

Committee Report Checklist

Please submit the completed checklists with your report. If final draft report does not include all the information/sign offs required, your item will be delayed until the next meeting cycle.

Stage 1

Report checklist – responsibility of report owner

ITEM	Yes / No	Date
Councillor engagement / input from Chair prior to briefing	Yes	06/03/26
Commissioner engagement (if report focused on issues of concern to Commissioners such as Finance, Assets etc)	No comments	
Relevant Group Head review	Yes	
MAT+ review (to have been circulated at least 5 working days before Stage 2)	Yes	06/03/26
This item is on the Forward Plan for the relevant committee	Yes	
	Reviewed by	
Finance comments (circulate to Finance)	TC	09/03/26
Risk comments (circulate to Lee O'Neil)	LO'N	06/03/26
Legal comments (circulate to Legal team)	LH	09/03/26
HR comments (if applicable)	N/A	

For reports with material financial or legal implications the author should engage with the respective teams at the outset and receive input to their reports prior to asking for MO or s151 comments.

Do not forward to stage 2 unless all the above have been completed.

Stage 2

Report checklist – responsibility of report owner

ITEM	Completed by	Date
Monitoring Officer commentary – at least 5 working days before MAT	L Heron	09/03/26
S151 Officer commentary – at least 5 working days before MAT	T.Collier	08/3/26
Confirm final report cleared by MAT		

Extraordinary Environment and Sustainability Committee

16 March 2026

Title	Houses in Multiple Occupation (HMO) Supplementary Planning Document (SPD)
Purpose of the report	To make a decision
Report Author	Dave Anderson – Interim Strategic Head of Place Planning and Housing Strategy
Ward(s) Affected	All Wards
Exempt	No
Exemption Reason	n/a
Corporate Priority	Community Addressing Housing need
Recommendations	To recommend to Council to: <ol style="list-style-type: none"> 1. Adopt the Houses in Multiple Occupation Supplementary Planning Document (HMO SPD) as set out at Appendix 1 and, 2. Delegate authority to the Deputy Chief Executive in consultation with the Chair of the Environment and Sustainability Committee (E&S) to make minor amendments prior to publication including a summary and glossary in the final version of the SPD.
Reason for Recommendation	An HMO SPD will provide an assessment criteria for planning applications required for proposals for the change of use from Family dwellings (Use Class C3) to HMOs, following the upcoming implementation of an Article 4 Direction restricting permitted development rights for such, across the Borough.

1. Executive summary of the report *(expand detail in Key Issues section below)*

What is the situation	Why we want to do something
<ul style="list-style-type: none"> • The Council has no current guidance on assessing HMOs for the purpose of planning related decisions. 	<ul style="list-style-type: none"> • The SPD will provide an assessment criteria for assessing conversion of family dwellings to HMOs.
This is what we want to do about it	These are the next steps

<ul style="list-style-type: none"> • The SPD has been developed and the consultation required under the Town and Country Planning Regulations has been undertaken. • We want to adopt the SPD as soon as possible, so that we can implement the checklists as part of the planning process, to encourage the delivery of sustainable design. We do not need to wait for a new local plan to adopt this guidance 	<ul style="list-style-type: none"> • E&S to approve and recommend to Council for adoption • Adopt the SPD, which can be used alongside the current and future Local Plan.
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2. Key issues

- 2.1 Concerns raised by elected members about the growing number and impact of Houses in Multiple Occupation (HMOs) across the Borough led to the formation of a Member–Officer Group to explore ways to better manage the conversion of Class C3 homes into Class C4 HMOs
- 2.2 In response to these concerns, the Council approved an Article 4 Direction on 18 February 2025, removing permitted development rights in three wards—Staines, Stanwell North, and Ashford North & Stanwell South—so that planning permission is now required before converting Class C3 dwellinghouses into small HMOs. This Direction came into effect on 29 August 2025. A second, boroughwide Article 4 Direction was subsequently approved on 5 March 2025, extending the same requirement to all remaining wards across Spelthorne, and is scheduled to take effect on 13 March 2026.
- 2.3 Thereafter, all applicants seeking planning permission for the conversion of a property for use as an HMO will need to demonstrate that the HMO will provide a suitable standard of accommodation for future occupants.
- 2.4 To protect visual and environmental amenity, applications must also demonstrate adequate provision of enclosed storage for waste and recycling, proportionate to the number of occupants, and ensure that external alterations are of high-quality design and appropriate to the character of the area.
- 2.5 While the Article 4 Directions give the Council greater control over HMO planning applications, they do not by themselves tackle the wider problems caused by high concentrations of HMOs—such as parking pressure, waste issues, and noise. Although future Local Plan policies should enable such matters to be addressed within the body of the local plan, this HMO SPD is intended to supplement Policies PS2 (Designing Places and Spaces) and H1 (Homes for All) in the new Local Plan when it is adopted. It should be noted that recent Government guidance states that councils will no longer be able to adopt Supplementary Planning Documents (SPDs) after 30 June 2026.
- 2.6 The HMO SPD was published as a draft for a four-week public consultation on 28 January 2026. The draft SPD is attached at **Appendix 1** with changes made to it in response to the consultation feedback indicated as ‘track

changes' in blue. The consultation closed on 25 February, 2026. 214 responses were received. A summary of consultation responses is attached at **Appendix 2**.

Context

- 2.7 Houses in Multiple Occupation (HMOs) are defined in the Housing Act 2004 (sections 254–259) as properties occupied by three or more unrelated individuals who share basic facilities such as kitchens or bathrooms. This definition applies where the property is not wholly made up of self-contained flats and where rent or another form of consideration is paid. Certain buildings are exempt under the Act.
- 2.8 An SPD must be based on existing adopted planning policies and be consistent with national policy. It cannot introduce new policy, is not part of the statutory development plan, and must go through public consultation.
3. Although SPDs cannot introduce new policies, they can clarify, interpret, and provide additional detail on existing ones. Because they do not require independent examination, they can be prepared more quickly and with fewer resources. While SPDs sit outside the statutory development plan—meaning Local Plan policies remain the primary basis for decision-making—they are still material considerations and typically carry significant weight when planning applications are determined.

Consultation

- 3.1 The draft HMO SPD was subject to a four-week consultation under Regulation 13 of the Town & Country Planning (Local Planning) (England) Regulations 2012 (as amended), running from 28 January to 25 February 2026.
- 3.2 The consultation was conducted using the Council's online Consultation Platform Inovem. Statutory consultees, interested individuals, and organisations on the Local Plan database were notified. Publicity was also provided on the Council's website, through press releases and social media.
- 3.3 A total of 214 representations were received which included comments from:
 - members of the public,
 - national organisations,
 - neighbouring local authorities,
 - developers/landowners,
 - local organisations
 - and a residents' association
- 3.4 Most responses—particularly from the public—supported the overall approach. However, some respondents focused on licensing and other issues, which fall outside the scope of the SPD. A summary of representations and the Officer's response to these is provided in **Appendix 2**.

Houses in Multiple Occupation Supplementary Planning Document

- 3.5 The SPD consultation draft proposed that assessments of residential amenity should consider the cumulative impact of HMO concentrations. It also recommended identifying clear indicators of when such concentrations become unacceptable, supported by specific thresholds and limits, including:
- a. more than 10% of residential properties within 100m being HMOs’.
 - b. situations where a residential property would be “sandwiched” between HMOs.
- 3.6 Evidence in this regard will include licensed HMOs, properties with extant planning permissions, certificates of lawful use, and properties subject to enforcement action for unauthorised HMO use.
- 3.7 In response to the consultation findings, it is proposed that a 40metre radius around any proposed HMO should be used to determine the level of HMO concentration, rather than the 100metre radius suggested in the consultation draft. This change will make the policy easier to apply and administer, while helping to prevent concentrations of HMOs within very localised areas. In addition, within the sequential approach, the ‘sandwiching’ assessment will be applied first, followed by the radius-based assessment.

Corporate Plan and Council Policies

- 3.8 The SPD addresses the following priorities in the Council’s Corporate Plan
- **Community** – Supporting healthy, fulfilling lives, and empowering communities.
 - **Addressing Housing Need** – Ensuring a range of high-quality, affordable housing options for residents.

4. Options appraisal and proposal

4.1 Option 1 – Recommend to Council that it adopts the HMO SPD (Preferred Option)

Adopting the HMO SPD would provide additional guidance and an extra layer of protection against the overconcentration of HMOs in local neighbourhoods. It would strengthen decision-making by clarifying how existing planning policies should be applied to HMO proposals.

4.2 Option 2 – Do Not Recommend to Council that it adopts the HMO SPD

If the SPD is not adopted, the Council would rely solely on the next Local Plan to address HMO-related issues. This would leave a lack of up-to-date guidance on applying current policies, limiting the Council’s ability to manage the impacts of HMOs—such as parking pressure, waste issues, and community cohesion—until the new Local Plan is in place. option.

5. Risk implications

If the HMO SPD is not recommended for adoption at this stage, the Council will not have updated guidance on the application of existing planning policies to address issues associated with HMOs in Spelthorne. All planning policies are potentially at risk of legal challenge and advice will be taken, as required, to mitigate any issues.

6. Financial implications

- 6.1 There are no direct financial implications for the Council arising from this report. Any costs associated with the adoption and publication of the HMO SPD will be met from within the existing service budget.

7. Legal comments

- 7.1 The HMO SPD has been prepared in accordance with the Town & Country Planning (Local Planning) (England) Regulations 2012 (“the 2012 Regulations”) and in alignment with the requirements of the National Planning Policy Framework.
- 7.2 The 2012 Regulations set out the legal process that must be followed when creating a Supplementary Planning Document (SPD). The 2012 Regulations require that an SPD must (among other things) contain a reasoned justification of the policies within it.
- Regulation 12 requires the preparation of a statement that sets out:
- (i) the persons consulted during preparation of the SPD;
 - (ii) a summary of the main issues raised; and
 - (iii) how those issues have been addressed in the SPD.
- 7.3 Regulation 14 requires that, as soon as reasonably practicable after adoption, the Council must make the SPD and an adoption statement publicly available and must send the adoption statement to anyone who has requested notification of its adoption.
- 7.4 If the proposed SPD is adopted, once the post adoption requirements set out in the 2012 Regulations have been complied with, the SPD will be capable of being taken into account as a material planning consideration in relation to any planning applications relating to HMOs.
- 7.5 Matters within the Policy Framework are reserved for Council (Article 4, para 4.1(a) of the Constitution).

Corporate implications

8. S151 Officer comments

- 8.1 The S151 Officer confirms that all financial implications have been taken into account and that the recommendations are fully funded from within 2026-27 budget.

9. Monitoring Officer comments

- 9.1 The Monitoring Officer confirms that the relevant legal implications have been taken into account.

10. Procurement comments

10.1 There are no procurement implications arising directly from this report.

11. Equality and Diversity

11.1 The SPD is expected to have a positive effect by supporting the provision of additional HMO accommodation that broadens housing options for lower income households, key workers, and vulnerable groups. It will help ensure that new HMOs provide a decent standard of living while only being supported in locations where their impacts can be effectively managed. In doing so, the SPD will help minimise adverse effects on neighbourhoods and local communities, balancing the need for affordable accommodation with the protection of local amenity and community wellbeing.

12. Sustainability/Climate Change Implications

12.1 Older properties converted into HMOs often have lower energy performance ratings than typical family homes. Any conversion or change of use must therefore incorporate appropriate measures to improve energy efficiency and reduce carbon emissions, in line with adopted planning policies. All works must also be inspected and approved by a Building Inspector or a Registered Building Control Approver to ensure compliance with building regulations

13. Other considerations

13.1 n/a

14. Timetable for implementation

To be submitted to the Environment and Sustainability Committee on the 16 March 2026 and to Council on 17 March and, if adopted, to be implemented immediately.

15. Contact

15.1 Dave Anderson d.anderson@spelthorne.gov.uk

15.2 Simon Rowberry s.rowberry@spelthorne.gov.uk

Background papers: There are none.

Appendices:

Appendix 1 – Spelthorne Borough Council Houses in Multiple Occupation Supplementary Planning Document (March 2026)

Appendix 2 – Summary of Representations to Consultation

Appendix 1

Managing the Development of Houses in Multiple Occupation (HMOs)

Supplementary Planning Guidance

March 2026



- 1. Purpose and Scope of the SPD**
 - 2. Legislative Background**
 - 2.1 What is a House in Multiple Occupation (HMO)
 - 2.2 HMOs in Planning Legislation
 - 2.3 When is Planning Permission Normally Required
 - 2.4 What is an Article 4
 - 2.5 The Planning Requirements for HMOs in Spelthorne Borough
 - 2.6 HMOs and Licensing
 - 2.7 HMOs and Other Legislation
 - 3. Planning Policy Background**
 - 3.1 National Planning Policy Framework
 - 3.2 Spelthorne Local Plan 2025 - 2040
 - 4. Spelthorne's Approach to Assessing Proposals for New HMOs**
 - 4.1 Four-Stage Approach to Assessment
 - 4.2 Stage 1 – Proximity Impact Assessment (the “Sandwiching” Criterion)
 - 4.3 Stage 2 - Harmful Concentration
 - 4.3 Applying The 10% Threshold
 - 4.4 Stage 3 – Planning Standards Assessment
 - 4.5 Stage 4 – Design Assessment
 - 4.6 Extensions to existing HMOs
 - 5. Space Standards**
 - 6. Car Parking Standards**
 - 7. Waste Management**
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- 1 Purpose and Scope of the SPD**
 - 1.1 This document is a Supplementary Planning Document (SPD) that supplements the adopted Spelthorne Local Plan 2025 – 2040. It constitutes formal planning policy of

Spelthorne Borough Council and is an important material consideration for the Council when determining planning applications for new HMOs.

1.2 This SPD seeks to ensure that:

- a) the overall quality of new HMO accommodation in the borough is improved, through compliance with the standards set out in this SPD;
- b) potential adverse impacts on neighbouring properties and communities are recognised and mitigated where possible;
- c) a balanced approach is achieved between meeting the significant demand for three or more-bedroom dwellings for larger families and addressing the needs of those who rely on HMO accommodation; and
- d) a quantitative, objective, transparent and consistent framework is established for making decisions on HMO planning applications.

1.3 This SPD expands on policies in the Spelthorne Local Plan 2025 – 2040 that are relevant to HMO development, specifically:

- a) Policy PS2: Designing Places and Spaces
- b) Policy H1: Homes for All

These are set out in Section 3.2 below.

1.4 This SPD assists in the interpretation and application of existing policies. It should be noted that potential harms caused by an HMO can include planning and non-planning issues. This document only provides planning guidance.

1.5 This SPD cannot, therefore, itself address non-planning issues such as potential Anti-Social Behaviour (ASB) or nuisance; these are matters to be addressed by other agencies such as the police, or other functions within the Council, such as Environmental Health or Community Safety.

2 Legislative Background

2.1 What is a House in Multiple Occupation (HMO)?

2.1.1 A property (a house or flat) is defined as an HMO if it is occupied by 3 or more persons from 2 or more households typically sharing facilities such as a toilet, bathroom or cooking facilities. HMOs can include house and flat shares, student homes, bedsits and some buildings converted into self-contained flats.

2.1.2 The full legal definition of an HMO is given under sections 254 and 257 of the Housing Act 2004 <https://www.legislation.gov.uk/ukpga/2004/34/section/254>.

2.1.3 The Housing Act 2004 also defines types of living accommodation that are not HMOs. These include properties occupied by the owner and up to two lodgers (if three lodgers or more, then the property is classed as an HMO), higher education halls of residence or other types of student accommodation and properties occupied by religious communities.

<https://www.legislation.gov.uk/ukpga/2004/34/schedule/14>

2.2 HMOs in Planning Legislation

2.2.1 The use of any land or building is categorised into “Use Classes” for planning purposes. <https://www.planningportal.co.uk/permission/common-projects/change-of-use/use-classes>

Residential properties (“Dwelling Houses”) are categorised as Use Class C3, formed of three parts:

- a) C3(a) covers use by a single person or a family (a couple whether married or not, a person related to one another with members of the family of one of the couple to be treated as members of the family of the other), an employer and certain domestic employees (such as an au pair, nanny, nurse, governess, servant, chauffeur, gardener, secretary and personal assistant), a carer and the person receiving the care and a foster parent and foster child
- b) C3(b) covers up to six people living together as a single household and receiving care e.g. supported housing schemes such as those for people with learning disabilities or mental health problems
- c) C3(c) allows for groups of people (up to six) living together as a single household. This allows for those groupings that do not fall within the C4 HMO definition (see 2.2.2 below), but which fell within the previous C3 use class, to be provided for i.e. a small religious community may fall into this section as could a homeowner who is living with a lodger

A dwelling house can change between any of the aforementioned three elements within Use Class C without the need for planning permission.

2.2.2 In 2010 a new planning Use Class - C4 - was created for dwellings occupied as HMOs by up to six residents (“small HMOs”). The planning meaning of the new Use Class was aligned with the definition of an HMO in the Housing Act 2004.

2.2.3 Use Class C4 (“small HMOs”) is defined as:

“Small shared houses occupied by between three and six unrelated individuals, as their only or main residence, who share basic amenities such as a kitchen or bathroom.”

2.2.4 HMOs with over 6 occupants (“large HMOs”) do not fall within any specific Use Class. These are known as “Sui Generis” uses. A Sui Generis Use is one which does not fit into any of the defined classes and will always require planning permission for a change of use. ‘Sui Generis’ therefore means a “use on its own.”

2.2.5 Therefore, from a town planning perspective, HMOs fall into the following classes as per the Town and Country Planning (Use Classes) Order 1987 (as amended):

- a) Use Class C4 – use of a dwelling house by three, but no more than six unrelated individuals, as an HMO (“small HMO”); or
- b) Sui Generis – accommodating 7 or more unrelated individuals (“large HMO”).

2.3 When is Planning Permission Normally Required?

2.3.1 Changes of use from Use Class C3 (dwelling house) to Use Class C4 (an HMO with between 3 and 6 unrelated occupants) is “Permitted Development” (PD) and therefore does not require planning permission. The exception to this is when a specific Article 4 Direction is in place. Article 4 Directions are explained in 2.4 below.

2.3.2 Changes of use from C3 (dwelling house) to a “large HMO” (7 or more unrelated occupants) always requires planning permission.

2.4 What is an Article 4 Direction?

- 2.4.1 An Article 4 Direction is a planning tool that allows local councils to remove specific "permitted development rights," which means planning permission is required for certain types of use and/or development that would normally not need any. It is used when a local authority believes that development without prior planning permission could harm local amenities or the proper planning of an area. Examples include changes of use, such as from a commercial to a residential property, or changes to a building's exterior in a conservation area.
- 2.4.2 Article 4 Directions must relate to a specific geographical area and must also specify the permitted development rights that are removed by virtue of that Direction.
- 2.4.3 Article 4 Directions cannot, by law, be applied retrospectively.

2.5 The Planning Requirements for HMOs in Spelthorne Borough

- 2.5.1 On 21 August 2024, the Council made a non-immediate Article 4 Direction to remove permitted development rights for a change of use from a dwellinghouse (C3 use) to a small house in multiple occupancy (C4 use) across the following three wards:
- Staines
 - Stanwell North
 - Ashford North & Stanwell South
- 2.5.2 The Article 4 Direction was confirmed on 18 February 2025 following a vote at planning committee on 08 January 2025 and came into effect on 29 August 2025. The effect of this Direction is that all new HMOs now require planning permission in these 3 wards, regardless of the number of occupants.
- 2.5.3 A further Article 4 Direction was confirmed on 17 December 2025, following a vote at Planning Committee on 9 December 2025, for the remaining 10 wards in the Borough and will come into effect on 13 March 2026. The effect of this Direction is that all new HMOs will require planning permission in these remaining wards from 13 March 2026, regardless of the number of occupants.
- 2.5.4 The cumulative effect is that from 13 March 2026, all new HMOs in the Borough, regardless of the number of occupants, will require planning permission.

2.6 HMOs and Licensing

- 2.6.1 The planning and HMO licensing requirements are entirely separate and operate wholly independently, under different legislative regimes.
- 2.6.2 Spelthorne operates the mandatory licensing scheme under Part 2 of the Housing Act 2004 but does not currently operate any additional or selective licensing schemes. <https://www.legislation.gov.uk/ukpga/2004/34/part/2>
- 2.6.3 An HMO needs a licence if:
- it has five or more people, and

- the occupants form two or more households

HMOs in Spelthorne with three or four occupants do not need to be licensed.

HMO PLANNING vs HMO LICENSING

KNOW THE DIFFERENCE!

WHAT COUNTS AS AN HMO ?

A House in Multiple Occupation is a property rented to **3 OR MORE PEOPLE** FROM **2+ HOUSEHOLDS**.

PLANNING (USE & ZONING)	LICENSING (SAFETY & MANAGEMENT)
<p>3+ PEOPLE FROM 2 OR MORE HOUSEHOLDS</p> <ul style="list-style-type: none"> • Change of Use & Zoning • Local Impact & Density (Q1 2026) • Article 4 Restrictions (March 2026 for all wards) 	<p>5+ PEOPLE FROM 2 OR MORE HOUSEHOLDS</p> <ul style="list-style-type: none"> • Safety & Management Standards • Fire & Health Safety • Property Conditions

KEY DIFFERENCES

	HMO PLANNING	HMO LICENSING
WHO OVERSEES	Planning Authority	Council Housing Dept
WHEN REQUIRED	3+ OCCUPANTS	5+ OCCUPANTS
MAIN FOCUS	Land Use	- Tenant Safety

ALWAYS CHECK WITH YOUR LOCAL COUNCIL!

PLANNING RULES AND LICENSING REQUIREMENTS MAY VARY BY AREA

Figure 1: Planning and Licensing Overview

2.6.4 The Council’s Environmental Health Department must grant an HMO licence with appropriate conditions where:

- the house is reasonably suitable for occupation having regard to amenity levels, available living space and general health and safety consideration.
- the management arrangements are satisfactory, and
- the licensee, manager and those involved in the running of the property are fit and proper persons.

2.6.5 Other relevant legislation that falls within the Environmental Health’s remit includes the Management of Houses in Multiple Occupation (England) Regulations 2006, the Environmental Protection Act 1990, and the Prevention of Damage by Pests Act 1949.

2.6.6 Spelthorne HMO’s licensing scheme is a risk-based system that results in licences being granted for differing durations according to risk. Licences are granted with of a one, three or five-year duration depending on a risk rating of the property. The cost of the licence remains the same regardless of the term of the licence.

2.7 HMOs and Other Legislation

2.7.1 In addition to planning and potential licensing requirements, HMOs are likely to also be required to comply with other legislation. In particular, Building Regulations approval will be required for new build premises and is likely to also be required where a property is changed from a single household dwelling to an HMO. Similar to housing licensing, it will be for the property owner to ensure that the necessary building regulations have been secured for the premises to operate as an HMO.

2.7.2 In addition, proposals may need to comply with the Party Wall Act 1996 <https://www.legislation.gov.uk/ukpga/1996/40/contents> . This is a civil matter and HMO applicants are advised to seek independent advice through a suitably qualified professional.

3 **Planning Policy Background**

3.1 National Planning Policy Framework

3.1.1 Whilst the National Planning Policy Framework (NPPF) does not contain any specific guidance on HMOs, it sets out a need to provide a mix of housing to provide for current and future generations and to achieve healthy, inclusive and safe places.

3.1.2 The NPPF also places emphasis on the quality of new residential development and requires a good standard of amenity to be provided for all existing and future occupants of land and buildings.

https://assets.publishing.service.gov.uk/media/67aafe8f3b41f783cca46251/NPPF_December_2024.pdf

3.2 Spelthorne Local Plan 2025 – 2040

3.2.1 The Spelthorne Local Plan 2025 – 2040 was adopted on **XXXXX (date to be inserted when adopted)**. The policies below (as mentioned in 1.3 above) are particularly relevant in assessing HMO planning applications.

PS2: Designing Places and Spaces

1) The Council will require a high standard in the design and layout of new development. Proposals for new development should demonstrate that they will:

- create buildings and places that are attractive with their own distinct identity;
- respect and make a positive contribution to the street scene and the character of the area in which they are situated; and
- pay due regard to the scale, height, proportions, building lines, layout, materials and other characteristics of adjoining buildings and land.

Impact on Neighbours

2) Proposals for new development should demonstrate that they will achieve a satisfactory relationship to adjoining properties avoiding adverse and un-neighbourly impacts in terms of loss of privacy, daylight or sunlight, or overbearing effect due to bulk and proximity or outlook.

Accessibility

3) All new development will be designed to meet the needs of all users and be accessible to all. This includes the setting of the building in the wider environment, the location of the building on the plot, the gradient of the plot, transport infrastructure and public realm.

Landscaping

- 4) All new development should:
- (a) incorporate landscape to enhance the setting of the development;
 - (b) avoid the loss of trees and other vegetation worthy of retention and supplemented with additional high-quality planting, or where retention is not feasible or desirable provide for high quality replacement planting; and
 - (c) provide for suitable boundary treatment to enhance the setting.

Public Realm

- 5) All development proposals should:
- (a) seek to positively impact on public realm through:
 - enhancing the quality of existing public realm where appropriate;
 - establishing relationships between development proposals and existing public realm;
 - maximising opportunities to create new public realm where appropriate.
 - (b) ensure that public realm is well-designed, safe, inclusive, attractive, well-connected, adaptable, related to the local and historical context and easy to understand, service and maintain. Landscape treatment, planting, street furniture and surface materials should be of good quality, fit-for-purpose, durable and sustainable; and

- (c) seek to incorporate green infrastructure such as street trees and other vegetation into the public realm to support rainwater management through sustainable drainage, reduce exposure to air pollution, moderate surface and air temperature and increase biodiversity; and
- (d) ensure appropriate management, maintenance and governance arrangements are in place to secure the quality of public realm in perpetuity.

Safe, Connected and Efficient Streets

- 6) All new development will be designed:
 - (a) in a manner which is safe and welcoming, supporting natural surveillance through the use of active frontages and mixed used development. This will ensure maximum opportunities for natural security through layout and design, to reduce opportunities for crime and antisocial behaviour; and
 - (b) Secured by Design standards should be incorporated and consideration given to how an area functions at different times of day, on different days of the week and throughout the year.
 - (c) to ensure it connects appropriately to existing street patterns and creates safe and accessible spaces. Proposals should offer safe, attractive, legible and permeable routes which are suitable for all users, linking people with places through active and sustainable travel choices delivered to best practice standards and in accordance with the principals set out in the National Model Design Code¹⁷ and Manual for Streets¹⁸.

Major Developments and Allocated Sites

- 7) Given the size, function and proposed density of major developments, particularly those exceeding 50 dwellings, tall buildings and/or allocated sites on former Green Belt land, it may not always be desirable to reflect locally distinct patterns of development. These sites should create their own identity to ensure cohesive and vibrant neighbourhoods. High rise development in appropriate locations will be expected to be supported by a visual impact assessment and demonstrate a positive contribution to the skyline through its architectural merits. In Staines, the Development Framework will provide site specific guidance on the design of larger and tall buildings. On a case-by-case basis, it may be appropriate for larger developments to be shaped by a design panel review process at the applicant's expense, and in conjunction with the Council.

H1: Homes for All

Housing Need

- 1) The Council will make provision for at least an additional 618²⁶ homes per annum in Spelthorne Borough over the plan period.

Housing Mix and Standards

- 2) New residential development is required to deliver a wide choice of homes to meet a range of accommodation needs. New development should provide a mix of housing tenures, types and sizes appropriate to the size, characteristics and location.
- 3) Development proposals will be expected to contribute to meeting identified housing needs by having regard to the housing type and size mix as set out in the Strategic Housing Market Assessment²⁷ or any similar evidence for market and affordable units.
- 4) All new residential development across all tenures (under Use Class C3) will be expected to meet with the minimum space standards as set out by the Ministry of Housing, Communities and Local Government (MHCLG). Houses of Multiple Occupation (HMOs) will be expected to comply with HMO space standards defined by the Council.
- 5) The Council will permit residential development provided that it does not result in a net loss of units (C2 or C3²⁸ use class accommodation or gypsies, travellers and travelling showpeople pitches or plots) unless the loss can be justified on other policy grounds.
- 6) The Council supports development proposals which take opportunities to facilitate healthy lifestyles and include measures to boost the sustainability of the location.

- 7) The Council is supportive of Build to Rent housing, where a need for this type of accommodation can be demonstrated. Where Build to Rent housing is proposed, the proportion of Affordable Housing provision should be in line with the benchmark level set by the Council and follow any up to date evidence, plans or strategies.

Accessible Homes

- 8) All new homes must be designed and constructed in a way that enables them to be adaptable, so they can meet the changing needs of their occupants over their lifetime. Planning permission will be granted for new dwellings subject to the following:
- (a) All new build dwellings will, as a minimum, be constructed in accordance with the requirements of Building Regulations Part M4 (2) and any subsequent updates, unless it can be demonstrated that it is unfeasible to do so.
 - (b) The encouragement, where practicable and viable, of dwellings on schemes involving major development being provided as wheelchair adaptable dwellings in accordance with the Building Regulations M4(3) standard: Category 3.
 - (c) Unless it can be demonstrated that it is unfeasible to do so, the Borough Council will require a minimum of 10% of new dwellings on major housing developments to accord with Category M4(3) (wheelchair adaptability).
- 9) Exemptions will only be considered where the applicant can robustly demonstrate that compliance would significantly harm the financial viability of the scheme, or where it is not practical to do so given the flood risk. All residential proposals should be accompanied by a separate document setting out how proposals (including each dwelling type) accord with each of the standards as detailed in Building Regulations. Where exemptions are sought on practicality or viability grounds, the minimum number of units necessary will be exempted from the requirements i.e. If only 1 out of 3 wheelchair accessible dwellings can be provided, then the 1 still applies.

Specialist Accommodation

- 10) The provision of well-designed specialist forms of accommodation, including sheltered housing, care homes and other appropriate forms of accommodation for the elderly and those with particular needs, will be permitted provided that the development:
- (a) Meets demonstrable established local community need; and
 - (b) Is in a sustainable location, with access to appropriate services and facilities where these are not provided on site. This includes public transport, shops, local services and community facilities.
- 11) Where specialist accommodation falls within use class C3, an appropriate proportion of affordable housing in accordance with Policy H2 will be required, with the mix of tenures negotiated by the Council having regard to advice from appropriate specialist bodies.
- 12) The Council encourages mixed development that include an element of specialist accommodation (including sheltered housing, supported housing, extra care housing and residential/nursing care homes) on larger schemes where the character and size of the site allows.

Self and Custom Build Housing

- 13) The Council will support Self and Custom Build developments for residential accommodation in appropriate locations, in the interests of supporting high quality homes which meet the identified needs of the Borough. In considering major development applications, the Council will consider the currently applicable Self Build Register and whether provision should be included within the development.
- 14) The delivery of housing on these plots will:
- (a) In terms of the mix of plots, be negotiated by the Council as informed by the Council's self-build and custom housebuilding register;
 - (b) Be required to be completed within 3 years of a custom builder purchasing the plot;
 - (c) Where plots have been made available and marketed appropriately for at least 12 months and have not sold, the plot(s) will be expected to remain on the open market as self-build or custom build or be offered to the Council or a Housing Association before being built out by the developer.

4 Spelthorne’s Approach to Assessing Planning Applications for New HMOs

4.1 Four-Stage Approach to Assessment

4.1.1 In considering planning applications for new HMOs, the Council will take a sequential four-stage approach, as follows:

	Assessment Involved	Description
Stage 1	Proximity Impact Assessment	Assess whether the proposal results in existing dwellings being “sandwiched” between or surrounded by HMOs
Stage 2	Neighbourhood Impact Assessment	Assess whether the proposal creates a harmful concentration within the locality
Stage 3	Planning Standards Assessment	Assess whether all planning criteria and standards are met, including space standards, car parking provision and waste management arrangements
Stage 4	Design Assessment	Ensure, where applicable, that the Council’s Design Code is complied with

All proposals for new HMOs are assessed sequentially against Stages 1 to 4. Failure at any stage will normally result in refusal, and proposals will not progress to later stages unless earlier stages are satisfied.

4.2 Stage 1 – Proximity Impact Assessment (Applying the Sandwiching Criterion)

4.2.1 Planning permission will not be granted where the introduction of a new HMO would result in existing dwellings being sandwiched by any adjoining HMOs on both sides or being surrounded to the front and back. The latter also applies where the properties are separated by an intersecting road or where properties have a back-to-back relationship in different streets.

4.2.2 This assessment will be applied differently, depending upon the type of dwellings which lie adjacent to the proposed HMO. Proposals for the development or intensification of an HMO will not be permitted where the development would result in residential properties (Use Class C3) being located between two HMOs as follows:

Adjacent Dwelling Type	Criteria
------------------------	----------

Detached	The proposed HMO will result in one property being sandwiched between HMO properties on each side
Semi-Detached	The proposed HMO will result in one or two adjacent properties being sandwiched between HMO properties on each side
Terraced	The proposed HMO will result in one, two or three adjacent properties being sandwiched between HMO properties on each side





This proposed HMO will result in one property being sandwiched between two HMO properties on either side.



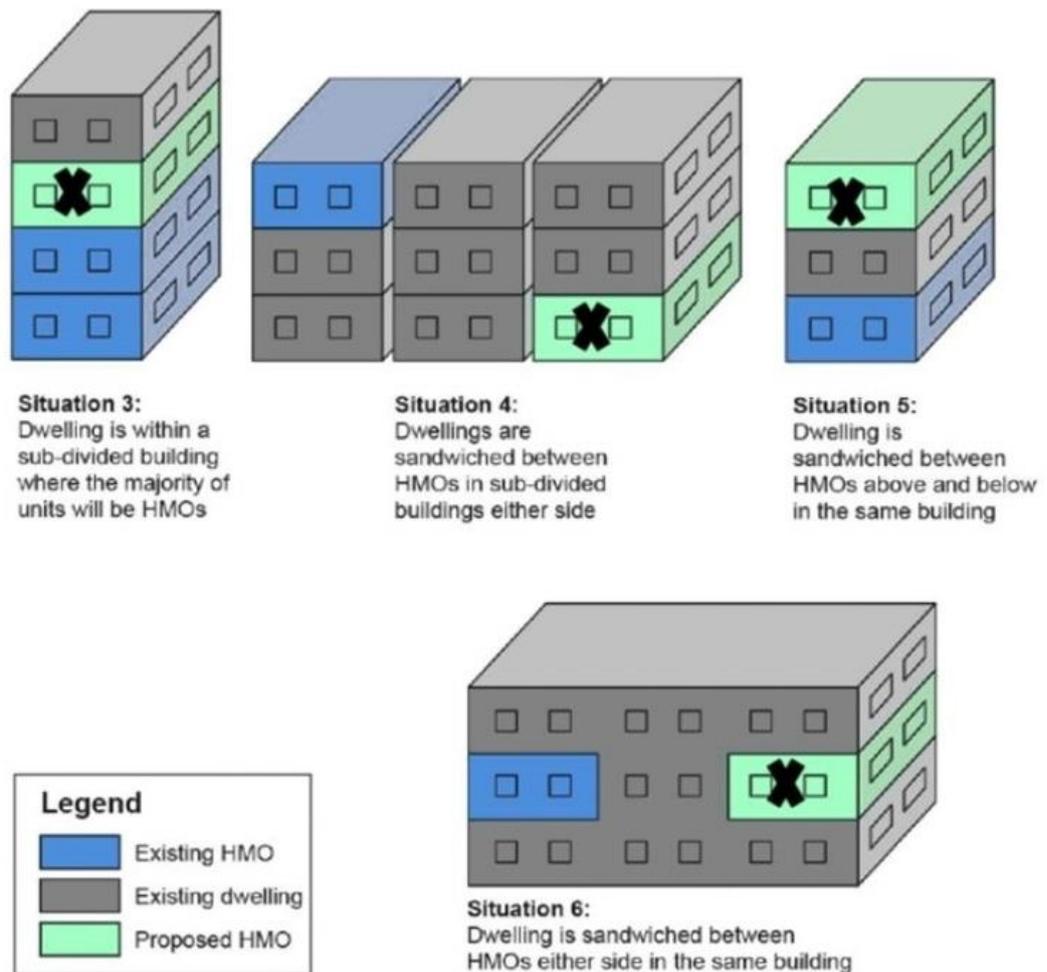
This proposed HMO will result in two properties being sandwiched between two HMO properties on either side.

 <p>Proposed HMO Existing HMO</p>	<p>This proposed HMO will result in three properties being sandwiched between two HMO properties on either side.</p>
 <p>Proposed HMO Existing HMO</p>	<p>This proposed HMO will result in two properties being sandwiched between two HMO properties, to the opposite and rear.</p>

- 4.2.3 HMO sandwiching situations apply regardless of minor interruptions in the building line, such as vehicular or pedestrian access points (e.g. drives or footpaths), except in cases where a road serves as a separator.
- 4.2.4 A proposed HMO will not be permitted when it results in any single property being sandwiched between two HMO properties, directly opposite (including where this is separated by a road) and directly to the rear.
- 4.2.5 In the case of flats or sub-divided dwellings, new HMOs will not be permitted where this will result in:
- a) The majority (more than 50%) of the dwellings in the building being HMOs.

- b) A dwelling in the sub-divided building in a street being located between two other sub-divided buildings with at least one HMO in each building.
- c) A dwelling in a sub-divided building being located between two HMO flats above and below; or
- d) A dwelling in a sub-divided building being located between two HMO flats on both sides.

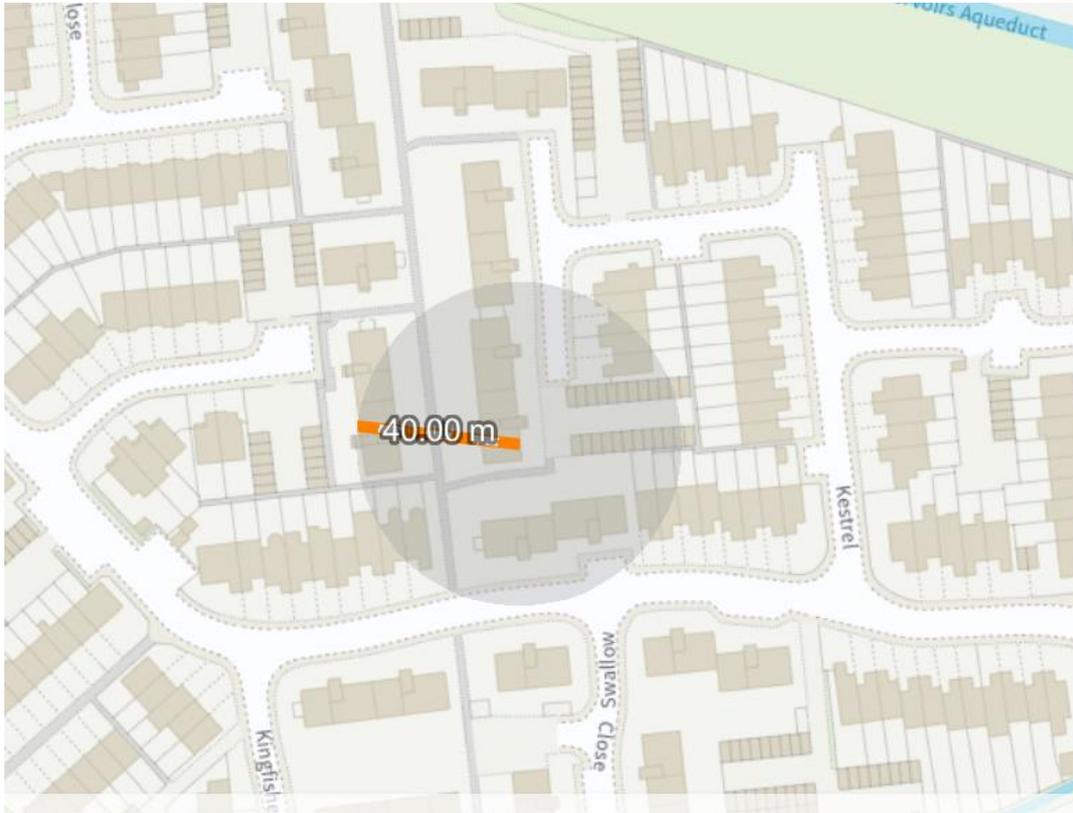
4.2.6 Sandwiching situations are considered to occur in such cases irrespective of limited breaks in the building line, such as a vehicular or pedestrian access.



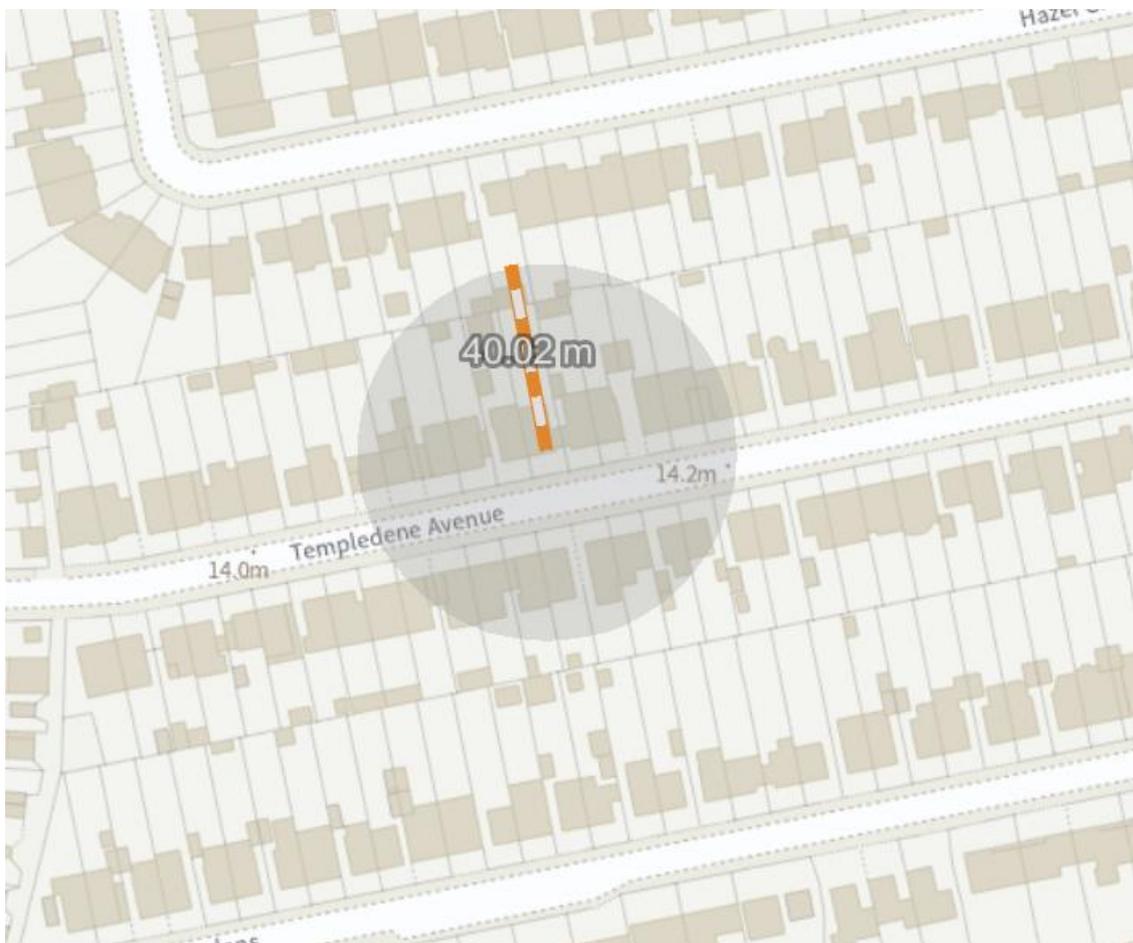
4.2.7 If Stage 1 is satisfied, the proposal progresses to consideration under Stage 2. If the proposal does not satisfy Stage 1, then the recommendation will usually be that the proposal be refused.

4.3 Stage 2 – Neighbourhood Impact Assessment (Avoiding a Harmful Concentration)

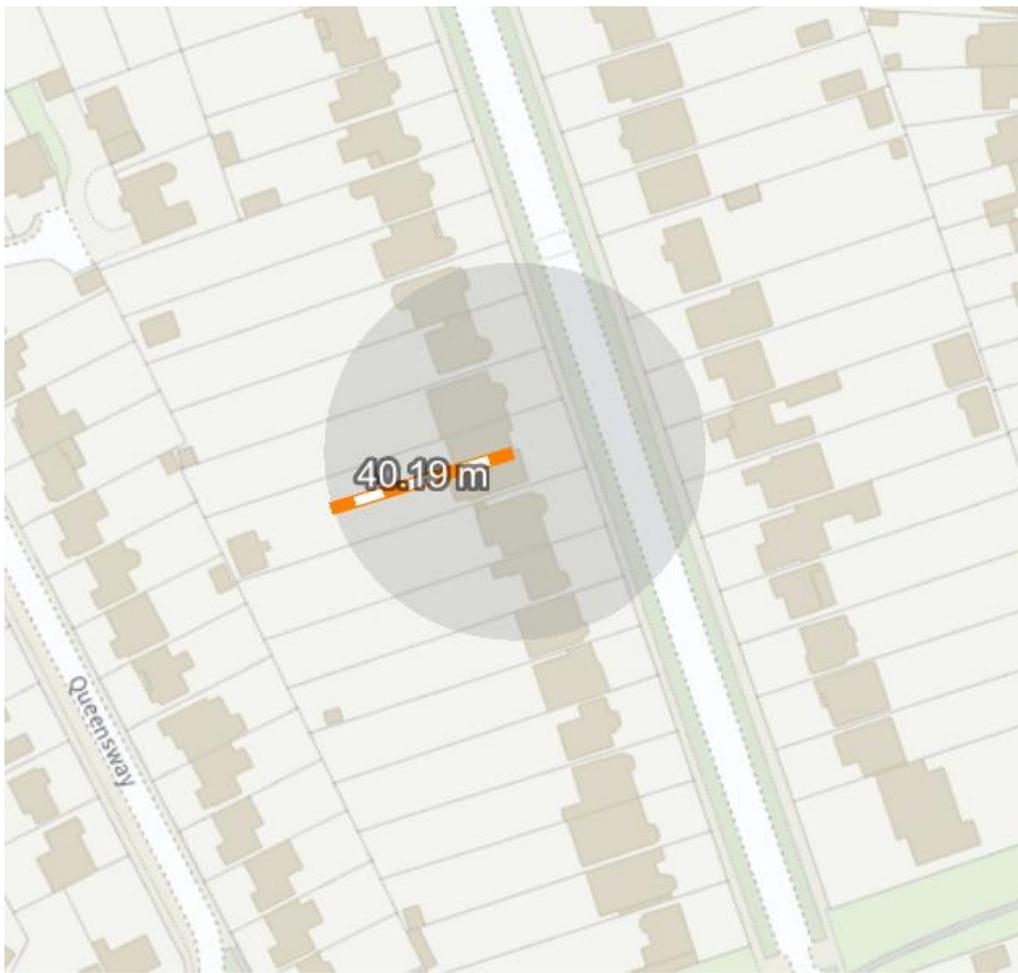
- 4.3.1 Progression of a proposal to Stage 2 is dependent upon the proposal satisfying the requirements of Stage 1.
- 4.3.2 Proposals for the development or intensification of HMOs will not be permitted if the development leads to a harmful concentration of HMOs or the development is proposed in a location where this already occurs. A harmful concentration occurs when 10% or more of all dwellings within a 40-metre radius of the application site are already in use as HMOs. This 10% threshold has been established following a review of best practice across the country and reflects approaches taken by other local planning authorities around the country.
- 4.3.3 To calculate the number of surrounding residential properties and HMOs percentage, the Council will apply a radius, with the centre of the circle positioned in the middle of the building's front façade. This fixed radius method offers a clear and consistent approach for both applicants and planning officers when determining whether an HMO over concentration exists in an area. It should be noted that if any part of a property falls within the radius, including any part of the garden, then that property is included within the calculation.
- 4.3.4 The 40-metre radius is considered indicative of an immediate local neighbourhood. This distance is manageable for assessing the impact of proposed HMO developments on the surrounding area.
- 4.3.5 Assessing HMO concentration by street was considered, but streets vary in length and the number of properties they contain, making this method inconsistent. Using a fixed radius is more suitable and consistent.
- 4.3.6 The examples below show the effect of the 40m radius on three different types of neighbourhood:
- a) Predominantly terraced housing
 - b) Predominantly semi-detached housing
 - c) Predominantly detached housing



a) Predominantly terraced housing neighbourhood



b) Predominantly semi-detached housing neighbourhood



c) Predominantly detached housing neighbourhood

4.3 Applying the 10% Threshold

4.3.1 The Stage 2 assessment of the percentage concentration of HMOs surrounding the application site will be calculated through three processes:

Stage 2.1 – identify residential properties

The residential properties identified are all of those which are located within the defined area of impact surrounding the application site (i.e. the 40m radius). To be clear which residential properties are identified, all sub-divided properties including flatted blocks within the same curtilage are counted as one whole property at the first stage. Properties identified within Schedule 14 of the Housing Act will not be identified as residential properties, for example care homes and children's homes.

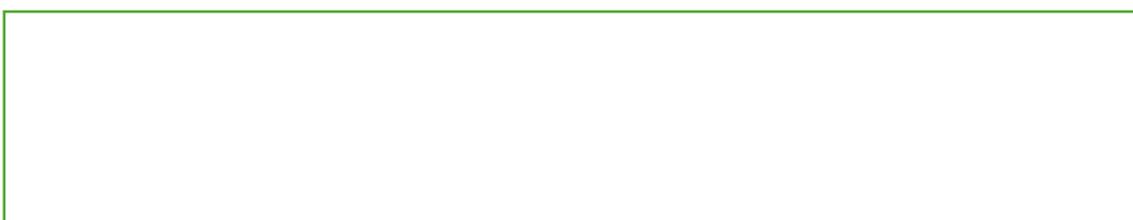
Stage 2.2 – Count HMOs

Using the HMO sources listed below, the residential properties identified at stage 2.1 above will be investigated to check whether they are an existing HMO or have HMO consent.

Stage 2.3 – Calculate concentration

The concentration of HMOs surrounding the application site is calculated as a percentage of the 'total estimated number of existing HMOs' against the 'total number of residential properties'. The final figure calculated is rounded up for a percentage of HMOs equal to or greater than decimal point 0.5 and rounded down when less than 0.5 (i.e. 8.5% would be rounded up to 9%, whilst 8.4% would be rounded down to 8%). Rounding is applied to ensure consistency and clarity in decision-making and to avoid marginal numerical differences resulting in inconsistent outcomes between similar proposals.

4.3.2 For the purposes of the 10% threshold, HMOs can be identified from the following sources:



SBC Planning register:

Those dwellings with a consent or a lawful use for an HMO (either C4 or sui generis extant planning permission or lawful use, regardless of their current occupation i.e. including those properties with a consent for C3 and C4 use occupied as C3 use). Small HMOs with a lawful flexible permission are counted as an HMO.

SBC Electoral register:

Showing 3 or more apparently unrelated individuals, but it is recognised that this will not provide conclusive evidence that the property is an HMO. A property not registered will still be investigated under the other sources.

SBC Council Tax records:

This information cannot be disclosed to individual members of the public. The information will only be made public by the council in the determination of a planning application. As Council Tax may be paid by the owner of the property rather than the occupants, this may be of limited value and will be used on a case-by-case basis.

SBC HMO Licensing register:

Shows HMOs licensed under the Housing Act.

4.3.3 The sources listed above are not a conclusive or exhaustive record of all HMOs in the relevant area. There may be existing HMOs which are occupied but unknown to the council. On 6th April 2010¹ the Uses Classes Order introduced a class for HMOs to reclassify C3 dwellings to either the new C3 or C4 classes. The reclassification of existing dwellings to C4 use did not require planning permission and therefore will not be registered on the council's register of planning applications. Planning permission was not required to convert from C3 to C4 under permitted development rights until the Article 4 directions came into effect (See Section 2.4 above).

4.3.4 If Stage 1 is satisfied, the proposal then progresses to Stage 2.

4.5 Stage 3 – Planning Standards Assessment

4.5.1 If a proposal for a new HMO satisfies the requirements of Stages 1 and 2, it will then be assessed against planning standards and criteria. These include (but are not limited to):

- Internal space standards, including room size
- Outdoor amenity space provision
- Impact on the amenity of neighbouring properties
- Waste and recycling storage
- Parking provision
- Impact on streetscene (where new build or extensions are proposed)
- Bulk, massing and scale (where new build or extensions are proposed)

4.5.2 Space standards are discussed in Section 5 below, parking provision in Section 6 and waste management in Section 7.

4.6 **Stage 4 – Design Assessment**

4.6.1 Stage 4 is an assessment of the proposal against planning design standards, where appropriate, including against the Council's Design Code. This is only likely to apply to those proposals which are new-build or, in the case of the conversion of existing properties, where significant or relevant external alterations or extensions are proposed as part of the planning application.

4.7 **Extensions to Existing HMOs**

4.7.1 It is important to note that the existence of Borough-wide Article 4 coverage does not remove the distinction between Class C4 ("small") and Sui Generis ("large") HMOs. Planning permission will still be required to increase the number of occupiers in an existing lawful HMO from 6 to 7 or more unrelated occupants.

4.7.2 The council however recognises that the intensification of persons when existing C4 ("small") HMOs increase the number of occupants, can have a harmful impact on neighbouring occupiers.

4.7.3 A planning condition will be applied to limit the number of occupants to that which is specified in the original planning application. If an increase in this number is subsequently sought, an application to vary the condition under S73 of the Town & Country Planning Act will be required.

4.7.4 When considering a planning application for an extension to an existing lawful HMO (and this will increase the number of occupants), the 10% threshold limit itself will not be a material consideration, so therefore Stage 1 does not apply. This is because the HMO has already been established in the street and, therefore, has no further effect on the concentration of HMOs and balance and mix of households in the local community. In such cases, the key consideration

is the intensification of use rather than the principle of HMO occupation.

4.7.5 Where the extension results in an increase of occupiers which results in over 6 persons or more living in the HMO, planning permission must be sought for a change of use to a large HMO (i.e. a S73 variation of condition application will not be acceptable). The 10% threshold limit itself will not apply, though other impacts arising from the proposal will be assessed in accordance with Stages 3 and 4 of the methodology, including planning standards and criteria.

5 SPACE STANDARDS

5.1 Proposals for HMOs will not be acceptable unless they comply with the adopted standards set out in the Council's "Landlords' Guide to Standards for Houses in Multiple Occupation (HMO)" approved in August 2025 and any successor to this document. This requirement also applies to proposals for intensification of existing HMOs.

5.2 The Landlords' Guide will be kept under review and may be modified when considered appropriate.

5.3 These planning-related standards relate to the following and are set out in full at https://www.spelthorne.gov.uk/sites/default/files/2025-10/Landlords_guide_to_standards_for_HMO-A4_v18.pdf

Space Standards

Personal Washing Facilities

Toilet Facilities

Sharing Ratios for Bathrooms and Toilet Facilities

Facilities for Storage, Preparation and Cooking of Food

Kitchens for Exclusive Use: Bedsits

5.4 The amenity space provided in relation to new HMO proposals will be expected to comply with the Council's Design of Residential Extensions and New Residential Development SPD.

5.5 This document will be kept under review and may be modified and/or amended accordingly in the future.

5.6 The SPD can be found at:

https://www.spelthorne.gov.uk/sites/default/files/migration/media/1427/Design-of-Residential-Extensions-and-New-Residential-Development/pdf/design_of_residential_development2.pdf

6 CAR PARKING STANDARDS

6.1 HMO proposals will be considered against the Council's current parking standards or any successor standards. These were last amended in September 2011 and can be found at:

https://www.spelthorne.gov.uk/sites/default/files/migration/media/2286/Parking-Standards-updated-September-2011/pdf/parking_standards_update_september_2011.pdf

6.2 These car parking standards will be kept under review and may be modified and/or amended accordingly in the future.

7 WASTE MANAGEMENT

7.1 HMO proposals will be considered against the Council's current waste management guidelines for architects, planners and contractors. These were last amended in November 2021 and can be found at:

https://www.spelthorne.gov.uk/sites/default/files/migration/media/1385/Waste-management-guidelines-for-property-developers-architects-planners-and-contractors/pdf/Waste_management_guidelines_for_property_developers_1.7.pdf

7.2 These guidelines will be kept under review and may be modified and/or amended accordingly in the future.

Appendix 2

Analysis of Responses to the Houses in Multiple Occupancy (HMO) Supplementary Planning Document (SPD) Consultation – February 2026

1 Introduction

- 1.1 A consultation exercise was held on the draft HMO SPD over the 4-week period 28th January to 25th February inclusive. The consultation included 11 questions and offered the opportunity to make narrative comments as well as to answer the multiple-choice questions.
- 1.2 The consultation generated 214 responses. These responses gave a wide range of views, as might be expected in respect of a topic which has such a high local profile in the community.

1.3 This paper analyses the consultation results and sets out the proposed changes to the Draft SPD resulting from this consultation exercise. A tracked changes version of the SPD document is attached as Appendix B.

2 Question 1 – Do you have any comments on the SPD as a whole?

2.1 This question was wholly open, with no multiple-choice element. It offered respondents the opportunity to make general comments or raise specific issues that did not necessarily fit with any of the other questions asked. This question resulted in 165 responses.

2.2 Many of the respondents used this question to reiterate their views in respect of some of the other questions asked in the consultation, whilst others stated their opposition to any further HMOs being permitted. In addition, a number of the responses related to matters that were either outside the control of the planning system or which related to other regulatory regimes, such as licensing or Building Control.

2.3 Notwithstanding this, there were many useful comments made, which are reflected in the revised SPD. These are:

- Inclusion of a summary at the beginning of the document (to be included in the final version)
- Inclusion of a glossary of key terms (to be included in the final version)
- Clearer explanation of the differences between planning and licensing requirements (to be covered in the glossary)

2.4 In addition, several respondents made helpful proposals for detailed wording changes and these have been included wherever appropriate.

2.5 Runnymede Borough Council questioned whether Spelthorne's emerging Local Plan had a sufficient policy basis to which the SPD could link. We remain satisfied that Policies PS2 (Designing Places and Spaces) and H1 (Homes for All) provide that sound policy basis for the SPD.

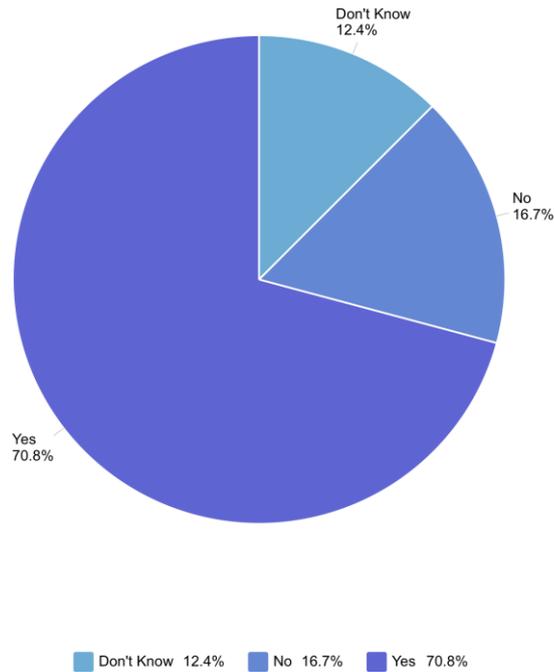
3 Question 2 – Do you consider that the SPD uses clear language and explains technical terms and ideas in an accessible way?

Q2

In developing the SPD one of the key objectives was producing a document that clearly guides applicants through the process of considering planning applications for HMOs, with a focus on practical implementation.

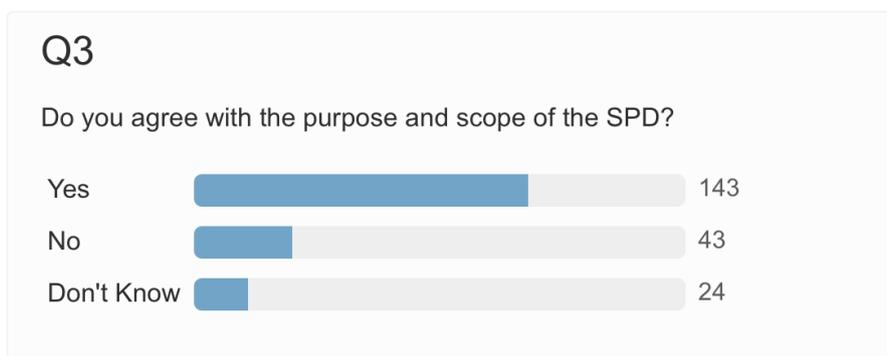
Do you consider that the SPD uses clear language and explains technical terms and ideas in an accessible way?

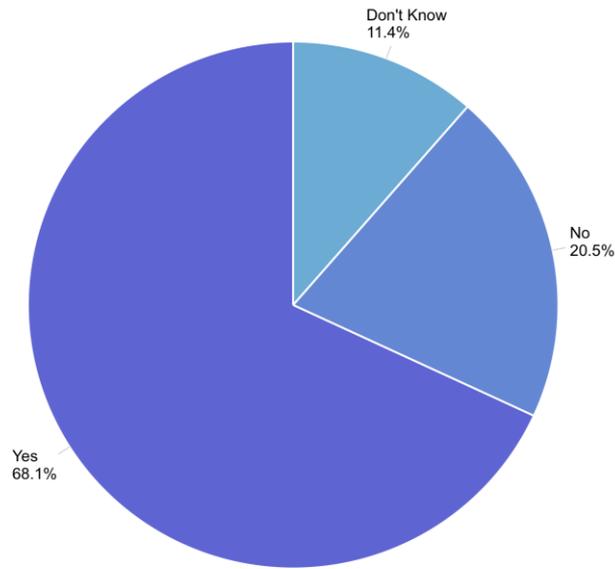




- 3.1 70.8% of respondents agreed that the SPD uses clear language and explains technical terms and ideas in a clear way. The inclusion of a Glossary in the final version should further improve the accessibility of the document.
- 3.2 A number of narrative points were made. These are largely taken account of through the inclusion of a summary, a glossary and further alterations to the text to improve clarity.

4 Question 4 – Do you agree with the purpose and scope of the SPD?

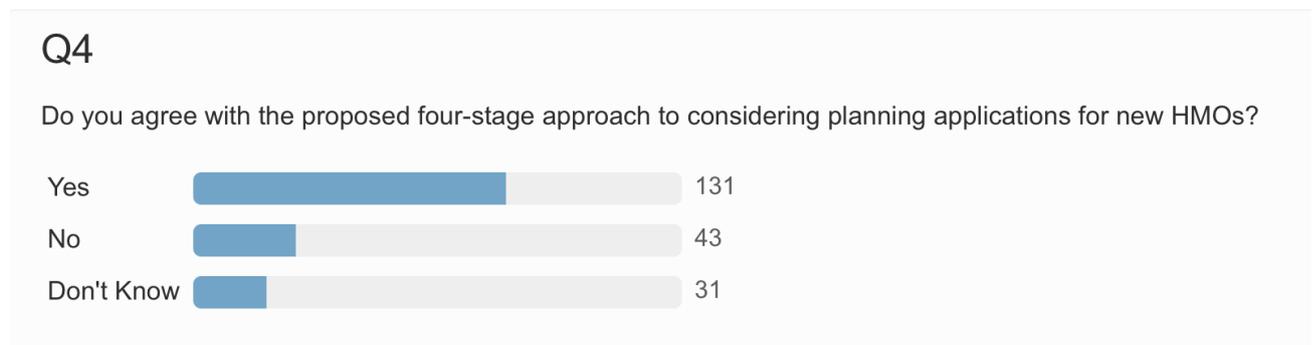


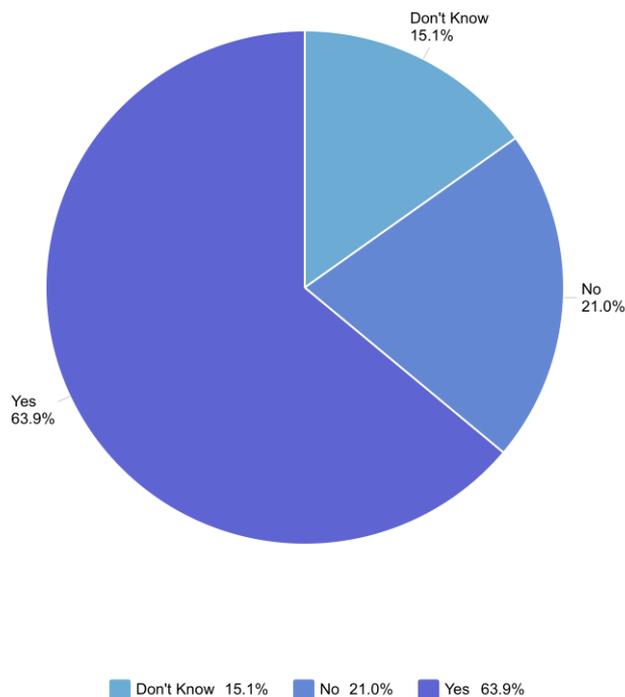


Don't Know 11.4% No 20.5% Yes 68.1%
 Based on at 2 Mar 2026 16:08:00

- 4.1 68.1% of respondents agreed with the scope and purpose of the SPD.
- 4.2 47 narrative comments were made. Many of these related to opposition to HMOs in general, non-planning matters, site-specific issues or reiterated comments made by the respondent elsewhere in their response. Other comments related to the need to monitoring and enforcement, both of which are key elements of the Council's wider emerging HMO strategy and which are, especially in relation to licensing, outside the direct remit of the SPD itself.

5 Question 4 – Do you agree with the proposed four-stage approach to considering planning applications for new HMOs?





5.1 63.9% of respondents agreed with the approach, with 21.0% disagreeing and 15.1% who don't know.

5.2 48 narrative comments were received. Many of these were not clear, reiterated opposition to any HMO development, were beyond the scope of the planning system or were already covered elsewhere in the SPD or through other elements of the Council's emerging HMO Strategy.

5.3 Following consideration of the responses, a significant change has been made to the draft SPD's four-stage approach. Stages 1 and 2 have been superimposed, so that Stage 1 is now consideration of the proposal in respect of "sandwiching" and Stage 2 is now the density/threshold assessment.

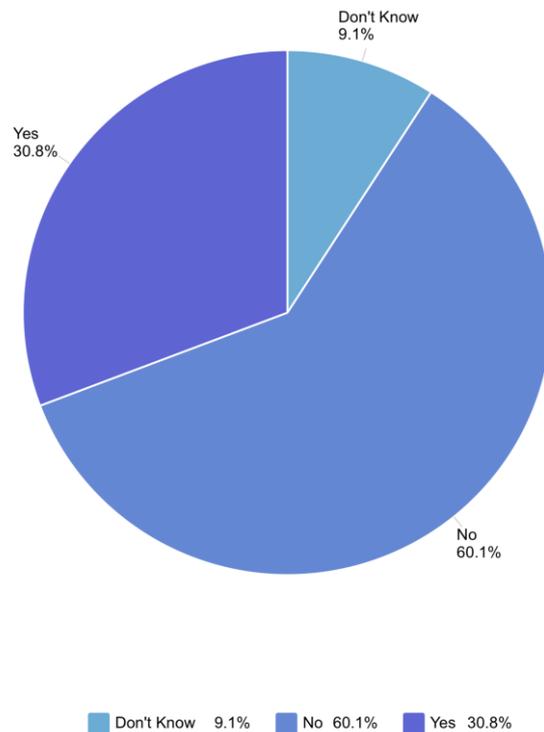
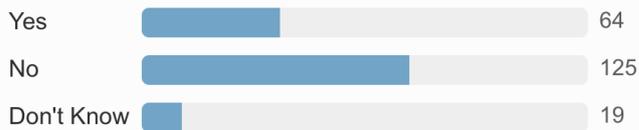
5.4 The reason for this significant change is that the "sandwiching" assessment (Proximity Impact Assessment):

- a) Has a fundamental bearing upon the impact of the proposal on the immediately neighbouring properties; and
- b) Is easy to assess quickly and avoids the more complicated assessment of density (Neighbourhood Impact Assessment) being abortively undertaken on proposals that do not satisfy the "sandwiching" test

6 **Question 5 – Do you agree with the proposed 10% threshold within a 100m radius to measure the concentration of HMOs in an area?**

Q5

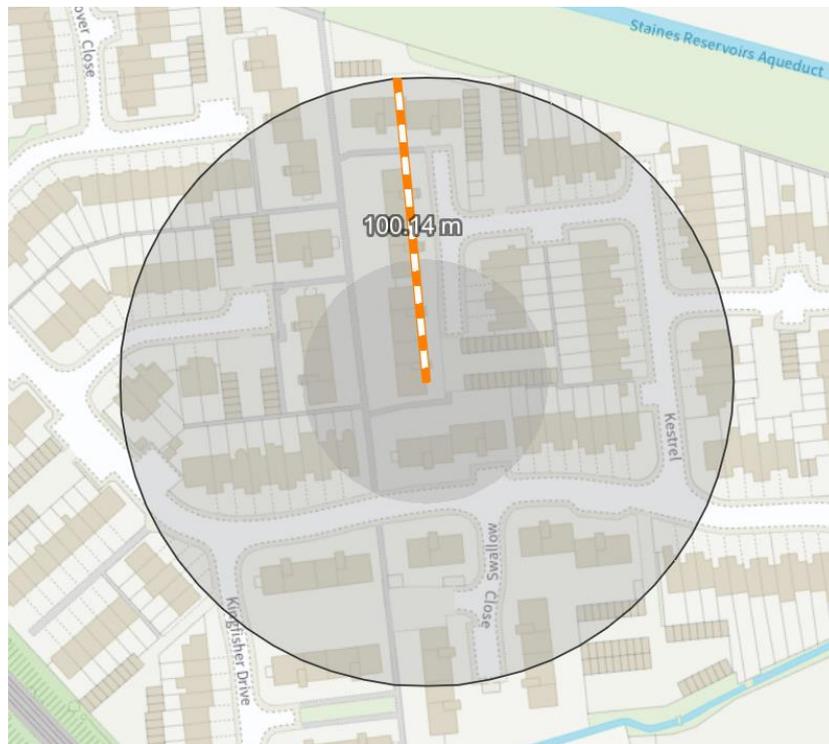
Do you agree with the proposed 10% threshold within a 100m radius to measure the concentration of HMOs in an area?



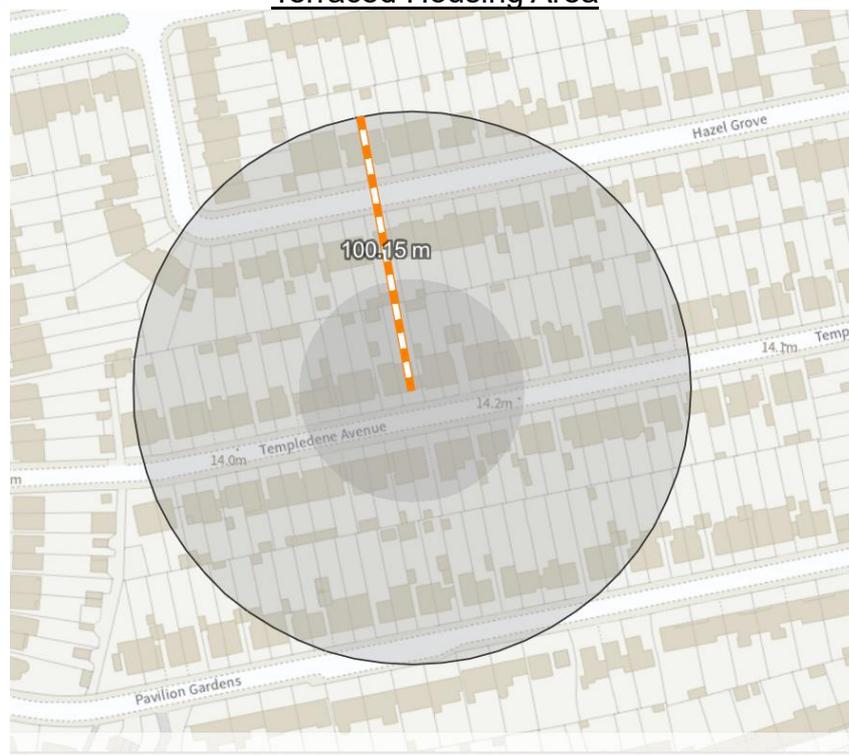
- 6.1 There was clear opposition to the proposed thresholds, with 60.1% opposing the threshold percentage and/or radius, with 30.8% agreeing with the proposed assessment criteria.
- 6.2 In terms of the radius, opposition was demonstrably rooted in a perception that the larger the radius, the more restrictive the policy would be in practice. However, as the diagrams below shows, the wider the radius, the more properties are included within the calculation. This has the following effect:
- It risks diluting the overall proportion of existing HMOs, by virtue of the larger area covered;
 - The “neighbourhoods” which are assessed become larger in geographical terms and the determination of localised impact is reduced because of the larger area that is taken into account;
 - Calculation becomes more difficult and resource-intensive, due to the larger number of properties; and

- d) The wider the radius, the greater the risk of not including existing HMOs that do not have planning permission or a license, simply by virtue of the larger number of properties to check, resulting in a false impression of the existing situation. This is likely to underestimate the number of existing HMOs.

6.3 The diagrams below show a 100m and 40m radius superimposed on three types of residential area:



Terraced Housing Area



Semi-Detached Housing Area

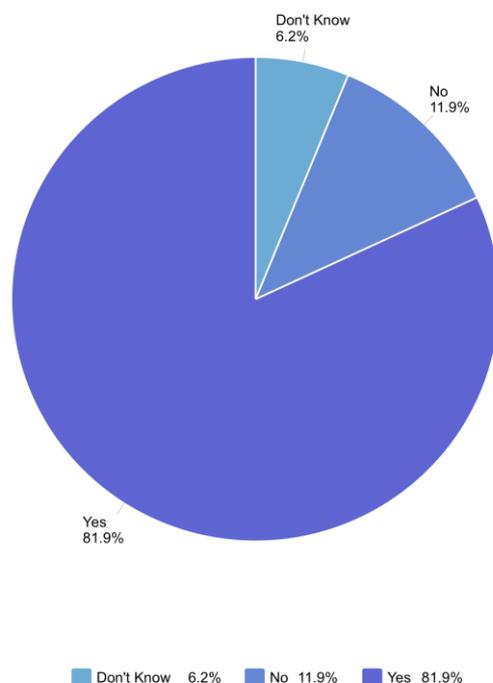


Detached Housing Area

- 6.4 The revised SPD therefore reduces the radius from 100m to 40m, for the reasons set out above. It should be noted that if any part of a property falls within the radius, including any part of the garden, then that property is included within the calculation.
- 6.5 The other key issue was the percentage threshold to be applied. The majority of respondents wished the threshold to be reduced, and 5% was a common figure quoted. However, there is little point in preparing an SPD (which does not have the full statutory weight of an adopted Local Plan), if our decisions are subsequently overturned at appeal by the Planning Inspectorate.
- 6.6 Given that a 10% threshold is commonly used by other LPAs who apply a similar approach, and this percentage appears to be robust in terms of appeals, it is proposed that this threshold percentage be retained. This is only one component in assessing the acceptability of future HMO planning applications and it is considered that the Council should not risk the defensibility and effectiveness of its overall HMO strategy by applying an unrealistically low percentage. The threshold percentage is only one element in this strategy.
- 7 Question 6 – Do you agree with the proposals to avoid “sandwiching”?**

Q6

Do you agree with the proposal to **avoid “sandwiching”** (where a C3 dwelling would be located between two HMOs)?



7.1 This proposal was substantially supported, by 81.9% of respondents.

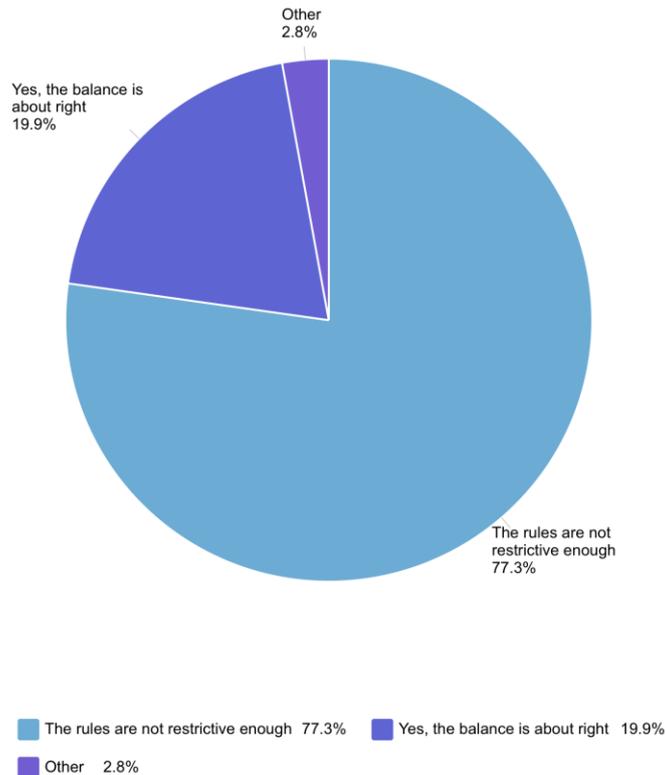
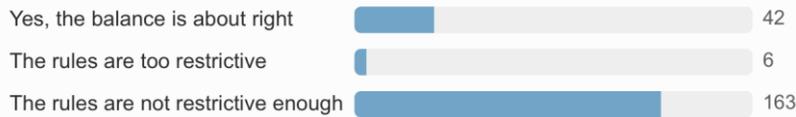
7.2 This has now been amended to become Stage 1 in the 4-stage process, which it is considered further strengthens the approach. If the proposed HMO fails this initial test, then it will usually be recommended for refusal and will not process to Stage 2 of the process.

7.3 Other minimum separation distances were proposed. However, it is considered that the recommended approach, which replicates those taken by several other local planning authorities, represents a balanced policy tool, which is both realistic and defensible. It also takes account of the character and typology of the particular residential area in which the HMO is proposed and therefore reflects local circumstances. It also becomes the first “gateway” stage that any HMO planning application has to satisfy, which places an increased emphasis on considering the application against the existing situation in the immediate vicinity.

8 Question 7 – Do these proposals strike the right balance between meeting housing need and managing local impacts?

Q7

In your view, would these proposals strike the **right balance** between meeting housing needs and managing local impacts?

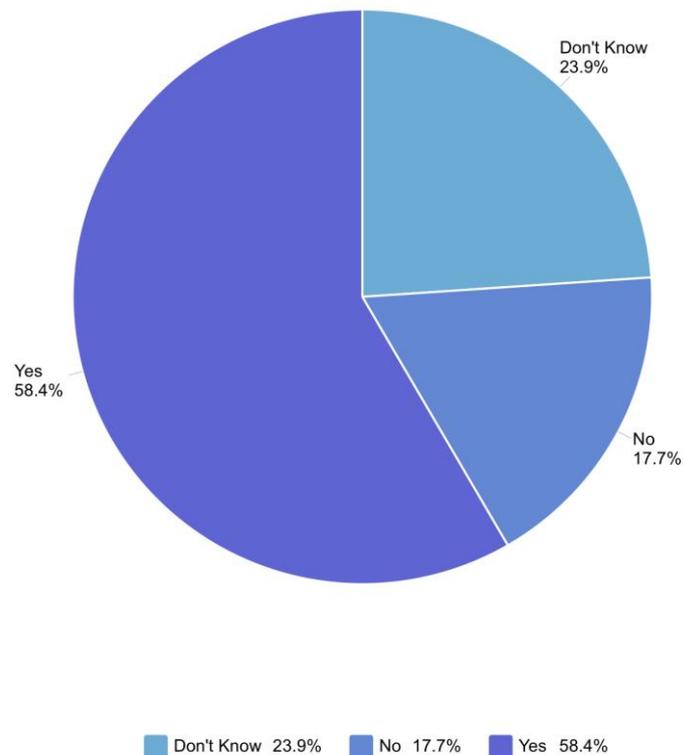
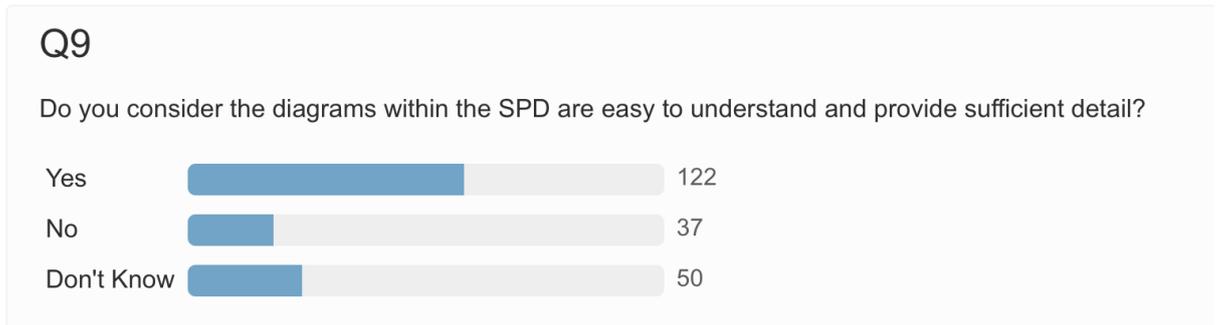


8.1 77.3% of respondents considered that the rules are not restrictive enough. 81 narrative comments were received. However, the majority of these comments related to a general opposition to HMOs, made non-planning points, gave party political views, reiterated points made elsewhere in the responses or have already been taken account of (for example, the need for enforcement).

9 Question 8 – Are there any alternative distances, thresholds or criteria you think the Council should consider?

9.1 162 narrative responses were received. The majority of these responses reflected a reiteration of the comments made and/or views held in respect of the earlier questions, especially question 5. It is not considered that any further changes need to be made in respect of the responses received to this question. Other responses related to matters such as an overall opposition to HMO development, made social or site-specific comments, or raised matters that had already been considered under other questions in the consultation.

10 Question 9 – Do you consider the diagrams within the SPD are easy to understand and provide sufficient detail?

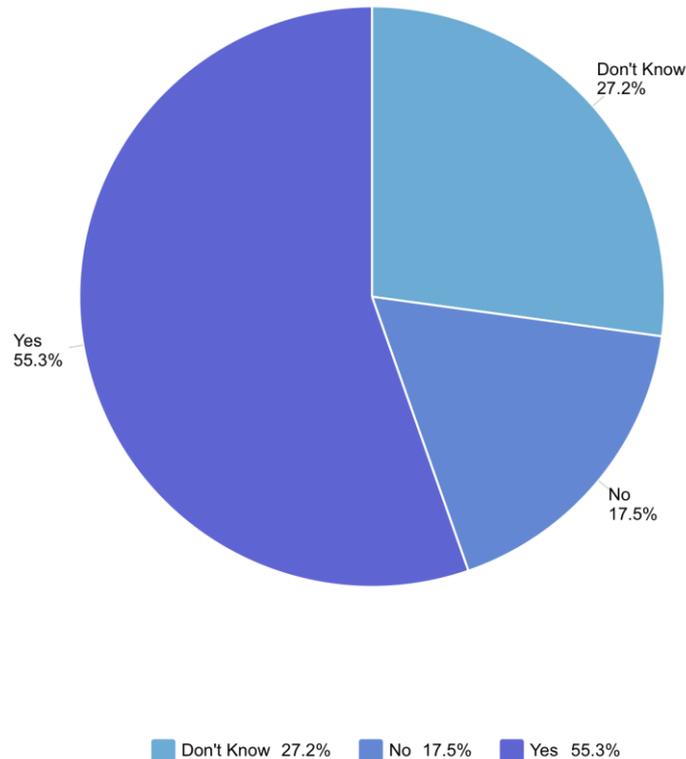
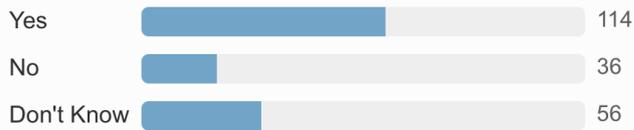


10.1 58.4% of respondents stated positively, but 23.9% stated that they “didn’t know.” 17 narrative comments were received. These comments were either unclear, stated overall opposition to HMOs, reiterated earlier comments or were positive. It is not considered that further changes need to be made as a result of these comments

11 Question 10 – Do you consider that the SPD is laid out in a way that guides applicants to the information that is relevant for them?

Q10

Do you consider the SPD is laid out in a way that guides applicants to the information that is relevant for them?



11.1 55.3% stated that they agreed, but a relatively high proportion (27.2%) stated that they “don’t know.” 16 narrative comments were received, several of which related to non-planning matters. Others reiterated the desire for a summary, which will be incorporated into the final document. Several respondents stated that as they were not likely to be applicants, they could not comment.

11.2 It is not considered that further changes are required to the SPD as a result of the responses to this question.

12 Question 11 – Please provide any other comments relating to the clarity and accessibility of the SPD

12.1 89 narrative responses were received to this question. None of these comments actually related to the question asked: the responses related to such matters as social comment, reiteration of earlier responses, non-planning matters or issues that has already been taken account of. Therefore, it is not considered that any

further amendments need to be made to the SPD as a result of the responses to this question.