

PORTSMOUTH LOCAL PLAN EXAMINATION
MATTER 15 - VIABILITY AND MONITORING
PLP20 - HOUSES IN MULTIPLE OCCUPATION

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Issue 2: whether the monitoring indicators identified within the Plan are effective. Questions addressed: Matter 15, Questions 6 and 8, with Question 7 addressed only where PLP20 monitoring interacts with site-specific housing delivery.

1. The monitoring objection

Table 12.1 does not monitor whether PLP20 is succeeding. It records planning activity - permissions and refusals by ward - while the policy operates through a 50m concentration test and claims to protect mixed and balanced communities. That is a category error: applications are flows; neighbourhood housing composition, parking capacity, HMO intensity, housing affordability and environmental capacity are stocks and outcomes. A policy cannot be called effective merely because decisions were made.

2. Monitoring cannot start from an unreconciled baseline

PCC's published HMO figures are historical snapshots rather than one baseline. The 2019 SPD analysed 1,202 licensed HMOs and estimated around 4,300 total; the 2022 additional-licensing evidence estimated up to 6,000 potential HMOs; and the 2023/24 AMR, using a January 2025 position, recorded 2,709 licensed plus 1,649 'unknown/possible', total 4,358. [1]-[3] These data have different purposes and definitions. Monitoring should therefore version, date and reconcile them rather than present percentage change between unlike populations as policy performance. PCC01, the April 2026 AMR 2024/25, is the later monitoring report and should be the starting point for whatever current baseline is adopted.

The arithmetic matters. Against the 6,000 estimate, 4,358 is 1,642 lower. Unknown/possible properties account for 37.8% of the 4,358 identified/possible total. In a 40-property PLP20 circle, one missed HMO can move the result from 7.5% to 10%; in a 50-property circle, from 8% to 10%. Monitoring that does not report data confidence cannot distinguish genuine neighbourhood change from changes in record quality.

3. Objections and member call-ins are themselves a monitoring signal

PCC says HMO applications occupy the majority of Planning Committee time and attributes this to objection volume, ward-member call-ins and the blanket call-in of small occupancy increases. More than 80 occupancy-increase cases had reached Committee since May 2022, with significant cost in time and resource. [5] That is not simply a workload statistic. It is evidence that a policy area is generating sustained conflict and repeated challenge.

The challenge comes from more than a handful of residents. At 27 Balfour Road there were 65 objections, objections from five councillors - Ben Swann, Richard Adair, Lee Hunt, Russell Simpson and Jason Fazackarley - plus a petition and an MP-office letter drawing attention to resident concerns. [7] Ben Swann appeared against the 275 Laburnum Grove intensification and had previously objected with another councillor at 39 Wykeham Road, where members identified parking, noise, waste, sewerage, amenity and Solent SPA impacts. [9], [10] Russell Simpson promoted the July 2025 Full Council motion on lawful-development certificates, which was carried after debate and expressly addressed public confidence. [11] Amanda Martin MP raised Portsmouth HMO conversion and the stale public HMO list in Parliament. [12]

A monitoring system should therefore code recurring objections by location and theme, then test them against post-decision outcomes. Repetition does not automatically prove harm; it proves a recurrent hypothesis which the authority is obliged to investigate if it wants to claim the policy is effective. If the same streets repeatedly raise parking, concentration, waste, noise, sewerage and loss of family housing, annual reporting should show whether those effects occurred and what action followed.

4. Monitor what was delivered, not what was promised

PCC's planning decisions routinely rely on mitigation and assumptions: cycle storage, public-transport accessibility, refuse arrangements, room layouts, occupancy limits and other safeguards. Monitoring currently does not show in one place whether those measures were installed, retained or effective. The problem is illustrated by 275 Laburnum Grove, where the later lawful-development route allowed consideration of an additional occupier without applying the planning merits test, HMO SPD standards or policy. [8],[9] I also hold photographs of the rear garden showing a small external structure, no visible dedicated bicycle shed and no visible bicycle rack. The photographs do not establish what is stored inside the structure. The monitoring question is therefore not whether I can prove a breach, but whether PCC can evidence what mitigation was checked and the outcome of that check.

A representative post-occupation audit should therefore compare: approved plans and conditions; licensing occupancy; actual maximum occupation; cycle/refuse storage; material parking assumptions; building-control certification where relevant; subsequent lawful-development/intensification decisions; and enforcement history. Without that, the Council is monitoring paperwork rather than outcomes.

5. Parking requires outcome monitoring at street scale

PCC's own Parking Standards SPD recognises that terraced Portsmouth was built before mass car ownership, that residents are forced to park on street, and that many terraced areas are unlikely to contain spare capacity for additional development. It expects 1.5 spaces for 2-3 bedroom C3/C4 properties and 2 spaces for 4+ bedroom HMOs, with a 0.5-space conversion difference rounded to one whole additional space. Reduced provision requires robust evidence, including on-street capacity; location alone will rarely justify it. [6]

Table 12.1 should therefore report material departures from the parking standard and the reasons accepted, by street/neighbourhood. Where cycle/public-transport mitigation is relied upon, a sample should be checked after occupation. If HMO intensification creates additional vehicles, the effect is displacement onto finite public kerb space; ward totals cannot reveal that.

6. Housing need, affordability and functional suitability must be visible

The HMO sector is large enough that its housing function must be measured, not assumed. The 2022 estimate of 6,000 potential HMOs equates to a sensitivity range of 18,000-36,000 occupiers at three to six people each. This is not an estimate of vacancies. It demonstrates why property counts alone conceal intensity. PCC's temporary-accommodation policy records 579 homeless households in temporary accommodation in April 2025, after a peak above 600; HO17 records over 250 homeless or threatened people moved into HMO rooms in 2024/25, including 95 from temporary accommodation. [5], [15]

These figures should not be collapsed into a claim that "HMOs solve homelessness". A room for one adult is not a self-contained home for a family, lone parent, couple, wheelchair user or household needing adaptations. The HEDNA identifies 763 social/affordable rented homes per year and around 897 additional wheelchair-user homes over 2025-40. [4], [16] Monitoring should therefore distinguish bedspaces created from self-contained/family-capable homes lost and report the household groups actually served.

Affordability also needs testing with like-for-like measures. The July 2026 average advertised Portsmouth room rent is £646 per month including bills, while the 2026/27 Shared Accommodation Rate is £422.83. The gross difference is £223.17 per month, but because the room figure includes bills and LHA entitlement varies by household circumstances this should not be presented as a demonstrated rent-only shortfall. [17],[18] ONS reports £900 average rent for a one-bedroom home and £1,359 for three bedrooms. [19] PCC's evidence says 52% of private-rented households fall below its affordability threshold. [16] Monitoring should therefore use comparable rent data and report household groups served rather than use 'low-cost housing' or 'demand' as untested descriptions.

7. Environmental and infrastructure outcomes need triggers

PCC says road traffic is responsible for around half of Portsmouth air pollution. [13] Its Green Infrastructure evidence says private gardens cover 17.7% of the city and contribute materially to biodiversity. [14] HMO

applications and intensifications repeatedly generate objections about parking, waste, sewerage and amenity. These facts do not prove that every HMO causes pollution or ecological harm. They do show that cumulative residential intensity operates inside constrained systems. Monitoring should therefore include trigger-based review where HMO clusters coincide with repeated parking departures, drainage/waste issues, material hard-surfacing or garden/vegetation loss, or other measurable environmental pressure. Where conversion includes demolition, extensions or replacement of reusable fabric, resource use and embodied impacts should be recorded proportionately; change of use alone should not be treated as if it necessarily involved such works. [27],[28]

8. Comparator evidence confirms that the necessary indicators are measurable

The additional indicators proposed above are not theoretical or administratively impracticable. Other authorities use defined spatial units, multiple information sources and intensity-sensitive measures to understand HMO development. The relevance of those approaches is not that Portsmouth must reproduce another authority's policy, but that they demonstrate reasonable and measurable alternatives to monitoring only permissions and refusals by ward.

Brighton & Hove applies both a 10% test within 50 metres and a 20% wider-neighbourhood test. Its development-management reports publish the percentage calculated at each scale. This demonstrates that an authority can maintain and report more than one spatial measure of concentration, rather than treating a single application-centred radius as the complete measure of neighbourhood balance. [21]

Bristol's HMO guidance applies not only to the creation of new HMOs but also to applications for additional bedspaces within existing HMOs. It assesses effects at street, neighbourhood and wider-area scales. This is directly relevant to Portsmouth because property totals alone do not reveal whether an existing HMO has intensified from three or four occupants to seven or eight. Monitoring bedspaces or maximum permitted occupation is therefore a practicable means of distinguishing the existence of an HMO from its subsequent intensity. [22]

Leeds publishes an HMO and student-housing dataset for planning purposes while expressly warning that it is not a definitive list. That qualification is important. It shows that uncertainty need not be concealed: the source, intended use and limitations of a dataset can be stated transparently. Portsmouth should similarly distinguish confirmed, licensed, lawful, possible and unresolved HMOs, and report the scale and age of unresolved records rather than combining unlike categories into an apparently authoritative total. [23]

Oxford's use of a defined length of street, including frontage around corners, provides a further example of a spatial unit related to the physical environment in which cumulative effects are experienced. [24] Together, these comparators show that concentration at more than one scale, additional bedspaces, dataset confidence and street-based outcomes are capable of definition and measurement.

The deficiency in Table 12.1 is therefore not that more informative monitoring is unavailable. It is that Portsmouth has selected indicators too remote from the intended outcome of PLP20. Counting decisions by ward cannot establish whether HMO records are reliable, neighbourhood concentration is increasing, existing HMOs are intensifying, mitigation is delivered, or mixed and balanced communities are being maintained. I acknowledge that PCC06 says the Regulation 19 Sustainability Appraisal tested alternative HMO policy options at KD09 paragraphs 5.62-5.71. [25] That is important qualifying evidence: alternative approaches were considered. Monitoring is still needed to show whether the chosen approach works in practice.

9. The July 2026 evidence strengthens the case for outcome monitoring

PCC06 paras 23.1-23.4 (printed pp.222-223) say PCC does not currently expect to publish a full updated AMR during the examination and instead aims to publish updated housing and employment supply statistics. Those updates are useful but do not amount to an HMO outcome-monitoring system. PCC06 also records that work on an updated Parking SPD was abandoned in favour of parking standards in a future new-style local plan. [25] The

current monitoring framework should therefore make clear which published parking standards apply in the interim, how material departures are coded, and whether mitigation relied upon to justify them was delivered.

PCC06 Infrastructure Schedule item S9 (printed p.204) identifies the Green & Healthy Streets programme as essential for 2025-2040, led by PCC, with various predominantly external funding and the overall scale recorded as unknown. [25] Monitoring should connect city-wide enhancement to the residential baseline: new greening is valuable, but effectiveness also requires visibility of material losses of garden, vegetation and permeable space where they occur.

PCC06 para 15.4 (printed p.107) records The Invincible as 76 co-living bedspaces counted as 40 C3-equivalent dwellings for housing-land-supply purposes. [25] I do not challenge the accounting ratio. It demonstrates why monitoring must keep separate the accounting measure, the number of bedspaces delivered and the number/type of self-contained dwellings gained or lost. Question 7 is relevant to that limited extent: site-specific trajectory accounting should reconcile with city-wide housing-function indicators rather than substitute for them.

PCC06 Q3 paras 3.1-3.2 (printed p.4) says biodiversity and green-infrastructure addenda will not now be produced; new strategies are being commissioned and further Green Corridor wording is proposed under MM123. [25] The monitoring consequence is that Table 12.1 should provide the bridge from strategic ambition to measurable residential outcomes, including private gardens and small habitat links, rather than waiting for residents to demonstrate cumulative loss case by case.

10. Required replacement for the PLP20 monitoring row

I ask that Table 12.1 be replaced or supplemented so that it reports annually:

- Applications, permissions and refusals by ward, retained as a workload measure but not treated as the outcome measure.
- A reconciled HMO stock by defined street/neighbourhood unit, with planning status, lawful-use status, licence status, maximum permitted occupation and unresolved/possible records separately identified.
- Confidence/data-quality measures: number of discrepancies, age of unresolved records, corrections made and decisions potentially affected by corrected baselines.
- Self-contained/C3 dwellings converted, bedrooms/bedspaces and maximum occupants added, and subsequent intensification through lawful-development or other routes.
- Material departures from parking, space, refuse, cycle-storage and other safeguards, together with the reason accepted and whether mitigation was subsequently verified.
- Objection volume, location and recurring themes, including councillor call-ins, with post-decision testing rather than merely counting correspondence.
- Periodic affordability indicators: average HMO room rent against Shared Accommodation Rate/LHA and the principal housing groups served, so “demand” is disaggregated by function.
- Targeted cumulative indicators for parking displacement, waste/drainage complaints, air-quality/traffic and garden/green-infrastructure effects where concentration and repeated objections identify a risk.
- Rooms permitted, completed, advertised/available and occupied, with vacancy duration, turnover and household groups served sampled periodically where comprehensive occupancy data are unavailable.
- Cross-service implementation data: unresolved planning/licensing/building-control/enforcement discrepancies, referral/escalation status, and time to an evidenced consolidated response.
- Material physical-change indicators where relevant: garden/vegetation/permeable-space loss and substantial demolition or alteration of reusable building fabric, explicitly distinguished from change of use with no such works.

Triggers should include: a material data-quality failure capable of changing a threshold result; repeated objections or councillor call-ins on the same material theme in a defined area; repeated departures from parking or other safeguards; material intensification not captured by property count; and measurable loss of self-contained/family-capable housing inconsistent with the Plan’s objective.

The action should be a published targeted review of the affected area, correction of the evidence base, post-occupation audit where mitigation is in question, and review of the SPD, spatial methodology or PLP20 where the policy is not delivering mixed and balanced communities.

Responsibility should be explicit. Planning should own the PLP20 monitoring return, but source fields should identify the responsible service - planning, HMO licensing, building control, parking/highways, waste/environmental services or enforcement - and unresolved cross-service cases should have an identifiable lead. This respects separate statutory functions while preventing fragmented implementation.

Frequency should match the indicator. Core stock, concentration, permissions, intensification, housing loss and data-quality measures should be published annually. Material departures and cross-service discrepancies should be logged continuously and summarised annually. Rent, vacancy and turnover evidence can be sampled periodically. Post-occupation verification should use a risk-based sample plus triggered checks where a decision materially depended on mitigation or where repeated evidence identifies a local issue.

A trigger should lead to a defined action, not merely a note in the next AMR: correct the baseline; investigate a defined street/neighbourhood; verify mitigation; reconcile records; commission a targeted survey; or review the HMO SPD/PLP20 where outcomes repeatedly diverge from the policy objective. The monitoring report should state the action, owner, due date and outcome.

11. Retrospective validation is essential

PCC relies on the approach having operated successfully since 2012. [20] That claim should be tested, not repeated. Within 12 months of adoption PCC should publish a retrospective effectiveness review of a representative sample of HMO decisions, recalculating the baseline where later lawful HMOs were identified; checking whether parking/amenity mitigation was delivered; recording later occupancy increases; comparing repeated objections with actual outcomes; and measuring the resulting housing mix. This would not reopen lawful permissions. It would establish whether the methodology proposed to govern the city to 2040 has actually worked.

12. Conclusion

The present PLP20 monitoring row is not effective because it measures administrative transactions instead of the outcome the policy claims to protect. The Council already knows that HMO cases consume substantial Planning Committee time, that published HMO datasets use unresolved or differently defined categories, that members and residents repeatedly challenge the same impacts, and that different regulatory routes can alter occupancy without the merits safeguards being determinative. PCC06 adds further reasons for a stronger framework: no full AMR update is currently expected during the examination; the Parking SPD update has been abandoned; strategic green-infrastructure delivery has uncertain overall funding scale; and housing accounting can legitimately translate bedspaces into C3-equivalent units without describing the housing function actually delivered. [25] Monitoring must therefore reconcile data, identify responsible services, test outcomes and trigger corrective action rather than requiring residents to discover implementation gaps case by case.

Approximate word count (body, excluding reference list): 2,806.

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