

PORTSMOUTH LOCAL PLAN EXAMINATION

Matter 8 - Housing Policies

Strategic Policy PLP20: Houses in Multiple Occupation

Questions 9 and 10

Contact:	Keith Oxborough
Representor ID:	59641
Representation Numbers:	38941, 38943

1. Introduction

This statement relates to my Regulation 19 representation concerning Strategic Policy PLP20: Houses in Multiple Occupation.

My representation sought two principal modifications:

1. Criterion 1(a) should require **less than 5% of residential properties within a 50-metre radius** of the application property to be in existing HMO use. If that modification is not accepted, I requested that the existing **10% within 50 metres be retained as a fallback**.
2. Criterion 1(b) should prevent development resulting in **two or more HMO properties in a row**, rather than only preventing three or more.

My representation also raised the continuing conversion of family housing to HMOs and the importance of maintaining mixed and balanced communities.

This statement responds principally to **Matter 8 Question 9**, which asks whether the proposed criteria for HMO development are justified and supported by the evidence, and **Question 10**, concerning whether the policy is otherwise positively prepared, justified, effective and consistent with national policy (ID03).

I do not oppose HMOs as a form of housing. They make an important contribution to meeting the accommodation needs of students, younger people, people on lower incomes and others requiring shared or flexible rented accommodation.

The issue raised by my representation is narrower:

What level of local HMO concentration is sufficiently justified and compatible with PLP20's stated objective of supporting mixed and balanced communities?

2. The evidence identifies a genuine choice between 5% and 10%

PLP20 currently proposes a threshold of less than 10% of residential properties within a 50-metre radius being in existing HMO use.

I do not challenge the use of a **50-metre radius**. My original representation retained it. The issue is the percentage applied within that radius.

The Council's Regulation 19 Sustainability Appraisal expressly considered several reasonable alternatives, including:

- HMO2 - 5% within 50 metres;
- HMO3 - 5% within 100 metres;
- HMO4 - 10% within 50 metres; and
- HMO5 - 10% within 100 metres.

Regulation 19 Sustainability Appraisal, para 6.52.

The 5%/50m option was therefore not an arbitrary figure introduced after preparation of the Plan. It was a reasonable alternative expressly identified and assessed by the Council.

The appraisal shows an important distinction between the alternatives.

The 5% alternatives rank second for housing and first for healthy communities, while the 10% alternatives rank first for housing and second for healthy communities.

In particular, the Sustainability Appraisal explains that the 5% alternatives rank first for healthy communities because they would avoid more of the potential negative social and amenity impacts associated with higher concentrations of HMOs and imbalanced communities.

Regulation 19 Sustainability Appraisal, paras 6.57-6.58.

The appraisal also records no significant effect for these alternatives under either the housing or healthy-communities objectives.

The evidence therefore identifies a genuine planning balance. It does not demonstrate that 10% is the only justified outcome.

3. The Council's case for 10% does not remove the need to justify that choice

The Council's preferred option is HMO4: a 10% limit within a 50-metre radius.

The Council explains that it has sought for several years to balance the management of HMOs with the objective of maintaining mixed and balanced communities, that the 10% threshold has been used successfully in Portsmouth, and that the preferred approach gives HMOs reasonable scope to meet housing need while maintaining balanced communities.

Regulation 19 Sustainability Appraisal, paras 7.34-7.36; KD31, assessment of PLP20.

I acknowledge that evidence.

It demonstrates that 10% is an established and workable threshold. Previous planning and appeal experience also provides evidence that it can operate effectively.

However, successful operation of an existing threshold demonstrates that it **can work**; it does not by itself establish that a lower threshold, assessed during preparation of a new Local Plan, would be unjustified.

Similarly, previous appeal decisions applying the existing 10% approach do not amount to an examination of whether a properly adopted 5% threshold would itself be sound.

The fact that a 10% threshold is also used by other authorities may support its general practicality, but comparative prevalence does not itself establish that it represents the most appropriate balance for Portsmouth when the Council has appraised a more restrictive reasonable alternative against Portsmouth's own circumstances and policy objectives.

Matter 8 Question 9 asks whether the **proposed criteria** are justified and supported by the evidence. The relevant question is therefore whether the evidence sufficiently explains why the housing advantages attributed to 10% should outweigh the healthy-community advantages identified for 5%.

4. HMO housing need does not determine the appropriate concentration threshold

It may be argued that additional restrictions on HMOs would reduce the availability and choice of comparatively affordable shared accommodation.

That is a legitimate consideration.

The Council recognises the contribution HMOs make to meeting the needs of students, younger people, young professionals and people on lower incomes.

KD34, Regulation 19 Council response to PLP20.

However, accepting a need for HMOs does not establish that meeting that need requires allowing concentrations to reach the 10% policy threshold in individual neighbourhoods.

My proposed 5% threshold is **a control on local concentration, not a prohibition on HMOs.**

HMOs could continue to come forward where local concentrations remained below the threshold. The proposal does not seek to remove existing lawful HMOs.

This distinction is consistent with the Council's own supporting text. The Plan acknowledges both the contribution HMOs make to housing need and that HMO development can occur at the expense of family homes through conversion and subdivision of larger dwellings. It also acknowledges the potential negative social, environmental and amenity impacts associated with high concentrations.

PLP20 therefore needs to balance both considerations.

5. The Sustainability Appraisal does not demonstrate unacceptable housing harm from 5%

The Sustainability Appraisal recognises that a lower threshold could restrict opportunities for additional HMO development.

I acknowledge that consequence.

However, it does not identify a significant negative housing effect for the 5% alternatives.

As noted above, **the 5% alternatives rank second for housing and first for healthy communities, while the 10% alternatives rank first for housing and second for healthy communities.**

Regulation 19 Sustainability Appraisal, paras 6.57-6.58.

It would therefore not be accurate to characterise the Council's own appraisal as demonstrating that 5% is incompatible with meeting housing needs.

Instead, it demonstrates a trade-off between competing policy objectives.

I do not suggest that the appraisal establishes 5% as a mathematically exact point at which imbalance begins. Planning policy inevitably requires judgement.

My submission is that **5% is a credible, assessed alternative with identified healthy-community benefits**, and that the Council should therefore demonstrate why those benefits are outweighed by the advantages it attributes to 10%.

6. Dispersal is not necessarily contrary to the objective of mixed and balanced communities

The Sustainability Appraisal also identifies the possibility that a 5% threshold would cause some HMO demand to move away from areas already above that level towards areas with lower concentrations.

I acknowledge that possibility.

However, there is a distinction between harmful displacement and a more even distribution of shared housing.

If PLP20 is intended to maintain mixed and balanced communities, limiting further HMO development in areas already experiencing higher concentrations may be consistent with that objective.

The Sustainability Appraisal itself recognises that the benefits of the lower-threshold alternatives would arise particularly in areas with high existing HMO concentrations because further concentration would be capped, while also identifying the possibility of minor negative effects arising more widely through dispersal.

Regulation 19 Sustainability Appraisal, paras 7.38-7.39 and the preceding assessment at paras 6.56-6.58.

The relevant question is therefore not simply whether some dispersal would occur, but whether its consequences are sufficient to outweigh the identified healthy-community benefits of the lower threshold.

7. The case does not depend upon disputed complaint statistics or HMO totals

There has been disagreement during preparation of the Plan about the number of HMOs and the scale of complaints or adverse impacts associated with them.

My case does not require the Inspectors to conclude that every HMO causes nuisance or that any particular complaint total is correct.

The underlying planning principle is already accepted by the Council.

PLP20 itself recognises the potential negative social, environmental and amenity effects of high HMO concentrations and seeks to maintain mixed and balanced communities. The Council's Regulation 19 response also confirms that harm to residential amenity can include noise and other harm resulting from anti-social behaviour.

KD34, Regulation 19 Council response to PLP20.

Likewise, accurate HMO data is important when applying whichever threshold is adopted, but the accuracy of the underlying database is a separate issue from the level at which the policy threshold should be set.

The dataset determines the number of HMOs counted.

The policy determines what level of concentration is considered acceptable.

Any inaccuracies should be corrected whichever percentage is ultimately selected.

8. Family housing and community balance

The loss of family housing raised in my Regulation 19 representation is directly relevant to the purpose of PLP20.

The Plan acknowledges that HMO accommodation can be created at the expense of family homes and that high concentrations can have adverse effects upon communities.

I do not suggest that every dwelling converted to HMO use would otherwise necessarily remain occupied by a family, or that every individual conversion causes unacceptable harm.

The concern is cumulative.

A policy intended to maintain a mix of households needs to intervene sufficiently early to prevent imbalance becoming established.

The question is whether 10% represents the appropriately justified intervention point when the Council's own appraisal identifies greater healthy-community benefits from the 5% alternatives.

9. Criterion 1(b): adjoining HMOs

My Regulation 19 representation also sought amendment to criterion 1(b).

PLP20 provides that development should not result in a non-HMO property being "sandwiched" between HMO properties and should not result in **three or more HMO properties in a row**.

The policy therefore permits two immediately adjoining HMOs before the consecutive-property restriction operates.

My original representation sought to prevent development resulting in **two or more HMO properties in a row**.

I do not suggest that every pair of adjoining HMOs necessarily causes demonstrable amenity harm.

The issue is one of preventative spatial concentration.

PLP20 already accepts the principle that consecutive HMOs can create an undesirable cluster and therefore contains a specific rule to prevent this.

The question is why intervention should begin with the **third** consecutive HMO rather than the second.

The Council refers generally to the HMO Supplementary Planning Document and Sustainability Appraisal in support of PLP20's concentration and adjacency provisions.

KD31, assessment of PLP20.

However, I have not identified a clear explanation establishing why three consecutive HMOs represents the appropriate intervention point rather than two.

I therefore respectfully ask the Inspectors to consider whether sufficient evidence has been provided to justify permitting two adjoining HMOs before this anti-clustering provision takes effect.

10. Proportionality and requested modifications

The changes sought are limited and targeted.

My representation does not seek a city-wide prohibition on HMOs, a 0% threshold or removal of the Council's 50-metre methodology.

It seeks stronger controls on the **concentration and clustering** of HMOs using mechanisms already contained within PLP20.

I request that criterion 1(a) be amended to read:

“Less than 5% of residential properties within a 50-metre radius of the area surrounding the application property are in existing use as a HMO.”

I also request that criterion 1(b) be amended so that development:

“does not result in a non-HMO property being ‘sandwiched’ between HMO properties and does not result in two or more HMO properties in a row.”

As stated in my original Regulation 19 representation, if the Inspectors are not satisfied that the evidence justifies the proposed 5% threshold, I request that the existing **10% within 50 metres be retained as the fallback protection rather than weakened.**

This fallback was expressly recorded in the Regulation 19 consultation representations summarised by the Council.

KD34, PLP20 Regulation 19 consultation summary and Council response.

11. Conclusion

The issue is not whether Portsmouth needs HMOs. It does.

Nor is it whether HMO concentration can have adverse effects. The Council itself accepts that principle.

The central question under Matter 8 Question 9 is whether the **particular criteria selected for PLP20 are justified and supported by proportionate evidence.**

The Council's Sustainability Appraisal identifies a genuine policy choice:

the 10% alternatives perform better against the housing objective, while the 5% alternatives perform better against the healthy-communities objective.

The fact that the existing 10% threshold has operated successfully supports its continuation, but it does not in itself resolve the choice between the reasonable alternatives assessed during preparation of the new Plan.

Given PLP20's stated purpose of supporting mixed and balanced communities, I respectfully ask the Inspectors to consider whether the Council has sufficiently justified selecting 10% rather than the 5%/50m alternative and, separately, whether sufficient justification has been provided for allowing two adjoining HMOs before the consecutive-property restriction operates at the third.

For those reasons, I request the modifications set out above.