

PORTSMOUTH LOCAL PLAN EXAMINATION**MATTER 8 - HOUSING POLICIES****PLP20 - HOUSES IN MULTIPLE OCCUPATION****Cassandra Gardiner | Representor ID 56813 | Representation 26618**

Issue: whether PLP20 is positively prepared, justified, effective and consistent with national policy. Questions addressed: Matter 8, Questions 9 and 10.

1. The objection

I do not object to shared housing as a tenure. My objection is that Portsmouth is carrying forward a system that gives the appearance of precision while the Council cannot demonstrate a single authoritative HMO baseline, repeatedly departs from or works around its own safeguards, and does not test whether mitigation and assumptions made at application stage are true after occupation. The result is that residents are repeatedly required to identify missing HMOs, parking saturation, intensification and implementation failures after the event. That is not an effective policy system. It is a system in which the evidential burden has been displaced onto the community.

This develops the concerns in my Regulation 19 representation about fragmented guidance and monitoring, rapidly increasing HMOs, infrastructure, utilities, pollution, loss of conventional housing and inadequate checking of planning-stage standards. The evidence now available makes those concerns measurable rather than speculative.

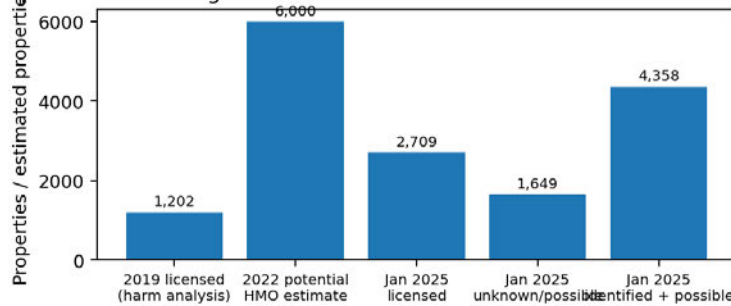
2. The numbers: Portsmouth does not have one HMO baseline

PCC's published figures are historical snapshots rather than one stable HMO population. In 2019 the HMO SPD's 'evidence of harm' compared complaints from 1,202 licensed HMOs with non-HMO properties while recording an estimate of around 4,300 HMOs overall. In 2022 PCC estimated up to 6,000 dwellings were potentially HMOs. The 2023/24 AMR, using a January 2025 position, recorded 2,709 licensed HMOs plus 1,649 'unknown/possible HMOs', a combined 4,358. [1]-[3] Those figures have different dates, definitions and administrative purposes. I use them as evidence of the need for reconciliation, not as proof that any particular historic decision was wrong. PCC01, the April 2026 AMR 2024/25, is the later monitoring report; any current PLP20 baseline should be taken from, and reconciled against, the latest auditable records rather than treating the older snapshots as interchangeable.

Portsmouth's 2025 HEDNA records 91,534 dwellings. The 2022 estimate of 6,000 potential HMOs is therefore equivalent to about 6.6% of the entire city dwelling stock; the 4,358 identified/possible figure is about 4.8%. The gap between 6,000 and 4,358 is 1,642 properties, or 27.4% of the earlier estimate. I do not say that 1,642 are proved "missing": the figures have different dates, definitions and purposes. That inability to reconcile them is precisely the problem. A determinative percentage policy requires a current numerator, not a collection of incompatible administrative snapshots. [2]-[4]

PCC publication	Published number	What it means
2019 SPD harm analysis	1,202 licensed	PCC also estimated ~4,300 total HMOs
2022 additional licensing evidence	up to 6,000 potential HMOs	~25% of PRS; only ~20% then licensable
Jan 2025 AMR	2,709 licensed + 1,649 unknown/possible	4,358 identified/possible

PCC published HMO figures: different definitions do not form one current baseline



Sources: PCC HMO SPD 2019; Additional Licensing consultation 2022; Authority Monitoring Report 2024 (published 2025). Figures are not directly comparable - that is the point.

Figure 1. PCC published HMO figures use different populations and cannot simply be treated as one authoritative baseline.

The threshold maths shows why this is not a technical nicety. PLP20 criterion 1(a) requires less than 10% of residential properties within the 50-metre radius to be in existing HMO use. With 40 residential properties, three HMOs are 7.5% and four are exactly 10%; with 50, four are 8% and five are 10%; with 70, six are 8.6% and seven are 10%. At those margins, one omitted or wrongly classified HMO can change whether the 'less than 10%' criterion is met. PLP20 separately says that where concentrations exceed 10%, intensification should be permitted only in exceptional circumstances. [21] The distinction matters: classification quality can affect both the calculation and the route through the policy. The proper response is validation, not an assumption that every historical difference proves a bad decision.

The scale also matters. The 2022 estimate of 6,000 potential HMOs implies, purely as a sensitivity illustration, capacity for about 18,000 occupiers at three people per HMO, 24,000 at four, 30,000 at five and 36,000 at six. These are not estimates of vacancies or actual occupancy. They show that “number of HMO properties” conceals a very large population and intensity range. A three-person HMO and an eight-person HMO cannot sensibly be treated as equivalent units of neighbourhood impact.

3. The 50m rule turns uncertain data into false precision

The 50m test compounds the baseline problem. It is a moving circle drawn around each application, so neighbouring addresses can be assessed against different populations of properties. A house just outside the circle can be part of the same terrace and parking environment but disappear from the calculation. PCC itself accepts that its database can include or omit properties in error and that lawful status can change without a fresh planning permission. [1] A percentage calculated to two decimal places does not become reliable because the geometry is precise when the underlying classification is not.

The appropriate remedy is not simply to substitute 5% for 10%. PCC should publish, for every calculation, the denominator, every property counted as an HMO, the planning/lawful-use basis for inclusion, the effective date and how discrepancies were resolved; and PLP20 should contain a wider street/neighbourhood safeguard so that a mathematical circle cannot override obvious cumulative concentration.

Reasonable alternative approaches are already in use

Portsmouth's 10%/50m method is not the only practicable way of controlling or monitoring HMO concentration. Brighton & Hove's adopted policy combines a 10% test around the application site with a wider neighbourhood concentration control; Bristol's adopted HMO SPD addresses new HMOs and additional bedspaces and considers effects beyond the individual property; Oxford uses a street-based 100-metre methodology; and Leeds publishes an HMO/student housing dataset while expressly warning that it is not definitive. [23]-[26] These are comparators, not templates for automatic transplantation. Their relevance is that wider spatial units, intensity measures and explicit data limitations are capable of definition and administration.

I also acknowledge the Council's July 2026 response. PCC06 says the Regulation 19 Sustainability Appraisal tested HMO policy options at KD09 paragraphs 5.62-5.71, alongside First Homes and biodiversity net gain options (PCC06, para 6.13, printed p.13). [22] I therefore do not suggest that alternative HMO approaches were ignored. My criticism is narrower: the selected approach still has to be justified by reliable local data and by evidence that it protects mixed and balanced communities in practice. Comparator evidence is useful because it shows what additional safeguards and outcome measures could be tested against Portsmouth's particular density and built form.

4. PCC publishes standards, then accepts outcomes that contradict their purpose

PCC's Parking Standards SPD is explicit. A 2-3 bedroom C3/C4 property is expected to provide 1.5 spaces; a 4+ bedroom HMO is expected to provide 2 spaces and 4 long-stay cycle spaces. Where a conversion moves from 3 bedrooms to 4+, the 0.5-space difference is expressly rounded up to one additional whole space. Where provision is reduced, the applicant must give robust justification, consider actual on-street capacity and may use kerbside surveys with data and photographs. The SPD warns that terraced areas are unlikely to have sufficient spare on-street capacity and says location alone will rarely justify reduced provision. [6]

That is not how residents experience the policy. Laburnum Grove is a long, dense terrace with junctions, corner visibility constraints, dropped kerbs and sections where frontage cannot accommodate even one full vehicle. [REDACTED] Outside my own house the available kerb length accommodates one car; there is no second space attributable to that frontage. Other houses have less because of junction geometry. The Council's own parking policy recognises this urban form: Portsmouth's terraces were built before mass car ownership and residents are forced to park on street. [6]

Yet HMO applications are repeatedly supported with little or no on-site parking by reference to buses, cycling and cycle storage. That does not create kerb space. Nor does it limit the number of cars subsequently owned by six, seven or eight unrelated adults. The planning standard regulates provision, not vehicle ownership. If PCC accepts less than its standard, it should demonstrate where residual demand can physically and lawfully go and then test whether the mitigation relied upon actually happened.

5. 275 Laburnum Grove: policy safeguards can disappear through the route used

275 Laburnum Grove is a concrete example. A 2024/25 application sought to increase an existing six-person HMO to seven. The application attracted 12 objections and was called in by Cllr Gerald Vernon-Jackson. PCC's later Certificate of Lawful Development report records that the seventh room was already furnished as a bedroom at the officer visit and that no physical alterations were proposed. The later certificate route asked only whether the additional occupier amounted to a material change of use. [8]-[10]

At the July 2025 Committee, Cllr Ben Swann appeared against the proposal. Officers expressly told members that the planning merits test, HMO SPD standards and planning policy did not apply to the lawful-development question. [10] This may be legally correct, but it exposes the policy gap: an intensification previously tested through planning merits can later proceed through a route where those safeguards are not determinative. PLP20 cannot be effective if it monitors only creation of HMOs and not subsequent occupancy/intensification.

PCC also relied on continuing cycle-storage provision when assessing transport impact. I hold photographs of the rear garden. They show a small external structure, no visible dedicated bicycle shed and no visible bicycle rack. The photographs do not establish what, if anything, is stored inside that structure, so I do not put the point higher than the evidence allows. The policy point is that where cycle storage or another mitigation measure is material to a decision, PCC should have a transparent post-decision record showing what was checked, what was found and whether any follow-up was required.

6. Repeated objections are evidence of a systemic issue, not a workload problem

PCC's May 2025 HMO report says HMO applications take the majority of Planning Committee time because of objection numbers, ward-member call-ins and the blanket call-in of small occupancy increases. It records more than 80 such cases since May 2022 and "significant cost" in time and resource. It also characterises a small

group of residents as habitually objecting, while acknowledging objection and call-in as an essential element of democratic oversight. [5]

The obvious policy question is why the same concerns keep returning. At 27 Balfour Road there were 65 objection comments, objections from Councillors Ben Swann, Richard Adair, Lee Hunt, Russell Simpson and Jason Fazackarley, a substantial petition, and a letter from Amanda Martin MP's office drawing attention to resident concerns. [7] At 39 Wykeham Road, Councillors Daniel Wemyss and Ben Swann objected and members identified parking, noise, waste, sewerage, amenity and Solent SPA impacts from intensification. [11] Cllr Russell Simpson later promoted a Full Council motion on lawful-development certificates; the carried motion expressly referred to reduced public confidence and sought retention of committee consideration where there is substantial public or councillor objection. [12] Amanda Martin MP raised the conversion of family homes on Balfour Road, Chichester Road, Cardiff Road and Laburnum Grove in the House of Commons and highlighted the out-of-date public HMO list and a 12-year wait for families needing four-bedroom social housing. [13]

This is resident, councillor, Full Council and parliamentary concern converging on the same policy area. I submit as an individual and do not claim to represent every neighbour, but my own experience is that strong concern is shared by neighbours and other residents, and the documented objections, petitions, member interventions and parliamentary debate show that the concern is not mine alone. Persistent objections do not prove every alleged effect. They are, however, a recurring signal that should be tested against post-occupation outcomes rather than treated only as correspondence volume or a resource burden.

7. Housing need: HMO rooms are not a substitute for homes

PCC's own housing evidence makes the distinction unavoidable. The HEDNA update identifies a need for 763 social/affordable rented homes per year and about 897 additional wheelchair-user homes over 2025-40. [4],[17] Temporary-accommodation households more than tripled from 180 in April 2020 to 579 in April 2025 and exceeded 600 at the October 2024 peak. [16] HO17 says PCC placed over 250 homeless or threatened people into HMO rooms in 2024/25, including 95 leaving temporary accommodation. [5] That is a legitimate housing intervention, but it also demonstrates that HMO rooms and household housing need are different things.

The economics reinforce the point, but the measures must not be conflated. SpareRoom's July 2026 index puts the average advertised Portsmouth room at £646 per month including bills. The 2026/27 Portsmouth Shared Accommodation Rate is £422.83 per month. The gross difference is £223.17 a month, but because the room figure includes bills and LHA entitlement depends on individual circumstances, this is not evidence of a £223.17 rent-only shortfall. [18],[19] It is evidence that affordability should be tested with like-for-like data. ONS reports average private rents of £900 for a one-bedroom home, £1,359 for three bedrooms and £1,960 for four-plus bedrooms. [20] PCC's evidence says 52% of private-rented households have incomes below the level needed to rent privately within its affordability threshold. [17]

There is also a commercial incentive to convert, but gross rent is not profit. At the £646 average advertised room rent, five rooms gross about £3,230 per month, six about £3,876, seven about £4,522 and eight about £5,168 before bills, management, finance, maintenance, voids, tax and other costs. The comparison illustrates why conversion of a £1,359-per-month three-bedroom rental can be commercially attractive; it does not quantify net return. Planning policy therefore needs an explicit housing-mix safeguard rather than assuming the market will preserve family-capable stock.

A one-person room cannot perform the same housing function as a self-contained home for a couple, a lone parent with children, a larger family, a wheelchair user or a household needing adaptations and private amenity. PLP20 should count both sides of every conversion: bedspaces created and self-contained/family-capable homes lost.

8. Pollution, infrastructure, drainage and the natural environment are cumulative effects

The original objection raised utilities, infrastructure and pollution. PCC's own health evidence says road traffic is the main source of nitrogen dioxide in Portsmouth and is responsible for around half of the city's air pollution. [14] If HMO parking shortfalls are accepted because occupants are assumed to cycle or use public transport,

those assumptions matter environmentally as well as for parking. They should be validated, not merely stated in officer reports.

Intensive conversions also alter physical demand inside traditional terraces: more occupants, more showers and WCs, more drainage connections, refuse, servicing and potentially more noise. Planning Committee records repeatedly show residents and members raising sewerage, waste and drainage when occupancy is intensified. [11] The point is not that one additional shower causes sewer failure; it is that PCC has no visible cumulative measure showing what hundreds of incremental conversions do to local systems.

The same is true of urban nature and the physical fabric of housing. PCC's Green Infrastructure evidence says private gardens cover about 713 hectares, 17.7% of the city, and contribute to biodiversity. [15] HMO conversion does not automatically damage biodiversity and a change of use may involve little physical work. But where a scheme entails extensions, demolition, replacement of usable fabric, hard surfacing, bin/cycle structures or vegetation loss, there can be construction waste, embodied-carbon and habitat-connectivity effects as well as loss of Victorian townscape character. National design guidance and Historic England both support retention and reuse of existing fabric as a means of reducing resource use and embodied impacts. [27],[28] The issue is cumulative and site-specific, not an assumption that every HMO conversion has the same effect.

9. The July 2026 Council response narrows, but does not remove, the issues

On green infrastructure, PCC06 Q3 paras 3.1-3.2 (printed p.4) says the promised Biodiversity and Green Infrastructure Background Paper addenda will not now be produced. Instead, the Council is commissioning a new Biodiversity Strategy with Implementation Plan and a new Green Infrastructure Strategy, and says additional explanatory wording on Green Corridors has been proposed through MM123. [22] I therefore do not say that the Green Corridor rationale remains wholly unexplained. The remaining PLP20 question is more specific: how losses of private gardens, vegetation and small habitat links arising from dispersed residential change will be measured cumulatively and connected to policy review.

PCC06's Infrastructure Schedule also includes S9, the Green & Healthy Streets programme, as an essential city-wide programme for 2025-2040, led by PCC, with various predominantly external funding and an overall scale recorded as unknown (individual schemes in the £thousands to £hundreds of thousands). [22, printed p.204] That is a positive programme, but it does not itself measure the loss of existing residential greenery. The Plan should monitor both enhancement delivered and cumulative loss where conversion or intensification changes gardens or permeable space.

On playing pitches, PCC06 Q4 explains the delayed strategy update: PCC wants recent provision at King George V playing fields and John Jenkins Stadium to bed in, and there has also been a resourcing delay. PCC says the delay will not materially affect the Plan and points to an existing city deficit and Policy PLP45 protections. [22, printed p.5] I rely on this only as context for a constrained city in which cumulative residential intensity should be tested against local capacity; it is not a separate challenge to playing-pitch policy.

PCC06 para 15.4 (printed p.107) records The Invincible permission as 76 co-living bedspaces counted as 40 C3-equivalent dwellings for housing-land-supply purposes. [22] I do not allege that this accounting conversion is improper. It does, however, illustrate why a housing-supply equivalence must not be confused with the physical provision of 40 self-contained homes. For PLP20, bedspaces created and self-contained/family-capable dwellings lost are different measures and should both remain visible.

Finally, 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; it instead aims to publish updated housing and employment supply statistics. PCC also records that work on an updated Parking SPD was abandoned in favour of parking standards in a future new-style local plan. [22] In the material reviewed for this statement, the July 2014 Parking Standards SPD remains the published adopted standard cited in current HMO decisions. The examination should therefore be clear what standards govern the interim period and how departures are recorded and monitored.

10. Implementation requires cross-service accountability and verification

Planning permission, lawful-development decisions, HMO licensing, building control and enforcement are separate statutory functions. I do not assert that post-development inspections never occur. My concern is that I have been unable to locate clear public information showing, for a resident raising a cross-cutting HMO concern, what checks occur after development, which service owns each check, how conflicting records are reconciled, what is referred to another service, and who owns the final response. That fragmentation weakens the practical effectiveness of PLP20 even where each individual service is acting within its own remit.

A proportionate remedy is an identifiable lead or case owner for cross-service concerns; reconciliation of relevant permissions, conditions, licensing and inspection records; clear referral and escalation arrangements; and a consolidated evidenced response stating what was checked, what was found, what action followed and why no action is available where that is the conclusion. Unresolved cases and outstanding responsibilities should be tracked as an implementation indicator rather than left to residents to reconstruct.

A further example was reported to me on 18 September 2026 by a councillor who said they had attended an inspection at a Portsmouth property. The councillor reported that a room described as a gym contained a bed and no gym equipment, and that no acknowledgement or resolution of that discrepancy was apparent to them. This is not my direct observation; I do not identify the property, the councillor, the inspection remit or any enforcement outcome, and the account does not establish unlawful occupation. It does raise a legitimate monitoring question: where actual use appears inconsistent with the use described in records or plans, is the discrepancy recorded, referred and followed through to an evidenced conclusion?

11. Demand, vacancies and reversibility should be tested, not assumed

I have also heard reports of vacant HMO rooms and of operators approaching organisations in Havant and neighbouring areas in an effort to recruit occupants. I cannot independently verify those approaches and I do not suggest that recruiting occupants outside Portsmouth is improper. Vacancies do not prove that there is no housing need. They do show why 'demand' should not be treated as one undifferentiated concept. Monitoring should distinguish housing need, demand at the rent and conditions offered, rooms permitted, rooms completed, rooms advertised/available, rooms occupied, vacancy duration, turnover and the household types being served. A periodic sample survey would be proportionate where comprehensive city-wide occupancy data are unavailable.

The same evidence should be read alongside what is lost. Traditional Portsmouth houses can be capable of family occupation before conversion. Where substantial alterations strip out reusable fabric, subdivide layouts, extend into gardens or replace permeable/green space, reversal may be technically possible but costly. This is not a reason to prohibit shared accommodation; it is a reason to measure the stock transition properly. A room-based supply gain and the loss of a self-contained, family-capable dwelling are not the same housing outcome.

12. Soundness conclusion and necessary modifications

PLP20 is not yet demonstrated to be fully justified or effective. The issue is not a simple argument for a lower percentage. The policy applies a precise spatial threshold to records that need transparent reconciliation; a moving 50m geometry may not capture wider street effects; intensity can change through lawful-development routes without a fresh merits assessment; mitigation is not transparently verified after occupation; cross-service follow-up is difficult for residents to trace; and the monitoring framework does not yet measure housing-function loss, affordability, vacancies/turnover, parking displacement, implementation, or cumulative environmental effects. PCC06 confirms that alternatives were appraised and supplies useful new context, but it also reinforces the need for an outcome-based monitoring and review mechanism. [21],[22]

I ask the Inspectors to require the following modifications:

- An authoritative, reconciled HMO baseline distinguishing planning permission, lawful use, licence status, current maximum occupation and unresolved/possible status, with a published audit trail for every PLP20 calculation.

- A second street/neighbourhood concentration test so that the moving 50m circle is not the sole measure of community balance.
- A retrospective audit of a representative sample of HMO approvals and lawful-development decisions to test whether counts were correct, standards and conditions were delivered, later intensification occurred and repeated objections predicted actual outcomes.
- For parking shortfalls, a requirement for evidenced physical and lawful kerb capacity, not general references to accessibility; and monitoring of whether cycle/public-transport mitigation relied upon in approvals was actually provided and retained.
- Explicit monitoring of self-contained and family-capable homes lost, HMO bedspaces/occupancy added, recurring objection themes, affordability/demand by housing function, and cumulative parking, waste, drainage, air-quality and environmental indicators where material.
- Defined triggers for targeted street/neighbourhood review and amendment of the SPD or PLP20 where the evidence shows the policy is not maintaining mixed and balanced communities.
- A cross-service implementation protocol for HMO concerns, with an identifiable lead, reconciliation of planning/licensing/building-control/enforcement records, transparent referral and escalation, and monitoring of unresolved cases.
- Periodic evidence on rooms permitted, completed, available and occupied, vacancy duration and turnover, household groups served and unmet need for self-contained housing; sample surveys where comprehensive data are not proportionate.
- Where physical works accompany conversion or intensification, monitoring of material loss of garden/vegetation/permeable space and substantial demolition or alteration of reusable building fabric, linked to Green & Healthy Streets and wider green-infrastructure delivery rather than assuming enhancement offsets loss.

The Council has the advantage of holding planning, licensing, building-control and enforcement records. PLP20 will be stronger if those records are deliberately reconciled and converted into outcome evidence, rather than requiring residents to identify and bridge administrative gaps case by case.

Approximate word count (body, excluding reference list): 3,987.

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