Bath & North East Somerset Council

Informal Consultation Paper

Houses in Multiple Occupation in Bath Supplementary Planning Document Review



Consultation Comments

Please send your comments by <u>15th May 2017</u> Planning Policy, Bath and North East Somerset Council, Lewis House, Manvers Street, Bath BA1 1JG <u>Planning policy@bathnes.gov.uk</u>

Review of the Houses in Multiple Occupation in Bath Supplementary Planning Document

1. Background

- 1.1. Bath and North East Somerset Council (B&NES) adopted the Houses in Multiple Occupation (HMO) Supplementary Planning Document (SPD) in July 2013. The aim of the SPD is to avoid high concentrations of HMOs in the interests of an appropriately balanced housing mix across the city. The Article 4 Direction withdraws the Permitted Development Right for the change of use from family homes (Use Class C3) to Houses in Multiple Occupation (Use Classes C4 and Sui Generis) across the City of Bath. The SPD sets out criteria for assessing planning applications now required by the Article 4 Direction.
- **1.2.** The SPD has been in operation for 3 years and is scheduled in the Local Development Scheme for review this year. This allows stakeholders to provide feedback on the effectiveness of the SPD and what (if any) policy amendments are required. The review also provides the Council an opportunity to assess new trends in the housing market and consider new approaches which could help the SPD to work more effectively.

2. Current SPD approach

- **2.1.** The SPD entails a two stage process to assess HMO applications. Applications for the change of use from C3 dwellings to C4 or sui generis (HMO) or the development of new houses as C4 dwellings or sui generis (HMOs) will not be permitted where;
 - Stage 1 Test: The application property is within or less than 50 metres from a Census Output Area in which HMO properties represent more than 25% of households; and
 - Stage 2 Test: HMO properties represent more than 25% of households within a 100 metre radius of the application property.
- **2.2.** The current threshold of 25% was based on a number of factors including local evidence, a consideration of the suitability of the housing stock and public transport corridors and existing levels of HMOs. The 25% threshold also reflected the key geographical areas of residents concern with HMOs. Please see Annex 1 for the area with over 25% HMO.

3. SPD Review

3.1. In November 2016 the Council appointed ARUP to undertake a review of the existing HMO SPD to investigate various policy options to address the existing challenges of HMOs using case studies of policies implemented in other local authorities. Additionally a workshop event was undertaken which was attended by stakeholders and provided an opportunity to hear concerns and views regarding the HMOs. Full report can be accessed from the Council's Website http://www.bathnes.gov.uk/hmo.

3.2. The Arup report sets out a number of options for the review of the SPD.

Table 1. The Options for the review of the SPD with Council's Initial Response

| Option | Key benefit | Key risk | The Council's proposed response |
|--|--|---|---|
| No change (maintain the current two stage approach based on 25% HMO threshold) | System already in place. No additional resource required | May receive criticism from residents and other stakeholders who feel the SPD is currently ineffective | Under consideration (see consultation question 1) |
| Option 1 Maintain the current two stage approach with a lower threshold | Limits HMO concentration | Limit HMO growth in certain areas and potentially reduce affordability | Under consideration (see consultation question 1) |
| Option 2 Apply multiple % thresholds (apply variable thresholds across Bath) | Allows for HMO growth in some areas | Difficult to Justify and communicate variations to stakeholders | Not supported as there is not enough evidence to identify particular areas for higher or lower threshold and this would be a very complex approach. |
| Option 3 Stage 1 threshold approach (Only apply the existing Stage 1 test assessing against the threshold within the census output area) | Fully prevents further HMOs in threshold- exceeding areas | Limit HMO growth in these areas and potentially reduce affordability | Not supported as it limits HMO growth and allows no flexibility to respond to local circumstances. |
| Option 4 HMO 'Sandwich' Policy (Introduce an additional criteria. A proposed HMO will be refused if it would result in a non-HMO dwellings being located between two HMOs) See s. 4 for details. | Ensure housing mix | Limit HMO growth and potentially reduce affordability | Under consideration (see consultation question 2) |
| Option 5 Street level thresholds (assess HMO % within 100 meters of street length either side of the application site instead of the current two stage approach) | Responsive to local context | Data requirements, confusing to stakeholders | May allow more HMOs in wards/census output areas with high HMO growth |
| Option 6 Apply threshold to Purpose Built Student Accommodation (PBSA) | Prevents PBSA in areas of high HMO concentration | Deter PBSA developers, potential under-supply of PBSA. | The consideration for PBSA requires more strategic planning therefore it will be considered through the new |
| Option 7 Include design criteria to control PBSA development | Ensures quality of PBSA | Deter PBSA developers, potential under-supply of PBSA. | Local Plan (review of the Core Strategy & Placemaking Plan). |

4. Consultation questions

HMO threshold

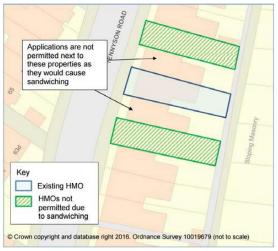
4.1. The Council's preference is to maintain the current two stage approach as it has been working successfully since its adoption. Therefore the Council would like to hear your views on the threshold whether to maintain the current 25% or lower the threshold. If it is to change, then lower to 20%, 15% or 10%. Please see Annex 1 -4 for the area representing each percentage.

Question 1:

Should the threshold be maintained as 25% or be lowered to 20%, 15% or 10%? Why?

HMO sandwich policy

- 4.2 This policy option would introduce an additional criterion in determining future HMO applications, which states that a proposed HMO will be refused if it would result in a single occupancy dwelling being located between two HMOs.
- 4.3 It aims to prevent the potential for negative impacts upon an existing dwelling due to this sandwiching effect and to ensure there is balance at street level by preventing a continuous terrace of HMOs from occurring. A further detailed analysis of this policy is outlined within the ARUP report.



Southampton City Council Sandwich Policy - HMO SPD 2016

Question 2

Do you agree to introduce this HMO sandwich policy? Why?

Ouestion 3

Is there a convincing case for any of the other proposed options to be pursued as well or instead of the 2 above?

5. Next stage

| Evidence Gathering inc. workshop | November 2016 - now |
|-----------------------------------|--|
| SPD options informal consultation | 21 st April – 15 th May 2017 |
| Draft Consultation | June – July 2017 |
| Adoption | September 2017 |

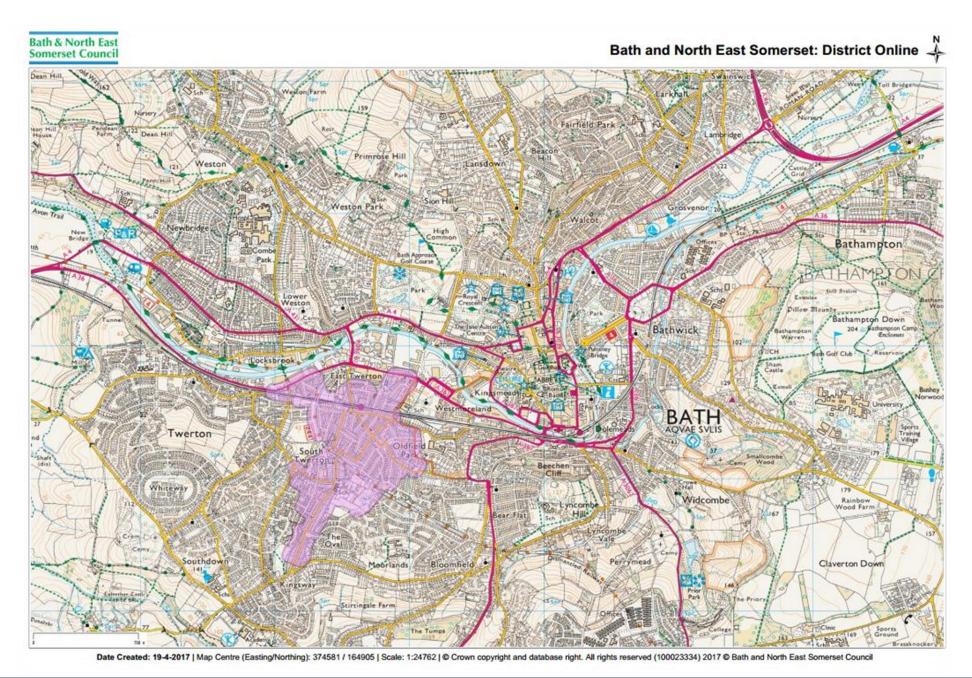
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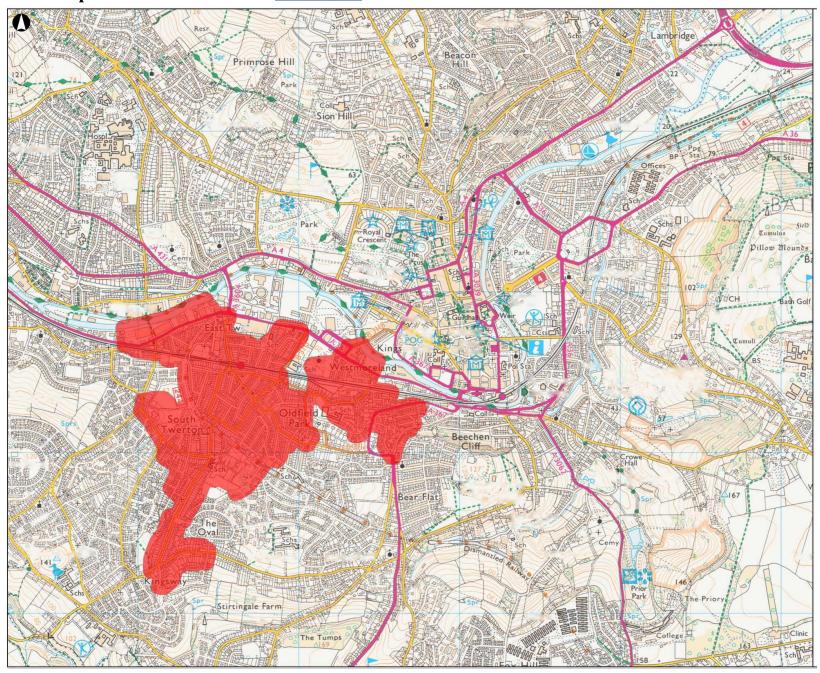
Any questions, please ring 01225-477548.

You can read more about the HMO and Full Arup Report from http://www.bathnes.gov.uk/HMO

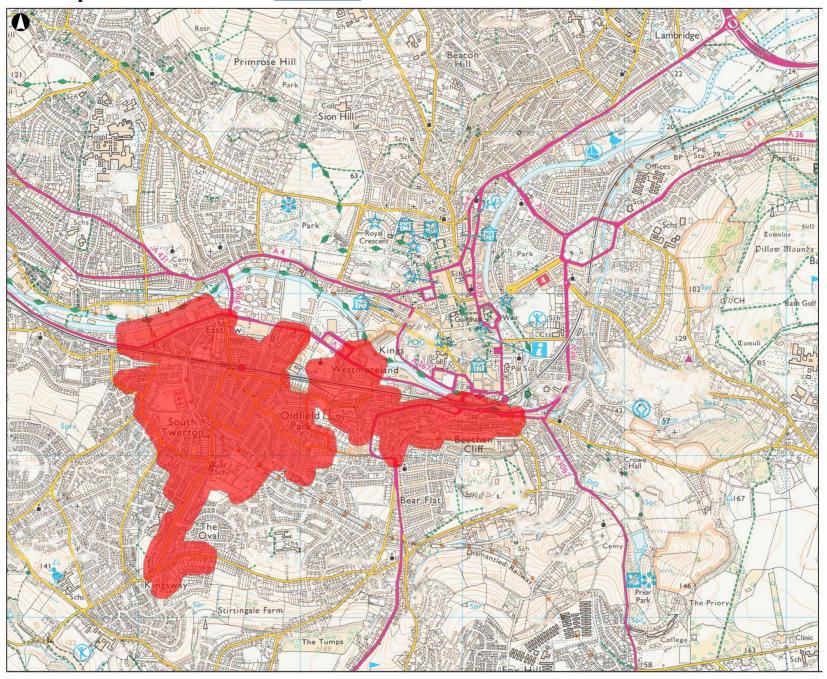
Annex 1
The area over 25% HMO concentration (The existing SPD threshold)



Annex 2 Map 2 The area with over 20% HMO



Annex 3 Map 3 The area with over <u>15% HMO</u>



Annex 4 Map 4 The area with over 10% HMO

