

Matter 8 Housing Policies: PLP20 Houses in Multiple Occupation 59626 & 61354

9) The proposed criteria for development proposals for Houses in Multiple Occupation **are not** justified and supported by the evidence.

Background

As has been stated many times, Portsmouth IS a 'special' case. It IS genuinely unique; it is the only island city, and the most densely populated city in the UK outside of London. Portsmouth is a very deprived area; most of the housing and infrastructure remains Victorian; services such as health centres, GPs, dentists, and hospitals are beyond breaking point, as the existing need is too great.

Portsmouth South has many areas that are already imbalanced by Houses in Multiple Occupation (HMOs), these were in place before any regulation. Now Portsmouth North is being very heavily targeted, taking from the insufficient, much needed family housing stock which is not being replaced anywhere near an adequate level. Whereas the historic HMOs in Portsmouth South were originally typically for 3, 4 and 5 tenants, these are now being increased in occupation, implementing permitted development, to create sui generis HMOs. In the North of the City 3 bedroom, terraced, narrow, family housing is being completely gutted; internal ceilings, floors and walls removed to create the over developed 7 bed and larger sui generis HMO model, in the main for private rental profit. It would be very difficult to physically return these to dwellinghouses, the potential for rental income also makes this unlikely. HMO conversions are not required to comply with disability access regulations, making them inaccessible even to visit. We are told by Officers that there could be a family of seven or more adults in one household: according to the Office for National Statistics the average UK household had 2.36 residents in 2025, and 42% of these households had dependent children. The densely populated island city of Portsmouth simply lacks capacity, the Plan should have an emphasis on sustainability, HMOs are not sustainable.

Need for up-to-date evidence

In October 2012, Policy PCS20 was introduced, this is the existing 10% HMO threshold within a 50m radius. PCS20 is clearly stated in Portsmouth

City Council's publication, *Houses in multiple occupation (HMOs)- Ensuring mixed and balanced communities*, Supplementary Planning Document, published Oct. 2019. This document acknowledges on page 3 that although HMOs are an important type of accommodation, 'the geographical constraints of Portsmouth streets consisting of densely built Victorian terraced housing mean that the conversion of these terraces to HMOs can create problems for a community's cohesion and sustainability. Furthermore, the increase in HMOs in the city has led to lower availability of much-needed family housing in the city.'

Therefore, it was considered necessary to introduce Policy PCS20 nearly 14 years ago. Things have changed considerably since then. Portsmouth North has witnessed a tidal wave of sui generis HMO family home conversions since 2020. This has greatly increased in pace over the last 3/4 years.

The HMO, SPD, Oct 2019 sites Evidence of harm in Appendix 5. At the time the research was undertaken Portsmouth had 1,202 licensed HMOs. The sample was split into Wards for analysis. The Council's own findings state that there are more likely to be complaints about a licensed HMO than a non-HMO property: 9% of all Licensed HMO properties compared to complaints received relating to 1% of non-HMO properties in the City (A5.4).

PCC's Authority Monitoring Report 2024/2025 (AMR 24/25) states that in December 2025 there were 3,230 Licensed HMOs in Portsmouth. That figure is towards 3 times the amount that was studied as evidence for 'harm' analysis in 2019. In addition, and more worryingly, the AMR 24/25 states there are also 1,136 unknown/possible HMOs (4.4.10). How can an unknown figure be quantified in any way, shape or form? The whole concept is ridiculous. This 'unknown' HMO figure is only 66 less than the total evidence for 'harm' is based on in the 2019 SPD. Obviously, such out-of-date data cannot possibly form a reliable basis on which decisions relating to housing policy can be adequately judged. This is not the only outdated SPD, for example the *PCC Parking Standards and Transport Assessment* was published July 2014 and in the 12 years since car ownership has increased exponentially.

It is very clear that Portsmouth City Council does not hold a definitive figure for how many HMOs are currently operating within the city. Every week historic HMOs come out of the woodwork as an application for Lawfulness

is applied for. How many more have been flying under the radar for years? The departments of Planning, Licensing and Enforcement do not appear to work effectively together. It is clear that the HMO database is not up to date: 10 Beresford Road is listed on the HMO Count for 85 Chichester Road (23/00855/FUL) but there is no planning history or trace of it being an HMO. Amanda Martin, MP for Portsmouth North, called for a moratorium in her PLP submission.

The public cannot have confidence that PCC are on top of HMO numbers when they witness exchanges such as the following at the Planning Committee meeting on Wednesday 8th July 2026, see webcam footage 2:53 into the meeting onwards. A Councillor on the Planning Committee questioned the accuracy of the HMO database and suggested that all HMO related applications stop until it was brought up to date:

Juliet Gill, PCC Legal Services Department, “Chair, I think we need to move on with the actual application rather than discussing whether the information is correct or incorrect.”

Cllr. Hugh Mason, who was Chair that meeting, “I think Cllr. Standen that we are in a position where we are required to make decisions because we are, because planning applications have been made and we make them on the basis of the best information which is available to us. We realise that in many areas, I think information may well be out of date, in some cases may be faulty but we have to make (we have to make), a decision we cannot put off making a decision we have to make a decision on the best information which we have available.”

In the summer of 2019, there was a temporary pause as planning applications were put on hold regarding nitrate pollution in the Solent, see *PCC Housing Delivery Test Action Plan 2024/2025*, published May 2025, at 3.10.1 under Nutrient Neutrality. Therefore, a moratorium has taken place before and is a viable option while HMO numbers are verified.

Radius Methodology

A Cllr. has informed us that when the 10% within a 50m radius was accepted for Portsmouth it was not how the request was intended. A line was sought, but the Inspectorate insisted that a radius must be implemented. The radius artificially inflates the residential dwelling figure

due to the inclusion of curtilage; a dwelling is included in the count even if a fraction of a front, or back, wall boundary is touched. Individual flats are also included as dwellings, therefore regularly there are 70 plus residential properties within the 50m radius in Portsmouth. The radius method intensifies the already most dense residential areas; this is totally unacceptable and unjustified where Portsmouth is concerned.

In addition, there are problems with the accuracy of the radius approach. During the Planning Committee meeting on Wednesday 19th August 2026, the application for 92 Gladys Avenue, 26/00439/FUL was back following referral as the 10% count was questioned at the previous meeting. The issue was why had one residential property that the radius scratched been included in the count whereas another, that was an existing HMO, had not. The location and the accuracy of the centre of the radius were questioned too. In one slide that was presented the 50m metre radius resembled a rugby ball shape. A discussion followed regarding the deviation of the circle. It is of paramount importance that the public have unwavering confidence in the Planning process, especially when the HMO count is crucial to the outcome of Policy PCS20. Moreover, when the National Scheme of Delegation comes into force, at the end of October 2026, it is essential that residents have faith in the decisions that the Planning Department make. The application 26/00439/FUL was refused by the Planning Committee on the grounds that the 10% was exceeded.

We have contacted several PCC Liberal Democrat councillors regarding the reduction from the 10% to 5% threshold. They have all replied that they dare not ask for fear that the 5% would be rejected and the possibility that the 10% would only be an advisory figure. We have been given the cautionary tale of Thanet District Council on numerous occasions, which is what happened in that case. We argue that Portsmouth, as said, is a totally unique situation and must be judged on its own individual merits. Councillors have not told us that the reduction to 5% is not required, or is inappropriate, solely that it is unobtainable and we 'must be careful what we wish for'. Many local councillors have submitted to the Plan calling for the 10% to 5% reduction. Amanda Martin, MP, plainly calls for the 5% threshold on the HMO Action Guide page; she also states that 6000 HMOs were estimated in Portsmouth in 2023/2024.

PCC must be able to demonstrate with up-to-date evidence, and beyond any reasonable doubt that the 10% is the correct threshold figure to ensure

mixed and balanced communities in Portsmouth rather than simply relying on the fact that it was thought appropriate 14 years ago. The question is are mixed and balanced communities being achieved? How is 'harm' actually being measured? How can harm be quantified? Harm is a vague, arbitrary, unscientific term, has it been designed that way to make it impossible to adequately assess? The Plan has taken 9 years to construct, in that time things do not stand still, the city is constantly evolving. HMO applications appear every week, in one form or another, the negative cumulative impact is not being analysed. We understand that each proposal must be judged on its own merits, however each HMO does not exist in isolation, and the present system is not working on the ground.

Case Studies

36 Chichester Road PO2 0AD (25/00117/FUL) Change of use from a dwellinghouse (C3) to 7 bed/7 person HMO.

43 residential properties within the 50m radius.

Existing HMOs at numbers: 7, 9 and 35 Chichester Road.

Refused by the Planning Committee, 30/04/2025, as it would exceed the 10% threshold.

The decision hinged on whether 52 Chichester Road should be counted as a C3(b) or not, it was believed that care was not being provided.

Planning permission was granted on appeal. Whilst this decision was of course lawful, there will still be the impact of 6 more individual adults within the 50m radius, which is equivalent to a C4 HMO. If the existing 10% HMO threshold was reduced to 5% it would help buffer the impact that other classes of communal living, that are excluded from the count, have on the local amenity.

81 Stubbington Avenue PO2 0JD (24/00596/FUL) Change of use from a 6 bed/6 person HMO to a 7 bed/8 person HMO with extensions...

Granted conditional permission on the 02/04/25.

A previous proposal for this property, (20/00083/FUL) Change of use from Surgery (Class D1) to purposes falling within Class C3 (dwellinghouse) or Class C4 (HMO) was granted conditional approval on 28/07/21.

The Committee Report for the second proposal, (24/00596/FUL) is interesting, 8.10 states:

‘Notwithstanding an error was made in 2020, for clarity it is considered prudent that under the normal policy for promoting a mixed and balanced communities, a scenario exists that would allow additional HMOs to be granted within a 50m radius of the application site. Each time an application is submitted for a different address, the data within a 50m radius changes.’

8.12 of the same Committee Report:

‘As a result, the density of HMOs within a 50m radius of the application site is 7 of 52 properties or **13.46%** as advised at the Panning Committee of 19 March 2025. The HMO use at 81 Stubbington Avenue was granted planning permission and that consent was enacted. Its use as a HMO is therefore lawful. No new HMO is created. As such, the existing HMO density is unchanged by the proposal. The proposal thereby complies with the HMO SPD.’

It would be hoped that now Policy PLP20.2 carries more weight this application would have been refused. However, it does demonstrate how problematic the radius method is. The data within each individual 50m radius changes, if you imagine Venn diagrams, as happened here an area became imbalanced. This is likely to recur as more radii approach 10%.

Personal Situation

We live within 100 seconds’ walk from these properties:

27 Balfour Road PO2 0DH (24/00269/FUL) 7b/7p License until 23/10/30

72 Balfour Road PO2 0DL (26/00197/CPE) Awaiting Decision-Expiry date was 25/03/26. Internal Target/Determination Deadline was 15/04/26
CLD application for existing C4 use. 5p/5b License until 01/04/29

80 Chichester Rd PO2 0AH (24/00292/FUL) 7p/7b License until 12/02/31

82 Chichester Rd PO2 0AH (23/01544/FUL) 7p/7b License until 11/11/30

85 Chichester Rd PO2 0AG (23/00855/FUL) 8p/8b License until 08/05/30

87 Chichester Rd PO2 0AG (24/00854/FUL) 7p/7b License until 03/12/30

92 Chichester Rd PO2 0AH (26/00227/FUL) Awaiting Decision-Expiry date was 11/04/26. Internal Target/Determination Deadline was 24/04/26
Application for C3/C4 use

115 Chichester Rd PO2 0AG (23/01527/FUL) 7p/7b License until 30/01/30

86 Laburnum Grove PO2 0ER (23/01102/FUL) 5p/ 5b License until 19/09/28

98 Laburnum Grove PO2 0ES (26/00009/FUL) Conditional Permission, under construction 8p/8b

There are copious HMOs in Chichester Road and Laburnum Grove. There are also several in the other sections of Balfour Road and known/unknown HMOs identified in our section of the adjacent Beaulieu Road. Although there are already so many existing HMOs very near to where we live, using the 50m radius method we could still have a further 4 HMOs in our small row of 23 narrow, terraced houses. Even more as the existing radius shifts focus.

While researching, we found that the HMO Count Plan document for 52 Beaulieu Road PO2 0DN (23/00547/FUL), published 25/05/23, had not marked the property in question on the HMO radius map at all and had no marked centre point. This further demonstrates that there has been an on-going problem with the accuracy of measuring the 50m radius. As previously mentioned, regarding 52 Beaulieu Road there were 'unknown' HMOs, listed on the HMO Count document, published 25/05/23: 61 Beaulieu Road and 126 Laburnum Grove. This further illustrates that the Planning Department are unable to successfully identify whether a property is in fact operating as an HMO or not, therefore residents have no chance of ascertaining this themselves.

Guidance Ignored

Planning Officers recommend conditional approval for every HMO application that comes before the Committee. Unusable space such as circulation spaces behind doorways and ensuring that minimum ceiling height of 2.3m over 75% of the room are consistently ignored, see PCC *Private Sector Housing Space and Amenity Standards*. Officers have regularly expressed at Planning Committee meetings that 'Planning is not

done by numbers.’ This does not give Portsmouth residents confidence in the process. Bare minimum room sizes regularly appear on floor plans; if unusable space guidance was adhered to, and not thought of as a matter of judgement, the larger communal space would be required and the application would fail. Following HMO conversion what post monitoring systems are in place, to ensure policy compliance? Random spot checks should be carried out on an agreed percentage of applications. Why is guidance there if it is to be ignored? Councillors and Planning Committee members have questioned this repeatedly. The same applies to local parking standards. On appeal the Inspectorate has stood with appellants and granted applications. Is this because Officers have recommended approval and do not fight for applications to be refused?

Clustering

Permitting 2 HMOs side by side could result in 6 HMOs within a row of 10 properties. The examples for Chichester Road show that numbers 80, 82, 85 & 87 are all HMOs, with many others nearby. That is a total of 29 individual adults within 4 properties in very close proximity. 6.56% is the greatest count so further saturation could occur. The negative impact is too great in an area such as Portsmouth.

Conclusion

We acknowledge there is an existing housing shortage and HMOs have a place. However, every day there ranges between 300 and 800 individual rooms to rent in Portsmouth. It is not sustainable, and therefore unjustified, to continually convert Portsmouth’s family housing stock to HMOs at the present rate when it has not been evidenced that other alternatives have been explored, exhausted, or developed. There is a very limited ability to replace lost family housing elsewhere. Up to date data is not available to inform policy and establish harm. The average HMO is much larger now, which adds to the case to reduce to 5%. Each HMO application is individually assessed but the cumulative effect, on the ground, is not being fully recognised. Clustering is a major problem. A moratorium on HMO applications while numbers are verified is the only way to regain public confidence. The problematic radius system was imposed on Portsmouth; a more appropriate method should be considered. The threshold must be strong enough to maintain a mixed and balanced community, in an area as

unique as Portsmouth a reduction from 10% to 5% would regulate excessive concentration in areas that are not already imbalanced.

Modifications to Strategic Policy PLP20:

1 a) **Less than 5% of residential properties within a 50-metre radius of the area surrounding the application property are in HMO use.** This proposal must not jeopardise the already accepted 10% threshold within 50-metre radius if it is not accepted. A percentage must be cast in stone and NOT merely guidance.

b) 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.**

Word count 2985

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