenity space is provided which:
- a) Provides safe and convenient access from all units;
 - b) Is not overshadowed or overlooked especially from public areas; and
 - c) Enables sitting out, waste storage and clothes drying.

6.9.11 The Council will assess whether adequate amenity space is provided for the tenants in accordance with the criteria set out in saved policy H4. **The standards expected for amenity space are set out in the Residential Design Guide, section 2.2 – ‘Access to natural light, outlook and privacy’ and section 4.4 – ‘Private Amenity Space’.** No minimum size of the amenity space is specified for the number of tenants living in the HMO, however, it will be assessed whether the space is ‘fit for the purpose intended’ in terms of privacy, quality and usability. If further guidance is required see section 9.

6.9.12 **When assessing the physical impact of an extension (refer to section 6.11) on the existing amenity space to be used by existing and future tenants, there will be particular regard to the guidance set out in paragraphs 2.3.12 and 2.3.13 of section 2.3 – ‘Detailed design of extensions and modifications’ of the Residential Design Guide.** If further advice is required at pre-application stage see section 9.

6.10 Waste management

6.10.1 Poor waste management of a HMO can lead to unattractive eyesores which can adversely impact on the character and amenity of adjacent and nearby properties.

6.10.2 The planning drawings showing the proposed layout of the application site and its surroundings (i.e. Site Plan) must show the area where the refuse bins will be stored and presented for collection.

6.10.3 Adequate space for management of waste should be sited and designed to enable residents and collection workers to conveniently and safely manoeuvre refuse bins to the collection point. Bins should not be stored visible from a public highway or in full public view. These facilities must be set up and maintained as approved on the submitted plans by the Council before the HMO is first occupied by the tenants.

6.10.4 Where appropriate the Council will require the submission of a waste management plan or statement to show in detail that tenant’s can

manage their waste in an acceptable way, and this plan must be put in place once approved.

6.10.5 The planning application will be assessed in accordance with the guidance set out in the Residential Design Guide, Section 9 - 'Waste management'. If further advice is required at pre-application stage see section 9.

6.11 Extensions to existing HMOs

6.11.1 When the Council consider a planning application for an extension to an existing lawful HMO, the threshold limit will not be a material consideration as the HMO has already been established in the street and, therefore, have no further affect on the concentration of HMOs and balance and mix of households in the local community.

6.11.2 The HMO does not materially change use within class C4 when intensifying the occupation up to 6 people and, therefore, only the physical impact of the extension will be assessed in accordance with the Council's relevant planning policies and guidance.

6.11.3 Where the extension results in an increase of occupiers over 6 persons or more living in the HMO, planning permission must be sought in its own right for a change of use to a large HMO (see section 6.7). The threshold limit will not apply, though other impacts arising from the proposal will be assessed (see paragraph 6.5.1) including standard of living conditions and parking standards set out in sections 6.9 and 7.

7 Parking Standards

7.1 Specific maximum parking standards are included in the HMO SPD to assess planning applications according to the number of bedrooms per HMO household. **These standards are used in conjunction with the guidance set out in the Council's Parking Standards SPD²⁷.**

7.2 Table 2 on page 25 sets out the maximum parking that may be provided at new HMO developments. Refer to the accessibility areas map in 'Figure 5' page 16 of the Parking Standards SPD for details on the extent of the standard and high accessibility areas. The 'high accessibility' standards set out in the Parking Standards SPD will apply to the 'city centre'.

²⁷ SCC adopted Parking Standards SPD - <http://www.southampton.gov.uk/s-environment/policy/planningdocuments/parkingstandards.aspx>

| Table 2 – Parking Standards | | |
|------------------------------------|--|--|
| No of Bedrooms | Maximum permitted parking provision | |
| | Maximum Provision | Maximum provision (high accessibility area including the city centre) |
| 3 | 2 | 2 |
| 4 | 3 | 2 |
| 5 | 3 | 2 |
| 6 | 3 | 2 |
| 7 | 3 | 2 |
| 8 | 4 | 3 |
| 9 | 4 | 3 |
| 10 | 5 | 3 |
| 11 | 5 | 4 |
| 12+ | 6 | 4 |

- 7.3 Provision of less than the maximum parking standard is permissible. Developers must demonstrate that the amount of parking provided will be sufficient, if they provide a lower quantity. See section 4.2 of the Parking Standards SPD for more detailed guidance.
- 7.4 This parking may be provided via on and off-street parking subject to the conditions and recommendations set out in the Parking Standards SPD. A combination of provision is recommended for many developments, as per guidance set out in Manual for Streets (DfT, 2007)²⁸. Off-street parking should make up the majority of parking provision for most large scale developments. As per the guidance set out in paragraph 7 under section 4.2 of the Parking Standards SPD, some off street parking is expected for large HMOs providing more than 6 bedrooms. **The guidance to assess where on-street parking may count towards parking provision for development is set out in section 4.2 of the Parking Standards SPD.**
- 7.5 A minimum number of cycle parking spaces to serve the HMO residents should be made available prior to first occupation of the HMO. These should be enclosed within a secure cycle store. **Section 5 of the Parking Standards SPD sets out guidance to assess the type and design of cycle facilities to be provided.**
- 7.6 The provision of off street parking may result in the replacement of traditional front gardens with open hard standing and the removal of front and side boundary walls. This often creates a negative impact on the existing character of the street and, in some cases localised flooding, and will, therefore, be resisted.

²⁸ <http://www2.dft.gov.uk/pgr/sustainable/manforstreets/>

- 7.7 **The planning application will be assessed in accordance with the guidance set out in the Residential Design Guide, Section 2.4 - ‘Garages and Parking Areas’ and Section 3.11 – ‘Plot Boundaries’.** If further advice is required at pre-application stage see section 9.

8 Regularising established HMOS - applying for a Certificate of Lawful Use

- 8.1 A landlord may be eligible to apply for a ‘Certificate of Lawful Use’ to regularise an existing HMO dwelling which is not lawful under the Council’s planning records.
- 8.2 A certificate can be applied to regularise a large or small HMO. A small C4 HMO occupied on or before 23rd March 2012 (when the Article 4 direction becomes effective) will be deemed the lawful use after this date. Satisfactory evidence will be required to demonstrate the lawful occupation of the HMO. If further advice is required at pre-application stage see section 9.
- 8.3 If a Landlord does not want to regularise their small/medium HMO, it is strongly recommended that they retain sufficient documentation to demonstrate lawful use as a small/medium HMO on 23rd March 2012. This will reduce the owner’s risk of the Council taking enforcement action against them.

9 Pre-application

- 9.1 Prior to submitting a planning application, an available Duty Officer will be able to provide limited and informal verbal advice e.g. advice in principle about the relevant guidance in the Residential Design Guide that applies to a proposal; planning application process; and relevant planning legislation i.e. applying for a ‘Certificate of Lawful Established Use’. See the Duty Officer webpage:
<http://www.southampton.gov.uk/s-environment/planning/permission/advice/duty-officer.aspx>
- 9.2 A ‘Preapplication Advice Service’ is available. Please see the webpage for more information about the service:
<http://www.southampton.gov.uk/s-environment/planning/permission/pre-apps.aspx>

10 Monitoring

- 10.1 The effectiveness of this Supplementary Planning Document will be monitored as part of the Annual Monitoring Report process using information from planning applications and decisions

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SCC, Statement of Community Involvement - www.southampton.gov.uk/s-environment/policy/developmentframework/communityinvolvement/

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<http://www.southampton.gov.uk/s-environment/policy/planningdocuments/parkingstandards.aspx>

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<http://www.southampton.gov.uk/living/housing/private/landlord/hmos/safety.aspx>

Glossary

The definitions contained in this glossary give general guidance only.

| | |
|--|--|
| Article 4 direction | The Council made a city-wide Article 4 Direction on the 14 March 2011 and, following public consultation, confirmed this on 24 October 2011. The Direction came into force on 23 March 2012 and permitted development rights for a change of use from a Class C3 (Dwellinghouse) to a Class C4 (small HMO) was removed from this date. This means that planning permission will be required for this type of development. |
| Communal facilities/space | These are spaces or facilities shared by the tenants, for example; basic amenities (toilet, personal washing facilities, cooking facilities), living rooms, dining rooms, kitchens, gardens, cycle stores, parking spaces, etc. |
| Curtilage | This comprises of the property and area of land surrounding the property i.e. the garden/grounds. |
| Flipping | The right to continuously change direction between separate use classes without planning permission i.e. C3 and C4 |
| House in Multiple Occupation (HMO) | A house or flat occupied by a certain number of unrelated individuals who share basic amenities. The property must be occupied as the main residence. There are 2 categories of HMOs under the use classes order; Class C4 otherwise known as a small/medium-sized HMO which is occupied between 3 and 6 residents, and large-sized HMO otherwise known as Sui Generis (of its own kind) which is occupied by more than 6 residents. |
| Permitted development rights or rules (PD) | The rules concerning certain type of development that can be carried out without the need for planning permission subject to following any conditions set out in the regulations. This can include changing the use of a building between use classes. |
| Radius | This is the circular area surrounding the application site where the threshold will be applied. The radius is measured from the midpoint of the proposed main doorway entrance to be used by the future tenants. |
| Threshold | This is the set limit or level of the concentration of HMOs. |

Appendix 1

**GUIDANCE ON STANDARDS
FOR HOUSES IN
MULTIPLE OCCUPATION**

SOUTHAMPTON CITY COUNCIL

JUNE 2010

SOUTHAMPTON CITY COUNCIL

GUIDANCE ON STANDARDS FOR HOUSES IN MULTIPLE OCCUPATION (HMOS)

Introduction

These standards assist landlords and developers to design, improve and maintain HMOs to a reasonable standard. These standards cover both licensed and non-licensable HMOs.

The standards may be revised from time to time. To ensure that these standards are current, please check with the City Council website on www.southampton.gov.uk/living/housing. New editions of the standards will be re-dated.

Further information about standards for privately rented houses is available on the City Council website including mandatory licensing and the Housing Health and Safety Rating System (HHSRS).

Enquiries about HMOs can be made to Private Housing at Southbrook Rise, 4-8 Millbrook Road East, Southampton. Telephone: 023 8083 3006 or e-mail: private.housing@southampton.gov.uk.

There is considerable diversity in the way that HMOs are occupied and in the health and safety risks that may be present. This advice therefore suggests standards that are appropriate for a wide range of the most common types of HMO.

The advisory standards are flexible and can be adapted to suit circumstances. The exception is in regard to licensed HMOs where national minimum HMO standards must be complied with and in particular the level of bathroom, WC and wash hand basin provision.

As part of the HMO licensing process, the council can discuss with landlords any variations from the standards that may be appropriate for a particular HMO.

WHAT IS A HOUSE IN MULTIPLE OCCUPATION?

The Housing Act 2004 redefines a HMO as a building or part of a building (i.e. flat) which:

- Is occupied by persons not forming a single household and;
- Two or more households occupy and share one or more basic amenities (or lack such amenities);
- Is occupied by more than one household and is a converted building not entirely comprising of self-contained flats;
- Comprises entirely of self-contained flats and the conversion does not comply with the Building Regulations 1991 and less than 2/3 of the flats are owner occupied;
- The HMO is occupied as the only or main residence;

- Rents are payable or other consideration is provided in respect of at least 1 of those occupying the HMO.

ARE ANY BUILDINGS EXEMPT?

Yes – the following are exempt from the HMO definition:

- Building occupied by only two people who do not form a single household;
- Buildings managed by educational establishments, Local Housing Authorities, Registered Social Landlords, Police, Fire, Health Authority or regulated by other legislation such as residential care homes etc;
- Buildings occupied by religious communities;
- Buildings predominantly owner occupied, including residential landlords where the owner occupier (and family members) occupies the building (or flat) with no more than 2 other persons;
- Buildings converted into self-contained flats, where the conversion meets 1991 Building Regulations.

WHAT IS A SINGLE HOUSEHOLD?

A single household includes members of the same family either by blood, marriage or other recognised means such as adoption or fostering. As an example, four friends sharing a student dwelling will be classed as four individual households and therefore a HMO.

EXPLANATION OF CATEGORIES OF HMOs

The number of amenities and the health and safety standards that are appropriate for an HMO are related to the differing needs of different types of occupiers. These standards take this into account and suggest different standards for different categories of HMOs as described below:

Category A HMOs

These are HMOs comprising parts that are rented as individual lettings with exclusive use of certain rooms. Occupiers may share washing, WC and kitchen facilities, but do not usually have a communal living room. The occupiers of this type of HMO tend to live completely independently of each other and have individual tenancy agreements.

Individuals or households may have a letting agreement that specifies the part(s) of the accommodation that they may occupy.

Typical examples are:

1. Single room bedsits – may have exclusive use of, or may share, personal washing, WC and kitchen facilities
2. Flatlets – multi-room lettings sharing some personal washing, WC and kitchen facilities.

Category B HMOs

These are HMOs that are rented to a group of people, commonly students or young professional adults, who may be on a group/joint contract. Occupiers share personal washing, WC and kitchen/dining facilities and usually have a communal living room. The occupiers of this type of HMO tend not to live completely independently of each other and may operate communally.

Hostels

These are HMOs that are generally referred to as hostels, guest houses, or bed & breakfast accommodation which provide accommodation for people with no other permanent place of residence. The accommodation is often on a temporary basis.

The category includes hostel and bed and breakfast establishments used by local authorities for housing homeless people, or similar establishments which provide accommodation for single people whose only financial support is state benefit and who would otherwise be homeless.

General notes to be read in conjunction with the HMO standards provided on the next pages

No kitchen facility should be more than one floor distant from the users of that facility. This will not apply if a communal living space or dining space is available on the same floor, or is not more than one floor away from the kitchen.

No personal washing or WC facility should be more than one floor distant in the case of a category A HMO, or two floors distant in the case of a category B HMO, from the users of those facilities.

A small household is one that consists of no more than 2 persons.

Sleeping rooms should not be occupied by more than 2 persons. No persons should share a room unless:

- they are married, or living together as if married
- they are parent and child (as long as the child is the same sex as the parent, or the child is under 10 years of age if opposite sex)
- they are members of the same family and are both of the same sex, e.g. 2 brothers (if below 10 years of age, opposite sexes can share a room)

There may be exceptions to the above sharing rule in bona fide hostels and similar establishments. Advice should be sought from the City Council in these cases.

The term 'bathroom', as used in the standards, normally means a bathroom containing a bath or shower, a WC and a wash hand basin. The basin should be of an adequate size for normal personal hygiene purposes including personal washing, the cleaning of teeth and shaving.

A wash hand basin with a constant adequate supply of hot and cold running water must be provided for each WC. If the WC is separate from a bathroom then a small hand rinse basin will suffice.

A standard cooking appliance should comprise four rings or hot plates, an oven and a grill. Microwave ovens may be satisfactory as supplementary cooking appliances but should not be the only cooking appliances.

The advisory room sizes do not include any en-suite bathroom facilities that may be provided, and do not include any floor area that is not effectively useable, for example, where the ceiling slopes to a low level.

An appliance with 2 rings or hot plates and oven is satisfactory for a one person unit of accommodation.

Sinks must be provided with a draining board and adequate constant supplies of hot and cold running water.

The provision of a second sink in a shared HMO may not be necessary if a dishwasher is provided. Private Housing will advise in these circumstances.

CATEGORY A & B HMOs - SHARED PERSONAL WASHING & WC FACILITIES

| | CATEGORY A HMO | CATEGORY B HMO |
|-------------------------|---|-----------------------|
| Bathroom | 1 per 5 occupiers | |
| WC | 1 per 5 occupiers | |
| Wash hand basins | <p>In licensable HMOs 1 WHB to be provided within each letting where it is reasonably practicable. It will be the responsibility of the landlord to demonstrate that is not reasonably practicable for WHB to be provided in each room. Regard should be had to the age and character of the HMO, the size and layout of each room and its existing provision for WHBs toilets and bathrooms.</p> <p>A wash hand basin must be provided with every WC</p> | |
| Heating | Adequate and suitable heating to be provided. | |
| Ventilation | Adequate and suitable ventilation to be provided | |

KITCHEN FACILITIES STANDARDS

| FACILITY | CATEGORY A | CATEGORY B |
|---|--|---|
| Cooker | 1 per 3 occupiers/small households | 1 for up to 5 occupiers. The addition of a microwave oven will allow the facilities to be used by up to 7 persons. If there are more than 7 occupants, 2 cookers must be provided, for use by up to 10 occupants. |
| Sink | 1 per 3 occupiers/small households. | 1 for up to 5 occupiers. |
| Adequate no. of suitably located electrical power points (adjacent to worktop) | 4 single sockets or 2 double sockets are required for every 3 occupiers/small households. Additional sockets are needed for a cooker or refrigerator. | 4 single sockets or 2 double sockets per 5 occupiers. Additional sockets are needed for a cooker or refrigerator. |
| Worktops | 2m x 0.5m per 3 occupiers/small households. | 2m x 0.5m per 5 occupiers. |
| Dry food storage | Double wall unit or single base unit (0.16m ³) for each occupier/small household. Storage in communal areas to be lockable. | Single wall unit per occupier (0.08m ³) |
| Refrigerated storage | Standard sized fridge (0.15m ³) with adequate freezer compartment per occupier/small household. If no freezer compartment in the fridge, separate freezers should be provided. Storage in communal areas to be lockable. | Standard sized fridge (0.15m ³) per 5 occupiers. Separate standard sized freezer should be provided per 5 occupiers. |
| Extractor fan | To be provided | To be provided |
| Fire blanket | To be supplied and wall mounted, but not to be sited immediately adjacent to or over a cooker | To be supplied and wall mounted, but not to be sited immediately adjacent to or over a cooker |
| Storage space for crockery & kitchen utensils | Adequate cupboard and/or drawer space | Adequate cupboard and/or drawer space |

SPACE STANDARDS

| ROOM(S) | CATEGORY A | CATEGORY B |
|---|--|---|
| One room unit for one person | 13 m ² including kitchen facilities for exclusive use. 10 m ² where separate shared kitchen | Not applicable |
| One room unit for a co-habiting couple | 16.5 m ² including kitchen facilities for exclusive use. 14m ² where separate shared kitchen | Not applicable |
| Two or more roomed unit for one person | Kitchen – 4.5m ² Living / kitchen – 11m ² Living room – 9m ² Bedroom – 6.5m ² Bed/living room – 10m ² | Not applicable |
| Two or more roomed unit for two persons living as a single household | Kitchen – 7 m ² Living / kitchen – 15 m ² Living room – 12m ² Bedroom – 10m ² Bed/living room – 14m ² | Not applicable |
| Shared kitchens | 7m ² for up to 5 occupants. 10m ² for 6 – 10 occupants. | 7m ² for up to 5 occupants. 10m ² for 6 – 10 occupants. |
| Bedroom/study | Not applicable | 10m ² except where a separate communal living room is provided in which case the bedroom may be 6.5 m ² |
| | Continued on next page | Continued on next page |
| Dining/kitchen | Not usually applicable. Check with Private Housing if dining/kitchen present. | 11.5 m ² for up to 5 occupants. 19.5m ² for 6 – 10 occupants. |
| Communal living room | Not usually applicable. Check with Private Housing if dining/kitchen present. | 12 m ² for up to 5 occupants. 16.5 m ² for 6 – 10 occupants. |

STANDARDS FOR HOSTELS

SHARED PERSONAL WASHING, WC AND KITCHEN FACILITIES

| | |
|------------------------|--|
| Bathroom | 1 per 5 occupiers |
| WC | 1 per 5 occupiers |
| Wash hand basin | In licensable HMOs 1 WHB to be provided within each letting where it is reasonably practicable. It will be the responsibility of the landlord to demonstrate that it is not reasonably practicable for WHB to be provided in each room. Regard should be had to the age and character of the HMO, the size and layout of each room, and its existing provision for WHBs toilets and bathrooms. A wash hand basin must be provided with every WC |
| Cooker | 1 cooker for up to 3 lettings. 2 cookers for up to 10 lettings and one cooker per additional 5 lettings thereafter. |
| Sink | 1 sink for up to 3 lettings. 2 sinks for up to 10 lettings and one sink per additional 5 lettings thereafter. |

SPACE STANDARDS FOR HOSTELS

| ROOM(S) | MINIMUM ROOM SIZE |
|---|--|
| 1 person | 6.5m ² if communal area provided. 9m ² if no communal area. |
| 2 persons | 10m ² if communal area provided. 13m ² if no communal area. |
| Kitchen facilities located within the letting | Add 3m ² to each of the room sizes given above |
| Shared kitchens (for use by occupants) | 7m ² for up to 5 occupants. 10m ² for 6 – 10 occupants. If more than 10 occupants sharing, contact the Private Housing team for guidance. |
| Kitchen/dining rooms | 11.5m ² for up to 5 persons. 19.5 m ² for 6-10 persons. If more than 10 occupants sharing, contact the Private Housing team for guidance. |
| Lounge/dining area | 12m ² for up to 5 persons. 16.5m ² for 6-10 persons. Dining space to be in close proximity to kitchen. If more than 10 occupants sharing, contact the Private Housing team for guidance. |

C4 HMO Monitoring (23/03/12 – 26/11/13)

| Refusals | Address | Ward | Decision | Notes |
|--------------|-------------------------------------|------------|--------------------------------------|--|
| 12/00053/FUL | 12 Carlton Road | Bargate | Panel Refusal | Contrary to 20% (40%) - Appeal DISMISSED |
| 12/00777/FUL | 93 Newcombe Road | | Delegated Refusal | Contrary to 20% (50%) - Appeal DISMISSED |
| 12/01859/FUL | 56 Wilton Avenue | | Delegated Refusal | Contrary to 20% (93% (27 out of 29)) |
| 13/01089/FUL | 3 Jessie Terrace, Bernard Street | | Delegated Refusal | Contrary to 20% (56%) |
| 13/01256/FUL | 8 Holt Road | | Delegated Refusal | Contrary to 20% (41%) |
| 12/00677/FUL | 30 Glen Eyre Drive | Bassett | Panel Overturn - 9% from 0% | Out of character - Appeal DISMISSED . Not contrary to CS16. |
| 12/00684/FUL | 6 Denbigh Gardens | | Panel Overturn - 10% from 0% | Out of character - Appeal DISMISSED . Contrary to CS16 as loss of family dwelling |
| 12/00705/FUL | 9 Pointout Close | | Panel Overturn - 3% from 0% | Out of character. Appeal DISMISSED |
| 12/01011/FUL | 18 The Parkway | | Panel Overturn - 9% from 0% | Poor living environment – Appeal DISMISSED |
| 12/01345/FUL | 3 Hurlingham Gardens | | Delegated Refusal | Contrary to 10% (14%) |
| 12/01435/FUL | 7 Greenbank Crescent | | Panel Overturn – 8.3% from 0% | C3 to 9 bed. Appeal DISMISSED |
| 13/00207/FUL | 38 The Parkway | | Delegated Refusal | Contrary to 10% - Appeal in progress |
| 13/00047/FUL | 23 Bellevue Road | Bevois | Delegated Refusal | Contrary to 20% (54%) |
| 13/01306/FUL | 23 Bellevue Road | | Panel Refusal | Contrary to 20% and not exceptional circumstances as still 3 family homes (including site) left in 40m radius – Appeal in progress |
| 12/00298/FUL | 10 Landguard Road | Freemantle | Delegated Refusal | Contrary to 20% (60%) |
| 12/01570/FUL | 69 Suffolk Avenue | | Delegated Refusal | Contrary to 20% (38%) |
| 12/01570/FUL | 69 Suffolk Avenue | | Delegated Refusal | Contrary to 20% (38% (5 out of 13)) |
| 12/01916/FUL | 135 Shirley Road | | Delegated Refusal | Contrary to 20% (57% (4 out of 7)) |
| 13/00684/FUL | 21 Darwin Road | | Panel Overturn | Under 20% (15%) |
| 13/01313/FUL | 10 Richville Road | Millbrook | Delegated Refusal | Under 20% (10%). Harm to character and amenity |
| 11/01874/FUL | 14 Spring Crescent | Portswood | Panel Overturn | Prior to adoption of SPD (13.3.13). C3 into 2 x 5 bed C3/C4. Currently has capacity for occupancy of up to 8, and result in a total occupancy of at least 10 people. Appeal DISMISSED – Contrary to 10% (43%). The proposal would lead to the establishment of 2 HMOs on this site and thus further intensify such |

| Refusals | Address | Ward | Decision | Notes |
|--------------|-----------------------|----------------|--|---|
| | | | | uses in this locality. |
| 12/00080/FUL | 53 Shaftesbury Avenue | Portswood | Delegated Refusal | Extend C3 and subdivide to 2 C3/C4. Contrary to 10%. Over-intensive use – Appeal DISMISSED |
| 12/00189/FUL | 8 Westridge Road | | Delegated Refusal | Contrary to 10% (50%) |
| 12/00346/FUL | 2A University Road | | Delegated Refusal | C4 to 7 bed - Parking |
| 12/00839/FUL | 59 Chamberlain Road | | Delegated Refusal | Contrary to 10% (18%) |
| 12/00989/FUL | 57 Westridge Road | | Delegated Refusal | 2 flats to 8 bed. Contrary to 10% (47%) |
| 12/01202/FUL | 106 Tennyson Road | | Panel Refusal | Contrary to 10% (85%) – Didn't meet exceptional circumstances as 3 dwellings left |
| 12/01389/FUL | 1 Blenheim Gardens | | Delegated Refusal | 8 bed C3 to 8 bed C4. Appeal DISMISSED prior to SPD. No changes to resubmission and refused, no % applied. Appeal in progress. |
| 12/01449/FUL | 13 Grosvenor Road | | Enforcement Notice – breach C3 to 2 HMO 7 persons and 8 persons | Contrary to 10% (22%) - Appeal DISMISSED. |
| 12/01585/FUL | 21 Spring Crescent | | Delegated Refusal | Contrary to 10% (60%) |
| 12/01599/FUL | 23 Woodside Road | | Delegated Refusal | Contrary to 10% (no % given) |
| 12/01723/FUL | 5 Crofton Close | | Delegated Refusal | Contrary to 10% (13%) |
| 12/01929/FUL | 1 Highfield Lane | | Delegated Refusal | Contrary to 10% (28%) |
| 13/00228/FUL | 253 Portswood Road | | Delegated Refusal | Other material issues |
| 13/00980/FUL | 4 Osborne Gardens | | Delegated Refusal | Contrary to 10% (35%) |
| 13/01026/FUL | 21 Holyrood Road | | Delegated Refusal | Contrary to 10% (61%) |
| 13/01206/FUL | 253 Portswood Road | Panel Overturn | Upper floors to 2x4 bed C4 flats. Poor Residential Environment – Appeal in progress | |
| 13/01345/FUL | 16 Harefield Road | Swaythling | Delegated Refusal | Contrary to 10% (32%) |
| 12/00485/FUL | 1 Mayfield Road | | Delegated Refusal | Contrary to 10% (33%) - Appeal DISMISSED |
| 13/00596/FUL | 301 Woodmill Lane | | Delegated Refusal | Contrary to 10% |
| 13/00651/FUL | 39 Bacon Close | Woolston | Panel Overturn | Under 20% (7%) - Appeal in progress |

Does not include extensions to existing shared houses

| Approvals | Address | Ward | Decision | Notes |
|--------------|-----------------------------------|---------------|---------------------------|--|
| 12/00245/FUL | 14 York Terrace, Henstead Road | Bargate | Panel Approval | C3 to 7 bed - 87% (13 out of 15) – Allowed under exceptional circumstances |
| 13/00426/FUL | 42 Wilton Avenue | | Delegated Approval | C4 to 7 person |
| 13/00623/FUL | 26 - 27 Chapel Road | | Delegated Approval | B1a to C4 |
| 13/01271/FUL | 3 Harborough Road | | Delegated Approval | Flip C3 and C4 |
| 13/01272/FUL | 5 Harborough Road | | Delegated Approval | Flip C3 and C4 |
| 13/00876/FUL | 12 Dale Valley Road | Bassett | Delegated Approval | C3 to C4 |
| 13/01153/FUL | 4 Hurlingham Gardens | | Delegated Approval | Flip C3 and C4 |
| 12/00650/FUL | 9 Gordon Avenue | Bevois | Delegated Approval | C3 to C4 |
| 13/00362/FUL | 279 Northumberland Road | | Delegated Approval | C3 to C4 |
| 13/01005/FUL | 20 Blackberry Terrace | | Delegated Approval | Flip C3 and C4 |
| 13/01021/FUL | 17 Avenue Road | | Delegated Approval | Flip C3 and C4 |
| 13/01022/FUL | 15a Porstwood Road | | Delegated Approval | Flip C3 and C4 |
| 13/01023/FUL | 13 Gordon Avenue | | Delegated Approval | Flip C3 and C4 |
| 13/01029/FUL | 9 Gordon Avenue | | Delegated Approval | Flip C3 and C4 |
| 13/01032/FUL | 23 Avenue Road | | Delegated Approval | Flip C3 and C4 |
| 13/01074/FUL | 35A Portswood Road | | Delegated Approval | Flip C3 and C4 |
| 13/01096/FUL | 26 and 28 Livingstone Road | | Delegated Approval | Flip C3 and C4 |
| 13/01111/FUL | 20 Graham Road | | Delegated Approval | Flip C3 and C4 |
| 13/01118/FUL | 57 Lodge Road | | Delegated Approval | Flip C3 and C4 |
| 13/01176/FUL | 108A St Marys Road | | Delegated Approval | Flip C3 and C4 |
| 13/01465/FUL | 77 Livingstone Road | | Delegated Approval | Flip C3 and C4 |
| 12/00900/FUL | 18 Hawkeswood Road | Bitterne Park | Delegated Approval | C3 to C4 |
| 12/00009/FUL | 41 Park Road | Freemantle | Delegated Approval | C3 to C4 |
| 12/00483/FUL | 9 Hewitts Road | | Delegated Approval | C3 to C4 |
| 12/00883/FUL | 162 Millbrook Road East | | Delegated Approval | A2 to C4 |
| 12/01228/FUL | 88 Marshall Square | | Delegated Approval | C3 to C4 |
| 12/01436/FUL | 56 Waterloo Road | | Delegated Approval | C3 to C4 |
| 12/01711/FUL | 101 Hill Lane | | Delegated Approval | C4 to 7 person |
| 12/01092/FUL | 2A University Road | Portswood | Panel Approval (C4-7 bed) | C3 to C4 |
| 12/01491/FUL | 33 Highfield Road | | Delegated Approval | Flip C3 and C4 |
| 12/01684/FUL | 23 Blenheim Gardens | | Delegated Approval | Flip C3 and C4 |

| Approvals | Address | Ward | Decision | Notes |
|--------------|------------------------|--------------------|--------------------|--------------------|
| 13/00233/FUL | 21 Blenheim Gardens | | Delegated Approval | Flip C3 and C4 |
| 13/00510/FUL | 23 Woodside Road | | Panel Approval | C3 to C4 |
| 13/00898/FUL | 7 Woodside Road | | Delegated Approval | Flip C3 and C4 |
| 13/00900/FUL | 10 Somerset Road | Portswood | Delegated Approval | Flip C3 and C4 |
| 13/00901/FUL | 17 Woodside Road | | Delegated Approval | Flip C3 and C4 |
| 13/00902/FUL | 53 Roselands Gardens | | Delegated Approval | Flip C3 and C4 |
| 13/01024/FUL | 20 Thackeray Road | | Delegated Approval | Flip C3 and C4 |
| 13/01025/FUL | 44 Northcote Road | | Delegated Approval | Flip C3 and C4 |
| 13/01027/FUL | 62 Tennyson Road | | Delegated Approval | Flip C3 and C4 |
| 13/01028/FUL | 12 Shakespeare Avenue | | Delegated Approval | Flip C3 and C4 |
| 13/01030/FUL | 39 Thackeray Road | | Delegated Approval | Flip C3 and C4 |
| 13/01112/FUL | 43 Woodside Road | | Delegated Approval | Flip C3 and C4 |
| 13/01116/FUL | 51 Woodside Road | | Delegated Approval | Flip C3 and C4 |
| 13/01117/FUL | 39 Woodside Road | | Delegated Approval | Flip C3 and C4 |
| 13/01342/FUL | 8 Grosvenor Gardens | | Delegated Approval | Flip C3 and C4 |
| 13/01404/FUL | 57 Roseland Gardens | | Delegated Approval | Flip C3 and C4 |
| 13/01349/FUL | 129 Osborne Road South | | Delegated Approval | C4 to 7 person |
| 12/00801/FUL | 2 Anglesea Road | | Shirley | Delegated Approval |
| 12/00826/FUL | 129 Laundry Road | Delegated Approval | | C3 to C4 |
| 12/00817/FUL | 46 Coxford Road | Delegated Approval | | C3 to C4 |
| 13/00103/FUL | 55 Shayer Road | Delegated Approval | | Flip C3 and C4 |
| 13/01052/FUL | 8 Jessamine Road | Delegated Approval | | C3 to C4 |
| 13/01204/FUL | 1 Colebrook Avenue | Panel Approval | | C3 to C4 |
| 12/00589/FUL | 82 Bursledon Road | Sholing | Delegated Approval | C3 to C4 |
| 13/01007/FUL | 82 Bursledon Road | | Delegated Approval | C3 to C4 |
| 12/00118/FUL | 99 Mayfield Road | Swaythling | Delegated Approval | C3 to C4 |
| 12/00600/FUL | 7 Bealing Close | | Delegated Approval | C3 to C4 |
| 12/00600/FUL | 7 Bealing Close | | Delegated Approval | C3 to C4 |
| 12/00887/FUL | 751 Portswood Road | | Delegated Approval | C3 to C4 |
| 12/01890/FUL | 15 Mead Crescent | | Delegated Approval | C3 to C4 |
| 13/00899/FUL | 48 Broadlands Road | | Delegated Approval | Flip C3 and C4 |
| 12/01651/FUL | 142 Portsmouth Road | Woolston | Delegated Approval | C3 to C4 |

Does not include extensions to existing shared houses
Total change of use to small HMO (class C4) = 25
Total change of use to large HMO (sui generis) = 4
Total flip C3 to C4 = 34

| Appeals | Address | Ward | Decision | Description | Notes |
|--------------|--------------------|---------|-------------------------------------|---------------------------------------|---|
| 12/00053/FUL | 12 Carlton Road | Bargate | Panel Refusal | upper floors C3 to C4 maisonette flat | Appeal DISMISSED - Contrary to 20% (40%) |
| 12/00777/FUL | 93 Newcombe Road | | Delegated Refusal | C3 to C4 | Appeal DISMISSED - Contrary to 20% (50%) |
| 12/00677/FUL | 30 Glen Eyre Drive | Bassett | Panel Overturn - 9% from 0% | C3 to C4 | Appeal DISMISSED – Not contrary to 10%. Harm to character due to poor refuse management and garden maintenance in an attractive and well maintained street as occupiers are transient and have less of interest in local community, and loss of amenity to local residents from scale and nature of comings and goings of 6 unrelated persons. Not contrary to CS16. |
| 12/00684/FUL | 6 Denbigh Gardens | | Panel Overturn - 10% from 0% | C3 to C4 | Appeal DISMISSED – Not contrary to 10%. Harm to character due to poor refuse management and garden maintenance in an attractive and well maintained street as occupiers are transient and have less of interest in local community, and loss of amenity to local residents from scale and nature of comings and goings of 6 unrelated persons. Contrary to CS16 as loss of family dwelling |
| 12/00705/FUL | 9 Pointout Close | | Panel Overturn - 3% from 0% | C3 to C4 | Appeal DISMISSED - Not contrary to 10%. Harm to character due to poor refuse management and garden maintenance in an attractive and well maintained street as occupiers are transient and have less of interest in local community, and loss of amenity to local residents from scale and nature of comings and goings of 6 unrelated persons. |
| 12/01011/FUL | 18 The Parkway | | Panel Overturn - 9% from 0% | C3 to C4 | Appeal DISMISSED – Not contrary to 10%. Out of character with family area and loss of amenity to local residents from comings |

| Appeals | Address | Ward | Decision | Description | Notes |
|--------------|-----------------------|-----------|---|--|---|
| | | | | | and goings of 6 unrelated persons. Contrary to CS16 as loss of family dwelling |
| 12/01435/FUL | 7 Greenbank Crescent | Bassett | Panel Overturn – 8.3% from 0% | C3 to 9 bed. | Appeal DISMISSED – Not contrary to 10%. Harm to character due to poor refuse management and garden maintenance in an attractive and well maintained street as occupiers are transient and have less of interest in local community, and loss of amenity to local residents from scale and nature of comings and goings of 6 unrelated persons. Parking not an issue. |
| 13/00207/FUL | 38 The Parkway | | Delegated Refusal | C3 to C4 | Appeal in progress - Contrary to 10% |
| 13/01306/FUL | 23 Bellevue Road | Bevois | Panel Refusal | Retrospective C3 to C4 | Appeal in progress - Contrary to 20% and not exceptional circumstances as still 3 family homes (including site) left in 40m radius |
| 11/01874/FUL | 14 Spring Crescent | | Panel Overturn | Prior to adoption of SPD (13.3.13). C3 into 2 x 5 bed C3/C4. Currently has capacity for occupancy of up to 8, and result in a total occupancy of at least 10 people. | Appeal DISMISSED – Contrary to 10% (43%). The proposal would lead to the establishment of 2 HMOs on this site and thus further intensify such uses in this locality. |
| 12/00080/FUL | 53 Shaftesbury Avenue | Portswood | Delegated Refusal | two storey rear extension to facilitate 1x5-bed and 1x4-bed semi-detached houses (mixed C3/C4) | Appeal DISMISSED - Contrary to 10%. Extend C3 and subdivide to 2 C3/C4. Over-intensive use |
| 12/01389/FUL | 1 Blenheim Gardens | | Delegated Refusal | 8 bed C3 to 8 bed HMO | Appeal DISMISSED - prior to SPD. No changes to resubmission and refused, no % applied. |
| 12/01449/FUL | 13 Grosvenor Road | | Enforcement Notice | Breach C3 to 2 HMO 7 persons and 8 persons | Appeal DISMISSED - Contrary to 10% (22%) |
| 12/01585/FUL | 21 Spring Crescent | | Delegated refusal | C3 to 7 Beds | Appeal DISMISSED – Contrary to 10% (53%). Adverse impact on balance and mix of households as exceeded threshold. Council provided no details of the location |

| Appeals | Address | Ward | Decision | Description | Notes |
|--------------|--------------------|------------|-------------------|----------------------------------|--|
| | | | | | of HMOs and therefore unable to determine the impact on the amenity of neighbouring occupiers. The neighbouring properties could be HMOs and therefore have no further impact. |
| 12/01723/FUL | 5 Crofton Close | Portswood | Delegated refusal | Retrospective 8 person HMO | Appeal in progress – Contrary to 10% |
| 13/01206/FUL | 253 Portswood Road | | Panel Overturn | Upper floors to 2x4 bed C4 flats | Appeal in progress - Poor Residential Environment |
| 12/00485/FUL | 1 Mayfield Road | Swaythling | Delegated Refusal | C3 to C4 | Appeal DISMISSED - Contrary to 10% (33%) |
| 13/00651/FUL | 39 Bacon Close | Woolston | Panel Overturn | C3 to C4 | Appeal in progress - Under 20% (7%) |

1

Summary of HMO applications between 23/3/12 (Article 4 and SPD begins) to present (26/11/13)

- Total applications for change of use to HMO = 70
- Total approved change of use to small HMO (class C4) = 25 (35%)
- Total approved change of use to large HMO (sui generis) = 4 (6%)
- Total refused change of use to HMO = 41 (59%)
- Total appeals dismissed change of use to HMO = 13 (100%)
- Total approved flip C3 to C4 = 34

| HMO SPD Threshold % | Wards | Refusals | Approvals | Total applications* |
|---------------------|----------------|-----------|-----------|---------------------|
| 10 | Bassett | 7 | 1 | 8 |
| 10 | Portswood | 17 | 3 | 20 |
| 10 | Swaythling | 3 | 5 | 8 |
| 20 | Bargate | 5 | 3 | 8 |
| 20 | Bevois | 2 | 2 | 4 |
| 20 | Bitterne | 0 | 0 | 0 |
| 20 | Bitterne Park | 0 | 1 | 1 |
| 20 | Coxford | 0 | 0 | 0 |
| 20 | Freemantle | 5 | 6 | 11 |
| 20 | Harefield | 0 | 0 | 0 |
| 20 | Millbrook | 1 | 0 | 1 |
| 20 | Peartree | 0 | 0 | 0 |
| 20 | Redbridge | 0 | 0 | 0 |
| 20 | Shirley | 0 | 5 | 5 |
| 20 | Sholing | 0 | 2 | 2 |
| 20 | Woolston | 1 | 1 | 2 |
| | Total | 41 | 29 | 70 |
| | Total % | 59 | 41 | |

*Excluding flip C3 and C4

Southampton breakdown of HMOs

| District (wards) | Dwellings | | HMOs | |
|---|-----------|---------------------|-------|---------------------|
| | No. | % of the city total | No. | % of the city total |
| North (Bassett, Swaythling, Portswood) | 13,500 | 17.9 | 1,800 | 25.7 |
| West Coxford, Shirley, Millbrook, Redbridge) | 17,200 | 22.8 | 400 | 5.7 |
| Central (Bevois, Bargate, Freemantle) | 17,100 | 22.7 | 4,100 | 58.6 |
| North East (Bitterne, Harefield, Bitterne Park) | 13,100 | 17.4 | 300 | 4.3 |
| South East (Woolston, Sholing, Peartree) | 14,500 | 19.2 | 400 | 5.7 |

Table of HMO distribution taken from Stock Condition Survey 2008

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SOUTHAMPTON CITY COUNCIL SCRUTINY PANEL INQUIRY

MAINTAINING BALANCED NEIGHBOURHOODS THROUGH PLANNING

VIEWS OF HIGHFIELD RESIDENTS ASSOCIATION

The Highfield Residents Association (HRA) welcomes the opportunity to comment on two of the main issues before the Scrutiny Panel: Houses in Multiple Occupation (HMOs) and planning enforcement. The Association's views are shared and supported by the 20 residents' associations that belong to or are associated with the North Southampton Community Forum. They are based on extensive experience of planning and environment issues going back many years.

SUMMARY

Whilst HRA welcomes the measures that have been taken to control HMOs, these are insufficient to produce balanced neighbourhoods. HRA would like to see 10 per cent as the absolute limit on HMO development, ward by ward across the City. Failing that, we would like to see the radius to which the present 10 per cent threshold applies extended from the present 40 metres to 100 metres. Given that students represent the largest single group of tenants, there needs to be much greater university engagement in the issue. HRA would also like to see much greater effort expended on enforcement.

HMOs

It is recognised that the challenge is to reconcile housing demand within the wider market area of south Hampshire and beyond with the maintenance of a balanced and mixed community in the City and its various parts. The policy adopted by the Council, and reflected in the SPD, is to control concentrations of HMOs, as well as to deal with the associated detriments to things like safety, health, agents' boards, etc, through licensing. Whilst these measures are beginning to have some impact, we believe that, bearing in mind policy and practice elsewhere, the overriding objective of sustainability, and inspectors' judgements in a number of recent planning appeals, a more restrictive approach now needs to be taken. We also believe that the Council should be less willing to accept the consequences of development restrictions in Hampshire that are pushing more people to live in lower-cost areas of higher density. In the longer term, and absent any progress on this, there must be a question as to whether the 'spreading the pain' approach implicit in current policies is the right one if we truly wish to have a city with a genuinely diverse set of housing provision. There is also the issue of the poor living conditions endured by those family households in existing areas where the proportion of HMOs is well above what is deemed to be acceptable elsewhere.

As a further preliminary point, it would greatly help if the Council had more accurate and up to date statistics, since without these it is impossible to make any forecasts of likely future provision. Since the largest group of HMO tenants are higher education students, it should be possible to obtain this information from the two universities who have to produce it for their own purposes. In the meantime, and lacking a comprehensive and authoritative survey, the Council should be less unwilling to accept residents' information, at least until the licensing scheme is fully in operation and found to be effective in the areas that it covers.

Finally, it needs to be borne in mind that the SPD is a non-statutory document that has to be applied within the context of the statutory Local Plan with its appropriate emphasis on the importance of maintaining and enhancing the character of the areas to which it relates.

Changes to the SPD

In considering possible changes to the SPD, we believe that particular weight should be given to inspectors' appeal judgements since the policy was adopted. These have all supported the preservation of the family residential character in the areas concerned. Where there have been no or few HMOs, appeals have been refused in principle because of the harm they would do to the area (there has also been a local Panel refusal). Where HMOs already exist (at or above 10 per cent), proposals to increase from 6 occupants (C4 to SG) have been dismissed on appeal because of the additional harm to the character of the area and/or neighbours' living conditions.

These judgements recognise that even a single HMO can change the character of an area and have a disastrous impact on neighbouring families and the local community, as we can easily attest. Most importantly, they call into question the principle of 'spreading the pain' that underlies the SPD. They suggest that instead of the 10 per cent being used as a **threshold** or 'tipping point' in relation to each individual **application site**, it should be treated as an **absolute limit** in relation to each **ward**. This would also be in accordance with the guidance of the Royal Town Planning Institute, which has found that HMOs have a particularly deleterious impact in university cities and coastal towns.

It should be borne in mind that 10 per cent is the threshold used in many other comparable cities, including Portsmouth and Bournemouth, and that even 10 per cent implies that more than 20 per cent of the City's population will be transient. If we are to end up with 20 per cent overall, as is possible unless present policies are changed, it implies that more than a third of the City's population (35 per cent) will be living in shared accommodation (this calculation is based on an average occupancy of 5 persons for each HMO, and 2.4 persons for each non-HMO). This is surely fatal to any realistic concept of balanced and sustainable communities throughout the City.

If the 10 per cent is not to be an absolute limit for each ward, which would be our strong preference for the reasons given, then there needs to be a different and more restrictive approach to how it is operated in future in relation to each individual application site. In particular, the present 40 metre radius does not allow for the situation, as in Pointout Close in West Bassett, where there are significant numbers of HMOs just outside the 40 metre zone even though the specific site is under 10 per cent.

We therefore propose that a two-tier approach be adopted. In the first instance, a 100 metre test would be applied. If this found a concentration of more than 10 per cent, the application would be refused. If it was less than 10 per cent, the present 40 metre radius would remain the test. If the 10 per cent threshold was already met, the application would be refused as contrary to policy.

There are a number of further changes we would like to see. Where an application site is adjacent to a family dwelling and where there is an existing approved HMO on the other side ('sandwiching'), we would like to see planning permission refused as a matter of course. The Council also needs to ensure that HMOs cannot be created through 'back door' means such as the conversion of houses into flats, or extensions, without planning permission. We would like the Council to encourage the construction of purpose-built dwellings wherever possible. We would also like to see a wider distribution of notifications: we are aware of cases where the notification of an application has gone to a neighbouring HMO but not to nearby family properties. We would also like to see action taken against letting boards, through a Direction

under the Town and Country Planning (Control of Advertisements) Regulations 1992 to remove the benefit of ‘deemed consent’, as has been done in Nottingham and Brighton.

We recognise that the demand for rented accommodation has many components. Nevertheless, and as already noted, higher education students are the largest single group of HMO tenants, and Southampton already has one of the highest ratios of students to local population in the country. It is therefore for consideration whether HMOs intended to be let to students should not be distinguished, and treated even more restrictively. This is on the basis that students are by definition highly transient and less likely to integrate into a neighbourhood. The rate of ‘churn’ also makes preventative and enforcement action harder. The Council Tax register could be used to identify the properties concerned.

In any case, the Association considers that a university’s intentions for housing its students should be a major factor in determining any future applications to develop any **new** academic or administrative accommodation, as is already the case in at least one other major university city (Oxford). There is in fact a saved statutory policy (H13 New Student Accommodation) to this effect, which requires ‘like for like’ provision of residential accommodation plus historic ‘catch up’. Whilst we recognise that the University of Southampton is constructing new, purpose-built accommodation in Swaythling and in the City centre, the numbers of bed spaces being created – approximately 1,500 – needs to be seen in the context of total HMO numbers of between 7 and 12,000 across the City, each with an average of 4-5 occupants. In the meantime we should also like to see each university taking a more proactive approach, in particular by warning students of the risks of becoming tenants in unapproved, illegal HMOs.

Finally, it is for consideration whether, as they are businesses, HMOs should not be subject to business rates.

Enforcement

There is of course little point in introducing or modifying policies or regulations if those instruments are not effectively enforced. We recognise that the Council has to act within the law, and that a major constraint on undesirable development is the inability to issue a Temporary Stop Notice without risk of compensation against unauthorised residential uses (at present, the Council has to wait for a breach to occur to serve an Enforcement Notice to require the use to cease). This would require a change in the law and is something on which we and other associations and organisations are already vigorously lobbying our Members of Parliament and the Department for Communities and Local Government. It is strongly arguable that a planning contravention should itself be an offence, as being an unlawful action, irrespective of the eventual outcome in retrospective applications/appeals.

Other desirable changes include:

- Local planning authorities should be allowed to charge a normal planning application fee for HMOs (currently excluded by the Article 4 Direction).
- Similarly, appeals should require a fee.
- There should be a limit to the number of repeat applications that can be made in relation to one site.
- The levels of fines for breaches should be increased. Levels could increase on a daily basis until the breach is remedied.
- Landlords should be liable to prosecution in cases where their tenants are found to be repeatedly responsible for noise and other forms of nuisance. This would give Environmental Health and other regulatory authorities something to aim at.

It should be noted here that dealing with the various aspects of HMOs absorbs a not insignificant amount of Council resources. It is therefore for consideration as to whether, if Council tax cannot be levied on landlords, some other form of financial charge should be applied (the Council's approach to parking charges acknowledges the principle that where a subset of the population makes a disproportionate demand on resources, they should make some direct contribution to the cost). In the meantime, the level of fines for breaches of regulations should be increased. However, and even allowing for those matters over which the Council has no or little control under existing legislation, and in spite of the fact that there has recently been some, very welcome, stepping-up in the rate at which Enforcement Notices are being issued, the Council's performance still falls well short of what is needed (there is said to be a backlog of 200 outstanding cases) There appear to be two aspects to this.

First, and most importantly, there is the question of the adequacy of the resources allocated to enforcement, even though there has been some recent increase. Second, even where there may be adequate resources, the Council still seems to be hesitant and risk-averse. Officers still give the impression that they are keener to find reasons for not taking action than for taking action. In this context, it would also be helpful if officers could confirm that, as enforcement is a matter of fact rather than discretionary judgement, unlawful uses are normally enforced against. Finally, it would also be helpful if the full list of reasons for a refusal were to be given, and not just the main ones.

20 December 2013

Southampton Solent University

1. What is Solent University's view on housing pressures in the city in general and the availability of accommodation for students?

From a Solent University perspective, the City of Southampton offers a broad mix of owner occupied, social and privately rented housing stock. In recent years a key growth area has been in city centre dwellings - primarily one, two and three bed flats within large developments - aimed at individuals, couples or small families that wish to live close to, or in the centre of the city. The occupants of these developments are either owner occupiers or renting privately.

Solent University is unable to comment on the wider housing pressures, but appreciates that the private rented sector in Southampton continues to attract many different categories of occupants and that this in itself causes pressure on this segment of the market; these include students (and graduates choosing to remain in Southampton due to securing employment) from both university's, individuals and families that are unable to secure social housing, and those renting as an alternative to purchasing a property and becoming an owner occupier.

Whilst there is evidence of a diverse mix of individuals, groups and families seeking to rent in the private rented sector in Southampton, it is Solent University's opinion that although additional pressure may have been placed on this segment of the market, indications are that there is no shortage of landlords and letting agencies who actively promote their properties to students, and choose to let to students as a 'preferred' tenant type. Anecdotally, both landlords and agencies have indicated that the risks associated with letting to students (primarily associated with rent arrears, and damage to property during or post vacation) are less than associated with other categories of tenants - and that there has been a migration towards renting to students, and away from other tenant types as a result.

Both Universities in the City have sizeable residential portfolios in comparison to respective numbers of full time students seeking to live in or close to the centre of the Southampton. This is supplemented by additional provision by private providers of purpose built student accommodation. It is also understood that additional, privately operated purpose built student accommodation, will become available for the 2014/15 academic year.

Both Solent University and the University of Southampton partner with Southampton City Council and other key stakeholders (including Hampshire Fire and Rescue Services, Hampshire Constabulary, the respective Student Unions, and landlord representative groups to promote and encourage high standards of property management through the Southampton Accreditation Scheme for Student Housing (SASSH) initiative

2. Please outline:

- A. Any developments, planned or currently being built, that will increase the number of accommodation units managed by Solent University; and
- B. the impact that these developments, and those by the University of Southampton, may have on housing pressures in the city.

A - Solent University currently has no plans to develop or build additional student accommodation. Solent's portfolio of accommodation in central Southampton is in excess of 2300 bed spaces and has remained at this level since 1996.

B - Solent is unable to comment on the potential impact of the developments currently under construction commissioned by the University of Southampton.

3. What impact, if any, has the HMO SPD had on Southampton?

From a Solent University perspective there is no material evidence to indicate that the HMO SPD has had a significant impact to date on the students studying at this institution.

Given that the action was not retrospectively applied, there is no evidence to suggest that the availability or provision of shared properties in the areas of the city inhabited by Solent students (primarily The Polygon and surrounding areas) has declined. It is unknown whether any application refusals in the areas popular with Solent students has had an impact on either the balance between supply and demand, or rental levels due to the number of available properties to let remaining static.

Any impact would be more evident in areas where there was a lower density of HMO's, and where landlords or developers may have submitted planning applications and had these refused - thus retaining existing balance of dwelling house and HMO properties.

4. Do you have any views on the subsequent introduction of the HMO licensing scheme? For more information visit link >
(<http://www.southampton.gov.uk/living/housing/private/landlord/hmos/mandatory.aspx>)

Solent University welcomes initiatives that are designed and intended to improve the quality of private rented premises, and importantly property management standards. Given that the scheme was only introduced in the summer of 2013, and that any impact assessment of the success or otherwise of the initiative may be a little way off, it is (at this stage) not possible to pass

any meaningful comment on whether it is an effective tool to meet the intended objectives.

Anecdotal feedback received from landlords, representative bodies and other key stakeholders through the SASSH initiative, indicate concerns in relation to;

1. the ability of, and time taken by Southampton City Council to 'turn around' an application for additional licensing - given the number of HMO's captured within the four wards of the additional licensing scheme
2. Additional licensing costs would be passed on to the (student) tenants, thus increasing rents and affecting the affordability of housing to a tenant that has limited disposable income, and limited access to a Maintenance Loan or Grant
3. Adding unnecessary, additional bureaucracy and costs to landlords that already comply with a set of enhanced property and management standards through compliance and adherence to the SASSH initiative - which is supported and includes SSC as a key partner. The additional licensing scheme affords no recognition or allowance (via a financial discount) to those landlords who voluntarily sign up to, and comply with the SASSH standards.

5. Do you have any recommendations you would like to submit to the Panel related to the terms of reference?

Any evidence you have to support your responses would be gratefully received.

No recommendations reference the terms of reference of the Panel

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University of Southampton

Response to questions for the University of Southampton with regard to Scrutiny Panel A - A Call for Inquiry For Evidence in Respect of the Effectiveness of the Council's Article 4 Direction and Houses in Multiple Occupation – Supplementary Planning Document (HMO SPD)

1. The University of Southampton has concerns relating to housing pressures on the City of Southampton in general, in that houses in multiple occupation, owned by landlords concerned only with income, can lead to both poor quality standards for the occupants of those houses as well as the general and creeping degradation of the neighbourhood and community. This is both to the detriment of the citizens of Southampton, the general quality of the environment within Southampton and also (potentially) sub-standard conditions for the occupants of those houses. Furthermore, the degradation of residential environments potentially deters commercial investment from both within and without the city. An attractive, safe and affordable residential environment is a key element of the decision making process for investors bringing employment and economic activity to the city.
2. The University is currently in the process of completely revising its Accommodation Strategy for student residences and at present, has two developments underway, Mayflower Halls of Residence and City Gateway, which collectively, will introduce 1,489 additional bedroom units to the City for the purposes of student occupation. A recent decision has also been made by University Council, to progress with the development of our Chamberlain Hall site which ultimately will yield 379 bedrooms in the first phase and in the second phase, a further 41 units, ultimately producing a total of 420 units. This however, will not be deliverable before 2016. This will increase our capacity from approximately 5000 to 6500 units.

In parallel, consideration will be given as part of the revision of our Accommodation Strategy during the calendar year 2014, to an additional expansion of student bedroom places, to further alleviate pressure on the City housing stock. This will be given consideration alongside a strategic review of future potential student numbers which in the current economic conditions and so soon after the introduction of increased fees, will be subject to some volatility.

With regards to the impact that these proposed developments may have on reducing housing pressures in the City, the University of Southampton believes that there will be a beneficial impact in that there will be a wider choice for students and with an increased focus on development in the City Centre (Mayflower Halls), a substantial contribution to the re-invigoration of the central Southampton area.

3. It is difficult to assess the impact that the HMO SPD has had on Southampton at a relatively early stage in its implementation. Whilst the University both recognises and welcomes a degree of greater control, it is also at pains to

point out that HMO's are not solely occupied by students but by a wide range of citizens ranging from recent arrivals in the UK as well as young professionals and all social groupings in-between. The University has a concern that students who may well be the future contributors to Southampton's economy, are not "victimised" in any kind of unintended way by unnecessary focus on them as a single use class.

4. The HMO Licencing Scheme, if applied appropriately, should both enhance control and quality of the HMO stock and potentially have the benefit of restricting the impact on certain specific neighbourhoods. That said, there must always be extreme caution applied, to ensure that unintended consequences are not created which might for example, result in further degradation of areas cause by properties falling into non-use or disrepair. It must always be remembered that the University of Southampton brings significant economic benefits to the city and the immediate region and this hopefully will, prevent any consideration of singling out students and stigmatisation.
5. The University is supportive of any attempt to improve the quality of housing for citizens of Southampton, whether they be families with a long history of occupation in this area, or relative newcomers including students. The University is keen that there may be no formation of "student ghettos" or any kind of single population type, such that, the general environment of the City of Southampton is negatively affected. The University is keen that Southampton as a city, becomes a city of high quality housing for all, with a focus on all citizens, including students (who may be future contributors to the Southampton economy) being encouraged to assist in the creation of a diverse and environmentally enhanced city.

Kind regards

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Appendix 6

Questions for Southampton University Students' Union

- 1. What is the Southampton University Students' Union view on housing pressures in the city in general and the availability of accommodation for students?**

The University of Southampton Students' Union (SUSU) has always felt that the main problem with accommodation for students is not the availability but the quality. Students are often unaware of the additional requirements for HMOs and landlords are often reluctant to adhere to these standards voluntarily. An additional pressure specific to students is landlords and agencies trying to persuade students to sign housing contracts as early as November to start only in July of the following year; SUSU is currently working with local agencies to attempt to address this, however.

- 2. What impact do you feel the new student accommodation currently in development will have on housing pressures in the city?**

We understand that the 2 new University of Southampton halls of residence currently under construction and planned to open in October 2014 will provide an additional 1600 beds. The impact this has on housing pressures, however, will depend on the number of new students coming to the University in 2014 so is impossible to predict.

New halls of residence will have no impact on the ability of students to enforce the required standards in existing HMOs.

- 3. What impact, if any, has the HMO SPD had on Southampton?**

No data has been provided by the Council on which to comment.

- 4. Do you have any views on the subsequent introduction of the HMO licensing scheme? For more information visit link >**
(<http://www.southampton.gov.uk/living/housing/private/landlord/hmos/mandatory.aspx>)

We feel it is too early to assess the impact; we are only now starting to receive enquiries from students who have been informed their landlord does not hold an

HMO licence and are worried about the implications. We do, however, consider that the scheme should be better publicised so students are made aware that they should check whether their landlord holds a licence before they sign a housing contract.

5. Do you have any recommendations you would like to submit to the Panel related to the terms of reference?

We would reiterate the comments made in our original submission: in our view the enforcement and improvement of standards in HMOs should be the priorities for the Council.

We would welcome improved partnership working to tackle unscrupulous landlords and lettings agencies. The 40,000+ students in Southampton make a large cultural and financial contribution to the city and we wish to see more effective mechanisms for enforcing their rights as tenants.

Any evidence you have to support your responses would be gratefully received.

**David Gilani, Union President 2013-14
20th December 2013**

Scrutiny Panel A Review – Maintaining balanced neighbourhoods through planning**HMOs Table of feedback up to 23rd December 2013**

| HMOs | | |
|------------------------|---|--|
| Member feedback | Feedback within Inquiry HMO ToR | Other feedback |
| Cllr Moulton | <ul style="list-style-type: none"> • Would oppose any relaxation of the existing HMO policy • Council need to learn from recent officer/ Planning Panel appeal decisions • Planning permission is not required for HMOs existing pre April 2012. Would like to see more thorough checks brought in to verify that those properties were in fact HMOs. The current process is not robust. | <ul style="list-style-type: none"> • More robust planning enforcement needed from the Council and enforcement team. Fears that the Council are seen as a soft touch by rogue developers • Would oppose a move to remove the requirement for planning permission in terms of converting offices to residential. |
| Cllr Hannides | <ul style="list-style-type: none"> • Keen to ensure that the current SPD and thresholds are maintained. | |
| Cllr Shields | <ul style="list-style-type: none"> • Amend the HMO SPD so that all parts of the city are treated equally in terms of permitted thresholds • Extend the HMO landlords licensing scheme to Freemantle and neighbouring wards | <ul style="list-style-type: none"> • Explore options to develop area based supplementary planning policies for neighbourhoods in the city that are affected by the City Centre development plan • Support local residents to update/ revise design guides relating to Freemantle and Bannister Park areas and ensure these are fully taken into account when planning applications for any housing development, or change of use are submitted for these neighbourhoods. • Consider what measures may be needed to ensure HMOs formerly occupied by students in central areas of the city are enabled to return |

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| | | <p>to family housing as part of the drive to re-establish balanced neighbourhoods.</p> |
| <p>Cllr Noon</p> | <ul style="list-style-type: none"> • In parts of the city not over run by HMOs the SPD is a valid policy that can stop areas becoming dominated by HMOs and changing the residential environment. • In the Polygon area the impact of the SPA can be negative by trapping people in their homes by preventing them from being able to sell. • Planning and Rights of Way can allow the further encroachment of HMOs in roads or areas that only have one or two known HMOs. • The HMO SPD does have a positive impact in many areas of the city, but further thought must be given to how the Council could encourage more family accommodation in the Polygon. • Amend the HMO SPD so that all parts of the city are treated equally in terms of permitted thresholds | <ul style="list-style-type: none"> • Feels that the HMO licensing scheme will have a positive impact in the Polygon and improve the environment and living conditions for residents in the Polygon, perhaps consideration should be given to a registration scheme for all residents. • Concerned about the impact relaxing permitted development rights will have on the environment in the city centre. • The conversion of office to residential and changing retail use without consent, therefore no proper scrutiny is bad news for the city centre. Not against such proposals but the impact should be considered. • Residential parking for many people in the city is a real problem; the development of further accommodation without parking will only make the situation worse. When such developments are being considered there should be sufficient residential parking within the development. • No real concerns around the approach of planning enforcement. |

| Residents Groups | Feedback within Inquiry HMO ToR | Other feedback |
|--------------------------------|---|--|
| Pointout Residents Association | <ul style="list-style-type: none"> • Recognise that HMOs form a vital part of the City's overall housing stock/ accommodation offer. • Feel that it is inappropriate for different wards to be treated differently with respect to the thresholds; there should be a single, citywide threshold/ tipping point to avoid any ill felling between communities. We recommend a 10% level city wide. • We question whether an electoral ward is the appropriate delimiter for a threshold (if a single city cap was introduced this would negate this issue). • The overall aim of the SPD is to try to achieve more balanced communities but in certain areas the 'damage' has been done on a very large scale, with far greater than 10% or 20% HMO levels, creating 'ghettos', often but not exclusively student based. • A reduction in overall numbers should be required before any new applications are recommended and the 40m threshold should be assessed alongside all other material factors (as has been recognised by Planning Inspectors on multiple appeals). • The HMO thresholds are clearly not working. Many areas are already above the cap. • The SPD does not set out requirements; it is a SPD which simply makes recommendations to be considered alongside saved policy and all other material concerns in the immediate case. | <ul style="list-style-type: none"> • Only one Uni-link bus route goes east of the Itchen. You will not encourage or achieve redistribution of the student population without the investment in making that redistribution practical. • The number of planning applications being received seems relentless (not being helped by national newspapers reporting that Southampton is a place to invest in letting properties). • The SPD and the planning system in general are ineffective without proper, rigorous and fast enforcement of breaches. We agree that temporary stop orders would be a valuable tool for Local Planning Authorities to operate. • We acknowledge that the Planning Enforcement team is chronically under resourced and has an almost impossible backlog to tackle. • We would like to see more transparent relations between Planning and Legal. In our experience there have been unnecessary delays in enforcement because Legal appeared to 'sit' on cases, effectively facilitating continued planning breaches. • We consider mandatory licensing to be a valuable tool in helping compile that register and also crucially to help improve the overall quality of housing stock. • Licensing must be rigorous and accurate. It has been our experience that Council licensing |

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| | <p>If officers acknowledged this simple fact in pre application advice and in reports to Planning Panel, it would save a lot of time, stress and money all round.</p> <ul style="list-style-type: none"> • We feel that it should be accepted that C4 is a use class which covers houses with 3-6 occupants and not in itself a de facto permitted occupancy level. • Increased occupancy should automatically be recognised as a potential material change and be subject to full planning scrutiny. Any such application should be considered as commercial use and not allowed to be considered as a householder application. • The situation for properties that have mixed C3/C4 permission needs to be considered with care. Are they in and count or out and not counted? We would recommend that they be included by default and ideally that this mixed use class should be discourage. • We consider a register of all HMOs to be absolutely essential to effective planning management and SPD implementation. | <p>appears to ‘make the rules up’ as it goes along.</p> <ul style="list-style-type: none"> • Mandatory standards for current mandatory (3 storey and more than 5 residents) laid out in the SPD are ignored. We would like to see more a more transparent relationship between planning and licensing – in our experience both sides ‘pass the buck’ and no one takes responsibility. • Increase in immigrants coming to live in the city has exacerbated the housing situation. Wider reasons behind this influx should be examined and understood. Southampton should be putting pressure on adjacent local authorities to get them to step up and ‘spread the load’. • Pointout Residents Group endorses the recommendations to be presented by Highfield Residents Association. |
| <p>Tower Gardens NWA Residents' Association</p> | | <ul style="list-style-type: none"> • Tower Gardens NWA Residents' Association endorses the recommendations to be presented to by Highfield Residents Association. |

| Residents Groups | Feedback within Inquiry HMO ToR | Other feedback |
|--|---|--|
| <p>Thornbury Residents Association</p> | <ul style="list-style-type: none"> • Adjustments need o be made to the SPD to ensure that it is both workable and fair. • It is difficult to understand why there is a cap of 10% per road, applied to the northern wards, while the rest of the city has to cope with a 20% cap. • The threshold is applied using a 40 meter radius or minimum of the nearest 10 residential properties surrounding an application site and we do not compare nationally, e.g. Portsmouth has 10% with a radius 50m, Bournemouth and Manchester 10% with radius of 100m • Glasgow carried out a referendum to arrive at 5% figure in any one street (Glasgow has less than 3,000 HMOs) • With the SPD in its current form (e.g Darwin Road) could end up with 40% of the properties being HMOs. • We do not believe that such high proportions of HMOs are in the best interests of Freemantle or Southampton. • Where wards have an average of 5% of properties classified as HMOs, the current policy with a 20% cap allows for an increase of 300%, which most residents consider to be unacceptable. • The SCC has adopted a very narrow definition of HMO, excluding properties in section 257 of the Housing Act 2004. • We would like to following adjustments to be | <ul style="list-style-type: none"> • Thornbury Residents Association endorses the recommendations to be presented by Highfield Residents Association. |

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| | <p>made to the current SPD:</p> <ol style="list-style-type: none"> (1) inclusion of properties in section 257 of the Housing Act 2004. (2) Areas that have already reached or exceeded a threshold of 10% i.e. Portswood, Swaythling, Bevois, Bargate and Freemantle, to be capped at that level and further conversations only allow if a home owner cannot sell due to the high levels of HMOs in close proximity. (3) The remaining wards with an average of approximately 5% of properties classified as HMOs to have a threshold of 7%. That would allow for a growth of 40%. (4) Pre 1950 properties that are currently family homes to be retained as such. We have very few period properties in Southampton and many families would like to have the option of living in an affordable character property. | |
| <p>Portswood Residents Gardens Conservation Area (Planning group)</p> | | <ul style="list-style-type: none"> • Portswood Residents Gardens Conservation Area (Planning Group) endorses the recommendations to be presented to by Highfield Residents Association. In particular; <ol style="list-style-type: none"> (1) changes to the SPD (2) a more robust system for enforcement and imposition of penalties for failure to adhere to the Councils enforcement instructions, and (3) a fully comprehensive list of reasons for refusals of applications. |

| Residents | Feedback within Inquiry HMO ToR | Other feedback |
|---------------------------------|---|---|
| Highfield Resident | <ul style="list-style-type: none"> As a result of too many HMOs in the Highfield, Portswood and Polygon areas too many properties have been lost for family homes to the detriment of local communities. | |
| Portswood Resident | | <ul style="list-style-type: none"> Endorses the recommendations to be presented to by Highfield Residents Association. |
| Bedford Place/ Polygon Resident | <ul style="list-style-type: none"> No real thought appears to go into the decision when granting permission for a HMO (i.e. parking) Council policy is weak and inconsistent, not helped by certain working practises | <ul style="list-style-type: none"> To Let signs flout planning regulations, by being up past the allowed period or having more than one per property. Feels To Let signs are a branding exercise, as all initial research would be done online and by other means. If enforced it would be a level playing field business wise, but some of the smaller agents/ landlords may have to up their game- but that should be reflected in property too. The one size fits all policy on bins, coupled with inconsistent implementation and enforcement shows the Council has still not got to grip with the problem. Getting fined is very difficult and takes a long time, so no deterrent for students who are not full time residents. Blue bins create problems, and properties never designed for this. |
| Freemantle Resident | <ul style="list-style-type: none"> Roll out 10% threshold across the city. To include those properties that are considered to be HMOs in the 2004 Housing Act. | |

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| Residents | Feedback within Inquiry HMO ToR | Other feedback |
|------------------|---------------------------------|--|
| Polygon Resident | | <ul style="list-style-type: none">• Concerns around the office to residential permitted development right. The anti-social behaviour of households could have a real impact on thriving small businesses.• Lacks trust that Environmental Health Officers will stop all nuisances as they are not on duty to come out until 9pm.• It is important to prevent more cramming of people in this area. The two local doctor's surgeries are so over subscribed that you cannot even phone up to make appointments on a Monday and lives will be put at risk by strain on medical services if even more HMOs occupants come to live in the Polygon or Freemantle.• Resident supports Thornbury Residents Association suggestion regarding changes to the HMO ratios in the city and surrounding areas• Endorses the recommendations to be presented to by Highfield Residents Association |

HMO licensing - frequently asked questions

1. When does the Additional HMO Licensing Scheme start?

The scheme started in the Bevois, Bargate, Portswood and Swaythling wards of the city on 1st July 2013.

2. Why is the Council introducing Additional Licensing when there is already Mandatory Licensing in operation?

The Mandatory Licensing scheme only applies to a small percentage of the HMOs in Southampton. Additional Licensing covers all HMOs in the area and helps the City Council ensure minimum standards are met and maintained within this type of accommodation as well as reducing the potential impact on neighbourhoods and local communities.

3. What types of HMOs does Additional Licensing cover?

All privately rented properties located in the designated area occupied by three or more people (including children) who form two or more households will require a licence. Privately rented properties across the whole city of three or more storeys occupied by five or more people (including children) who form two or more households will continue to require a licence under the Mandatory Licensing scheme.

4. Where can I find out more information about additional licensing?

Further information and guidance on HMO licensing can be [found on our web pages](#).

5. Does Additional HMO Licensing cover the whole city?

From 1st July 2013 the scheme will apply to all HMOs in the wards of Bargate, Bevois, Portswood, and Swaythling.

Southampton City Council may look to extend the scheme to additional wards in the future if there is evidence to do so.

6. Will you contact me about licensing my property?

The onus is on the person responsible (usually the owner or manager) for the property to apply to the council for an HMO licence if necessary.

7. How does Additional HMO Licensing work?

Anyone who owns or manages an HMO in the designated area has to apply to the Council for a licence. The Council must issue a licence if it is satisfied that:

- the HMO is reasonably suitable for occupation by the number of occupants/households allowed under the licence
- the proposed licence holder is a 'fit and proper person'
- the proposed licence holder is the most appropriate person to hold the licence
- the proposed manager (if there is one) is a 'fit and proper person'
- the proposed management arrangements are satisfactory
- the person involved in the management of the HMO is competent

8. What happens if I do not meet the 'fit and proper person' criteria?

You must appoint a manager for your property who does meet the **fit and proper person criteria**.

9. I rent out rooms in my private house, do I require a licence?

A resident landlord and/or family can have up to two lodgers living in the house. If you have three or more lodgers the house will require an HMO licence.

10. What criteria determine how many people can occupy an HMO?

The number of people who can live in each HMO is determined by the number and size of bedrooms. There may be limits because of the size, number and location of facilities such as bathrooms, toilets and kitchens. For guidance check [Southampton City Council's HMO standards](#)

11. Are purpose built blocks of flats included in the Additional Licensing Scheme?

A purpose-built block of self-contained flats is not an HMO but an individual self-contained flat within the block may be an HMO and licensable if it is occupied by three or more persons belonging to two or more households, at least one of whom is renting.

12. How much does an HMO Licence cost?

Information about fees can be found on our Houses in Multiple Occupation page on the council website. Licence fees will be reviewed annually and may be subject to change.

13. Can I pay the licensing fee in instalments?

14. Is the Council using licensing fees to raise money?

15. Can I use my own surveyor to inspect my HMOs instead of a Southampton City Council officer?

You can use the services of any of the approved surveyors to inspect your HMOs and produce a property inspection report. The fee is reduced by £150 if an approved surveyor is used.

16. Will any more surveyors be added to the list of approved surveyors?

17. Are there any licensing fee discounts available?

As mentioned above there is a discount for using an approved surveyor to inspect your HMO. Additionally there is an **Early Application discount** available for full valid HMO licence applications received before 5pm on 30th September 2013

18. Are there any additional fees?

If you fail to make a valid application, or fail to provide information requested by the council in a timely manner, or fail to attend pre-arranged appointments you may be **charged a penalty fee**. There may also be **additional charges for making variations** to the licence throughout its duration.

19. What are the conditions applied to an HMO licence?

There are general conditions relating to the management of the property and specific conditions may require you to provide additional fire precautions and/or amenities. Specific requirements for amenities and space can be found in the **guidance on standards for Houses in Multiple Occupation**. Depending upon the work you need to carry out you may need to seek Building Regulation approval prior to commencing work.

20. Once I have applied for a licence, when will my property be inspected and how often?

Once you have submitted a standard application with all necessary documentation we will contact you to arrange an inspection as soon as possible following evaluation of the application. If you submit an application with a survey completed by an approved independent surveyor, we will not generally carry out an inspection, but a percentage of the approved surveyor applications will be inspected to check consistency.

21. Is the Council going to increase standards applied to HMOs resulting from Additional Licensing?

The standards applied to HMOs have been reviewed and although there have been some minor amendments the standards however remain largely unchanged. These proposed standards are subject to consultation.

Additional licensing will enable the council to ensure that many more properties attain **the minimum HMO standards** and are free of the most serious health and safety hazards.

22. As an HMO landlord, how might I be expected to tackle antisocial behaviour?

Tackling anti-social behaviour is a priority for the authorities in Hampshire, but there may be specific licence conditions which are tailored to the circumstances of an individual property. These conditions may involve a landlord reporting persistent anti-social behaviour by persons visiting or occupying an HMO to the police, or ensuring security arrangements are in place to prevent unauthorised access, or external sensor

lighting to discourage such behaviour.

Tenancy agreements should contain clauses relating to anti-social behaviour. Tenants that consistently cause problems are in breach of their tenancy and you can therefore take steps to take possession of your property.

23. What happens if I want to sell my licensed HMO?

You must inform the HMO licensing team and your licence will be revoked upon sale of the property. Licences are not transferable, and whilst the licence remains in force the licence holder is legally responsible for the property. The new owner of the property must apply for a licence and pay a fee if they wish to continue operating the property as an HMO.

24. I already have a licensed HMO; do I require a licence for my other houses?

Yes. You must hold a separate licence for each house that meets the licensing criteria.

25. Do I need planning permission for my HMO?

You will need planning permission to change the use of a house from single to multiple occupation. You must have planning permission before you let the house as a new HMO. You should contact **Planning** for further information.

26. I have planning permission for my HMO, do I also need a Licence?

Yes. Planning and Licensing have different objectives and separate legislation. You need both things.

27. What documents do I need to support my licence application?

Where applicable, you have to supply the current:

- **Electrical installation condition report** (carried out by a competent person registered under Part P of the Building Regulations)
- **Gas Safety certificate** (carried out by a Gas Safe Registered Engineer)
- Fire Alarm test certificate (where fitted)
- Emergency Lighting certificate (where fitted)
- Surveyors report (if applying for the surveyor route)

You will need to engage professional services to obtain these documents. It is recommended that you have these documents in your possession before you apply.

28. What should a gas safety certificate look like?

29. What is a periodic inspection report for electrical installations?

30. What will constitute an Electrical Safety Certificate?

31. Do I need a Fire Risk assessment?

32. Can I send in photocopies of certificates?

33. Why do I need to tell others, like my mortgage provider, about my HMO application?

34. What happens if tenants leave or I let my licensed property to a family, will I get a refund?

35. What happens if I don't apply for an HMO licence?

A person commits an offence under Section 72 of the Housing Act 2004 if he or she is a person having control of, or managing an HMO which is required to be licensed under the Additional or Mandatory Licensing Scheme, but which is not so licensed.

In practice, the local authority will allow landlords a reasonable time to approach the Council to apply to license their properties. In cases where officers discover a licensable HMO which has not been licensed, the landlord or manager involved will be given the opportunity to apply for the licence. Where necessary The Council will consider instigating legal proceedings for failure to licence a HMO in accordance with our Enforcement Policy. (The maximum fine is currently £20,000 on conviction).

You should be aware of the following:

- Rent repayment orders

A tenant living in a property that should have been licensed, but was not, can apply

to the Residential Property Tribunal to claim back any rent they have paid during the unlicensed period (up to a limit of 12 months)

Councils can also reclaim any housing benefit that has been paid during the time the property was without a licence. This will only apply where the person having control of or managing the HMO (and therefore responsible for licensing the premises), is also the person having control of the dwelling concerned

- Restrictions on termination of tenancies

Tenants living in a property that should have been licensed, but was not, cannot be evicted by serving a section 21, Housing Act 1988 Notice, until such time as the HMO is licensed or a Management Order is in place. This will only apply where the person having control of or managing the HMO (and therefore responsible for licensing the premises) is also the person having control of the dwelling concerned

36. What happens if I don't comply with the conditions of the HMO licence?

A breach of any of the licence conditions or HMO Management Regulations is a criminal offence and on conviction can result in fines of up to £5,000 per offence.

37. Do I have to complete all the work to comply with the HMO standards prior to submitting the application?

When the Council officer or licensed surveyor inspects the premises you will be advised what work is necessary to comply with the standards. The Council can set conditions with the Licence to incorporate any areas where the property fails to meet the standards. Any conditions of the licence would need to be complied with in a reasonable time frame.

38. Is there a public register containing my property information?

Certain details are required to be held on a public register. These include:

- Address of the HMO licensed
- Name and address of the licence holder
- Description of the HMO
- Number and type of rooms present
- Amenities
- Occupant levels
- Any relevant Residential Property Tribunal information

The Public Register is available to view on request by contacting the HMO licensing team on 023 8083 2735 or hmo@southampton.gov.uk

39. I have a large number of HMOs, can I stagger the applications?

Yes you can contact us before 31st July 2013 and we can agree a schedule to ensure all your applications are received in a timely manner.

40. My property was previously registered do I need to apply for a HMO licence?

Yes, even if your property was registered with the City Council prior to 2006, if it meets the requirement for licensing now you will need to apply for a HMO licence.