

**INTERIM PLANNING POLICY  
DOCUMENT**

**HOUSES IN MULTIPLE OCCUPATION IN THE  
UXBRIDGE SOUTH AND BRUNEL WARDS**

**MAY 2013**



**HILLINGDON**  
LONDON

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## **1.0 Introduction**

1.1 The National Planning Policy Framework (March 2012) provides the context for planning in its role of facilitating social interaction and creating healthy, inclusive communities and in ensuring that balanced and mixed communities are developed. The Framework therefore supports mixed communities but not the narrowing of household types and the domination by a particular type of housing. Within this context, a key Council priority in the Sustainable Community Strategy (2011) is to build confident, creative and inclusive communities that are strong, supportive and durable.

1.2 Houses in Multiple Occupation or HMOs represent a significant and growing proportion of the housing mix in Hillingdon. They make an important contribution to the housing stock, providing flexible and affordable accommodation for students and young professionals, alongside low-income households who may be economically inactive or working in low paid jobs. Whilst HMOs are regarded as a valuable asset to the Borough's housing offer, there is a debate about the wider impacts that concentrations of HMOs are having on certain neighbourhoods in south Hillingdon and on increasing rental costs. This debate has mainly been driven by local residents' concerns over the increasing number of student households particularly in two wards adjacent to Brunel University and focuses on the detrimental impact that large concentrations of student HMOs can have on surrounding neighbourhoods, such as the loss of family and starter housing.

1.3 An evidence base has been considered which explores the distribution and likely impacts of HMOs, typically occupied by student households. This indicates that Uxbridge South and Brunel wards contain the highest concentrations of HMOs in Hillingdon. This indicates there is a need to control the number of HMOs in certain areas and streets where there is over concentration. This control can, in part, be achieved through an Article 4 Direction which the Council introduced on the 24th March 2013. This will cover the two wards of Uxbridge South and Brunel as shown below in Figure 1. This will remove permitted development rights allowing a change of use from residential dwellings to HMOs without the need for planning permission. The effect of the Article 4 direction will require a planning application to be submitted to change a property into an HMO. This Interim Planning Policy Planning Document (IPPD) provides guidance on how planning applications will be determined once the Article 4 direction takes effect.

## **2.0 Interim Planning Policy Documents (IPPD)**

### **Purpose**

2.1 This IPPD is intended to provide a policy approach and to provide further detail of policies on HMO's to be included in forthcoming Development Plan Documents. It does not have development plan status, but it will be afforded significant weight as a material planning consideration in the determination of planning applications.

### **Scope**

2.2 This policy statement will apply to all planning applications for change of use from dwellinghouse (Use Class C3) to small HMOs (Use Class C4) within the two wards of Uxbridge South and Brunel as shown on Figure 1 below. Section 3.0 below contains further detail with regard to what constitutes an HMO and information regarding the Council's Article 4 Direction.

2.3 The statement will not apply to purpose-built student accommodation and will not apply retrospectively to existing HMOs.

2.4 Currently a change of use from a small HMO (C4) to a dwelling house is permitted development and does not require planning permission. However, permission is still required to change a dwelling house to a large HMO (6 or more residents) and to change a large HMO to a dwelling house.

2.4 In addition to this statement, other existing policies from the Saved UDP Policies 2007 and Hillingdon Local Plan Part 1 may also be relevant to the consideration of HMO planning applications depending on individual circumstances. This IPPD provides guidance only. The Council's Development Management team will provide further advice on individual applications (contact details are provided at the end of this document).

### **3.0 Context**

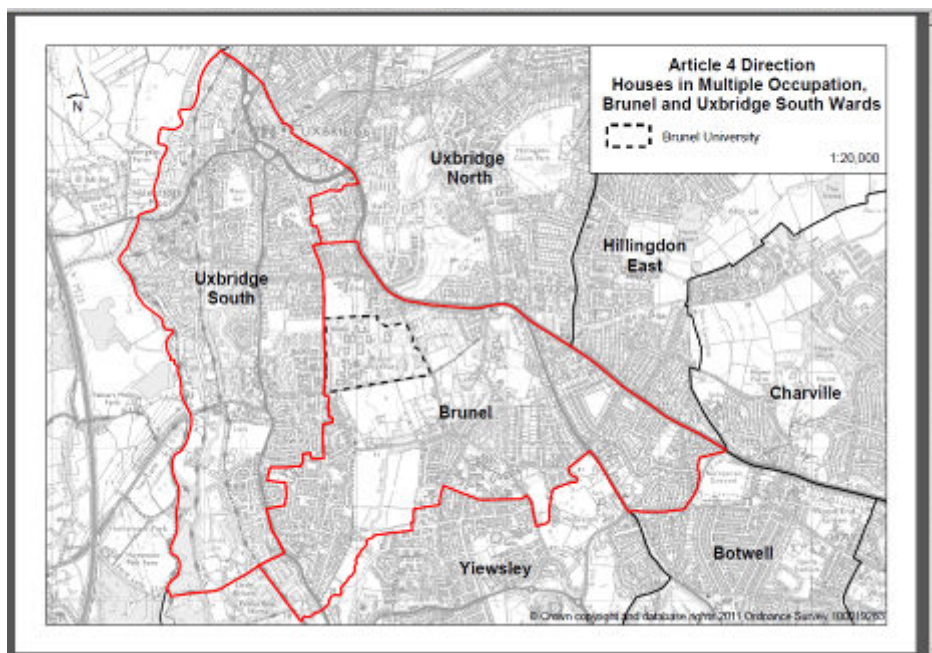
#### **HMO Definition**

3.1 On 6 April 2010, amendments made to the Use Classes Order and the General Permitted Development Order introduced a new class of development – C4 'Houses in Multiple Occupation'. To be classified as an HMO, a property does not need to be converted or adapted in any way. Properties that contain the owner and up to two lodgers do not constitute a HMO. Properties that contain three, four or five unrelated occupants who share basic amenities are commonly referred to as a 'small HMOs'. A house that contains 6 or more unrelated people is commonly referred to as a 'large HMO'. These large HMOs do not have a use class and are classified as 'sui generis' i.e. outside the Use Classes Order.

#### **Managing the spatial distribution of HMOs**

3.2 Changes made to the General Permitted Development Order on 1 October 2010 made the change of use from Class C3 (single household dwelling house) to C4 (HMO) permitted development. This means that planning permission for this change of use is not required. Any local authorities wishing to exert tighter planning controls on the development of HMOs, would have to remove permitted development rights via an Article 4 Direction. Under an Article 4 Direction, planning permission, within a given area, would be required for a change of use from a dwelling house to an HMO. An article 4 direction covering the two wards of Uxbridge South and Brunel came into effect on the 24<sup>th</sup> March 2013 in the area shown within the red line boundary on the map at Figure 1 (see below). It should be noted that the effect of an Article 4 Direction is not to prohibit HMOs but to require a planning application to be submitted for HMOs in the area to which it applies. The Article 4 direction does not apply beyond the two wards to which it relates.

**Figure 1**



### **Use of housing legislation to improve the management and condition of HMOs**

3.3 Housing standards and management of existing HMOs are primarily delivered through the Housing Act 2004 and associated regulations. Under this Act local authorities have a duty to license any HMOs that are three storeys or over and are occupied by five or more persons. This is mandatory licensing. Authorities also have the power to extend licensing (known as additional licensing) to other types of HMO or to specific areas (known as selective licensing). Hillingdon implements additional licensing to include two storey HMOs occupied by five or more persons. Other actions available to the Council include a landlord accreditation scheme or street/community wardens to deal with anti-social behaviour.

3.4 The Council's current approach recognises that HMOs are a vital source of accommodation used by a range of tenants. Current policy is to:

- enforce the mandatory provisions of the Act by licensing larger HMOs;
- enforce the Additional Licensing scheme by licensing smaller two storey HMO's within a designated area covering the south of the Borough;
- inspect all licensed HMOs;
- respond to and investigate complaints about general housing conditions and management including overcrowding
- implement the Housing Health and Safety Rating System to assess housing conditions and exercise HMO management regulations and to
- provide a framework for managers to ensure that accommodation including that of outside space is kept in a good order, tidy and clean.

3.5 The Council is part of the London Landlord Accreditation Scheme which seeks to promote good practice and accredit landlords who own properties across London (see <http://www.londonlandlords.org.uk/portal/index>).

3.6 The exercise of powers available to the Council under the Housing Act 2004 does not directly control the scale and distribution of HMOs but it does provide opportunities for intervention to secure improvements to the management and maintenance of HMOs. Accordingly, it presents the Council with an opportunity to pursue complementary measures in support of its planning policies.

## **4.0 Policy Framework**

### **Saved Unitary Development Plan Policies 2007**

4.1 For historic planning reasons the Council's UDP policies provide no distinction between a dwelling occupied by one household, such as a family, and that of a dwelling occupied by up to 6 unrelated people. The Use Class Order (1987) did not distinguish between a dwelling occupied by a conventional household and that of a dwelling occupied by up to 6 residents living together as a single household. Accordingly, the Council had very limited control over the occupation of dwellings in the private rented sector by groups of up to 6 people. At the time of the adoption of the UDP shared houses of 6 or more residents did not fall within Class C3, were defined as HMOs, and fell within the Sui Generis use class.

4.2 In this context UDP Policy H7 and Policy H8 on 'Conversions' the UDP policies were written to control the conversion of properties to flats and to HMOs (for more than 6 people). These policies essentially seek to ensure that residential amenity is protected. To support these policies existing Planning Guidance on extensions and alterations to private dwelling houses is available which provide a reference for householders, builders and developers intending to alter or extend residential buildings.

### **Hillingdon Local Plan: Part 1 – Strategic Policies**

4.3 Policies H1 and BE1 of the Hillingdon Local Plan Part 1 Strategic Policies support housing development which helps to balance Hillingdon's housing market, addresses local housing need, and ensures that housing is adaptable to the needs of residents throughout their lifetime. This will be implemented in a number of ways as set out under Policies H1 and BE1. With regard to HMOs, the forthcoming Local Plan Part 2 Development Management Policies will seek to control the concentration of HMOs where further development of this housing type would have a detrimental impact on communities and residential amenity. Pending the development and adoption of the Development Management Policies, this IPPD will set out the Council's approach to HMO's in relation to the Brunel and Uxbridge South Wards.

4.4 The Local Plan recognises that higher education institutions and the student population form an important element of the community and the presence of a large student population contributes greatly to the social vibrancy of Uxbridge and the local economy. The Council are committed to ensuring student needs are met and will continue to work with Hillingdon's higher education institutions in addressing student housing needs. However, it is also recognised that concentrations of student households, often accommodated in HMOs, can cause imbalances in the local community which can have negative effects. These negative effects can include a rise in anti social behaviour, increases in crime levels, parking pressures, general increase in demand for local shops such as takeaway establishments, off licenses etc. It can also put pressures on family and starter housing as owner occupiers and buy to let landlords compete for similar properties. It also has implications for non students seeking accommodation in the private rented sector.

4.5 The future monitoring of the spatial distribution and impacts of student housing and other HMOs will allow the Council to identify if it is necessary to prevent an increase in the number of student households and other HMOs in certain areas to ensure communities retain a satisfactory mix of households.

## **5.0 Planning Policy Approach**

5.1 The policy approach to determining planning applications for change of use to HMO is guided by the Local Plan's Vision for all of Hillingdon's current and future residents to have access to decent, safe and accessible housing. A key element of the Local Plan is to maintain community cohesion and help develop strong, supportive and durable communities.

5.2 There is evidence to demonstrate that there is a need to control the number of HMOs across the two wards adjacent to Brunel University to ensure existing communities are not adversely affected by concentration of HMO's. A policy approach to development management for HMOs of all sizes is required. A threshold based policy approach would be the best approach as this tackles concentrations of HMOs and identifies a point beyond which issues arising from concentrations of HMOs become harder to manage and community cohesion is undermined. Whilst there is no formal definition of what this point is there have been considerations of what constitutes a large HMO proportion and the threshold at which a community could be irrevocably changed. The Council's current Supplementary Planning Guidance (SPG) on 'Houses in Multiple Occupation and other non-self contained housing' (2004) suggests a threshold of 15% of all properties in a street length. The current evidence base suggest 15% is a reasonable level. However, the SPG whilst recognising particular concentrations at a street level does not factor in levels of concentrations beyond individual streets at a neighbourhood level.

5.3 An assessment of the proportion of households that are HMOs has been undertaken within the two wards. To capture as many different types of shared accommodation as possible the Council has used:

- council tax records - student households are exempt from Council Tax and addresses of exempt properties have been identified. This exemption applies to all properties occupied by one or more students either in full time or term time accommodation. (NB: whilst properties falling within 'Halls of Residence' on campuses are not included, some accommodation owned or managed by the universities off campus is included);
- licensed and unlicensed HMOs - records from the Council's Housing Team of those properties requiring an HMO licence have been identified, as well as databases of currently un-licensed properties;
- properties benefiting from C4 or sui generis HMO planning consent – in addition to those properties already identified as having HMO permission, or where planning permission has been given for a change of use to C4 HMO or a certificate of lawful development issued for existing HMOs; and
- properties known to the Council to be HMOs – e.g. established through site visits undertaken by the Council's Housing team in response to complaints.

5.4 These data sets have been collated to calculate the proportion of shared households as a percentage of all households. These sources provide the best approach to identifying the numbers and location of HMOs in an area, although it is accepted that it may not be possible to identify all properties. The data can be analysed to avoid double counting, for example, identifying where a property may be listed as a licensed HMO and have sui generis HMO planning consent. Given that the information collated may be expected to change over the course of a year as houses and households move in and out of the private rented sector it is considered appropriate to base the assessment at a single point in time. Data can therefore be reviewed annually as part of the monitoring process.

5.5 It is important to consider the appropriate geographic level at which the threshold approach should be applied. An approach that covers both neighbourhood and street level assessment of HMO will give the Council greater control in managing concentrations of HMOs. Under this approach HMOs at a neighbourhood and street level will both be controlled, acknowledging that issues arising from concentrations of HMOs affect both neighbourhoods and individual streets.

5.6 A combined approach of both a neighbourhood and street level analysis of HMOs will seek to control concentrations of HMOs of more than 20% of all households at a neighbourhood output area level and 15% at the street level. The following policy will be applied:

### **Policy HM1**

**Applications for the change of use from dwelling house (Use Class C3) to HMO (Use Class C4 and Sui Generis) will only be permitted where:**

- **It is in a neighbourhood output area where less than 20% of properties are exempt from paying council tax because they are entirely occupied by full time students or recorded on the Council's database as an HMO or benefit from C4/Sui Generis HMO planning consent or are known to the Council to be HMOs (based on the Councils annual survey data) or**
- **Less than 15% of properties outside Conservation Areas, or 5% in Conservation Areas, within 100 metres of a street length either side of an application property are exempt from paying council tax because they are entirely occupied by full time students or recorded on the Council's database as an HMO or benefit from C4/Sui Generis HMO planning consent or are known to the Council to be HMOs; and**
- **The accommodation complies with all other planning standards relating to car parking, waste storage, retention of amenity space and garages and will not have a detrimental impact upon the residential amenity of adjoining properties.**

5.7 The aim of the policy is to continue to provide HMO accommodation to meet the Borough's housing needs but to manage the supply of new HMOs to avoid high concentrations of use in a particular area. Further justification on the policy approach is set out below.



## **Assessing concentrations of HMOs**

### **Neighbourhood Level**

5.8 As highlighted in the reasons underpinning the Article 4 Direction, some issues arising from concentrations of HMOs can be a neighbourhood matter, going beyond the immediate area of individual HMOs. Uxbridge South and Brunel wards contain the three highest concentrations of HMOs by Census of Population “output areas”: 29%, 28% and 26% respectively. One ‘output area’ covers approximately 125 households as defined by the Office for National Statistics. The effect of such concentrations can be a decreasing demand for local schools and changes in types of retail provision, such as local shops meeting day to day needs becoming takeaways. In the context of the Councils HMO policy document these output areas are considered to be a suitable definition of a neighbourhood and appropriate to act as defined areas where HMO numbers should be capped where 20% of the properties are identifiable to the Councils as HMOs irrespective of street based assessments over a 100m distance from the application site.

### **Street Level**

5.10 An assessment of concentrations of HMOs at street level showed extreme variations in numbers within individual streets where the highest concentrations defined by individual output areas are the highest. The effect of the HM1 policy at street level will preclude any new HMOs in certain individual streets. The margins in many other streets are close to the 15% benchmark which will soon exclude new HMOs once the benchmark is reached. The policy should allow the Council to manage clustering of HMOs along streets and prevent whole streets from changing to HMOs. Such control may be beneficial to streets with property types that are particularly unsuited to HMO use and would protect the character of a street by maintaining a mix and balance of tenure types.

5.11 For the purposes of this approach it is considered that a length of 100 metres of a street frontage can reasonably be considered to constitute a property’s more immediate neighbours and is therefore the proposed distance threshold for assessing concentrations of HMOs at street level. This is to be measured along the adjacent street frontage on either side of the road, crossing any bisecting roads and also continuing round street corners. This is illustrated at Figure 3 below.

Figure 3: Street Level



## Residential Amenity

5.12 Change of use from a dwellinghouse to an HMO may not involve internal or external alterations to the property but the change of use itself may constitute development. The Council seeks a standard of development that maintains or enhances the general amenity of an area and provides a safe and attractive environment for all, including neighbouring residents.

5.13 It is recognised that concentrations of HMOs can impact upon residential amenity and can create particular issues with regard to:

- increased levels of crime and the fear of crime;
- poorer standards of property maintenance and repair;
- littering and accumulation of rubbish;
- noises between dwellings at all times and especially at night;
- decreased demand for some local services;
- increased parking pressures; and

- lack of community integration and less commitment to maintain the quality of the local environment.

5.14 Several of these issues can be made worse during out of term times when properties can be empty for long periods of time.

5.15 In assessing planning applications for HMOs, the Council will seek to ensure that the change of use will not be detrimental to the residential amenity of the area. In considering the impact on residential amenity, attention will be given to whether the applicant can demonstrate that:

- the dwelling is large enough to accommodate an increased number of residents;
- there is sufficient space for potential additional cars to park;
- there is sufficient space for appropriate provision of secure cycle parking;
- the condition of the property is of a high standard that contributes positively to the character of the area and that the condition of the property will be maintained following the change of use to HMO;
- the increase in number of residents will not have an adverse impact on noise levels and the level of amenity neighbouring residents can reasonably be expected to enjoy;
- there is sufficient space for storage provision for waste/recycling facilities in a suitably enclosed area within the curtilage of the property; and
- the change of use and increase in number of residents will not result in the loss of front gardens to hard standing to parking or refuse areas which would have a detrimental affect on the street scene.

5.16 Whilst planning powers cannot be used to enforce internal space standards of existing dwellings and the level of facilities to be provided, planning conditions can be used to secure adequate living conditions in dwellings in so far as they are affected by sunlight, daylight, outlook, privacy and noise. These factors can impinge on the internal layout of dwellings, especially HMOs and will be taken into account in assessing planning applications.

5.17 In terms of the Housing Act 2004 the standards outlined in 'Standards to be adopted for Houses in Multiple Occupation within the London Borough of Hillingdon' will apply.

5.18 In some cases, such as parking and bin storage there is existing council advice that applicants can refer to at [www.hillingdon.gov.uk](http://www.hillingdon.gov.uk) and the Hillingdon Design and Accessibility Statement SPG in particular.

### **Permitted Development Rights**

5.19 Permitted development rights under the General Permitted Development Order allow certain types of development to proceed without the need for planning permission. The most commonly used permitted development rights relate to dwelling houses, such as small scale extensions and alterations to roofs, including dormer windows. Where planning permission is granted for a change of use from a residential use (Use Class C3) to a HMO (Use Class C4) permitted development rights no longer apply. Where it is considered reasonable to do so, the Council may decide that it is necessary to add additional planning conditions to a grant of planning permission to control inappropriate alteration or extension to properties and to avoid the hard surfacing of gardens. This will ensure that HMOs with

gardens are able to revert back to dwelling houses for family occupation during the lifetime of the property. In some cases it may also be considered necessary to attach a condition to retain garages for the purposes of vehicle parking and the storage of cycles and bins.

- 5.20 Should the change of use from dwelling houses to HMO involve alteration, extension, or subdivision which are acceptable in principle then detailed guidance provided in the Hillingdon Design and Accessibility SPG's should be followed. These SPGs set out the planning principles that the Council will use to assess such development and in essence, seek to ensure that additional changes do not have an adverse impact on residential amenity, including noise impacts. They cover issues such as bin storage, parking, good design, appropriate extensions to protect the character of an area and private amenity space.
- 5.21 Given the important role shared housing plays as part of the Borough's housing stock, the condition of HMO properties should be of a high standard. This is particularly important given that the Private Sector Stock Condition Survey carried out identified that 26.5% of HMOs failed decent homes standard. As such, in the interest of visual amenity and where considered reasonable to do so, the Council will require the applicant to implement a management plan for external areas of the property including arrangements for the regular maintenance of gardens and bin storage. The Council will continue to work with partners such as the university in improving standards of HMOs and tackling any residential amenity issues.
- 5.22 As set out in Section 3.0, the Council are able to secure improvements to the management and maintenance of HMOs (both internal and external) under the HMO Management Regulations within Housing Act 2004. In particular, applicants are encouraged to sign up to the London Landlords Accreditation Scheme. It should be noted that compliance with the planning requirements set out in this IPPD does not mean that an HMO is compliant with other legislation and requirements.

### **Enforcement**

- 5.23 Enforcement will play a key role in ensuring the provisions of this guidance are implemented correctly. For more information on the Council's approach to planning enforcement and how to report an enforcement case please see the Council's website. It should be noted that the Council can only take action on a breach of planning control where a material change of use has actually occurred, not when a property has been sold but remains unoccupied, or when it is in the process of conversion.

### **Conservation Areas**

- 5.24 The two wards contain 8 Conservation Areas which either wholly or in part lie within the two wards boundaries. Conservation Areas are particularly sensitive to conversions owing to potential adverse impacts on their special architectural and historic character. They require an additional and higher standard of protection to preserve this character. Greenway Conservation Area in particular has been identified at risk of erosion of its character and appearance by virtue of increasing numbers of HMOs given its close proximity to Brunel University. The policy in the SPG does not allow for more than 5% of dwellings to be converted to HMOs and no

two consecutive dwellings to be converted in Conservation Areas. In this IPPD the 5% figure will be applied as part of street based assessments. The 5% threshold will apply to all Conservation Areas in or abutting the two ward boundaries.

## **6.0 Monitoring and Review**

- 6.1 Monitoring and review are key aspects of the Government's 'plan, monitor and manage' approach to the planning system. This IPPD must involve monitoring the success and progress of the policy contained within this statement to make sure it is achieving its aims and if necessary make adjustments to the IPPD if the monitoring process reveals that changes are needed. The policy approach and in particular the thresholds will be reviewed annually to ensure that it continues to provide opportunities for a balance of household types and meets the needs for HMOs. Alternatively consideration could be given to establishing an information system and sharing of data between service areas to ensure continual monitoring of HMO changes consistent with delivering an up to date approach to the implementation of this planning policy.

### **Further Advice (Key Borough Council Contacts):**

Private Sector Housing  
01895 277437  
PSTeamhousing@hillingdon .gov.uk

Development Management  
01855 250230  
Planning enquiries @Hillingdon.gov.uk

Planning Enforcement  
01855 250230  
planning.enforcemenet@hillingdon.gov.uk

## **Glossary of Terms**

### **Output Areas**

Output Areas or Census Output Areas. These are the smallest unit for which census data are published -They were initially generated to support publication of the Census 2001 outputs and contain at least 40 households and 100 persons, the target size being 125 households. The output areas generated in 2001 will be retained as far as possible for the publication of outputs from the 2011 Census.

Super Output Areas (SOAs) are a set of geographical areas developed following the 2001 census, initially to facilitate the calculation of the Indices of Deprivation 2004 and subsequently for a range of additional Neighbourhood Statistics. The aim was to produce a set of areas of consistent size, whose boundaries would not change (unlike electoral wards), suitable for the publication of data such as the Indices of Deprivation. They are an aggregation of adjacent Output Areas with similar social characteristics. Lower Layer Super Output Areas (LSOAs) typically contain 4 to 6 OAs with a population of around 1500. Middle Layer Super Output Areas (MSOAs) on average have a population of 7,200. The hierarchy of Output Areas and the two tiers of Super Output Areas have become known as the Neighbourhood Statistics Geography.